

There is no correlation between initial clinical-laboratory variables of adult IgA vasculitis and renal pathology

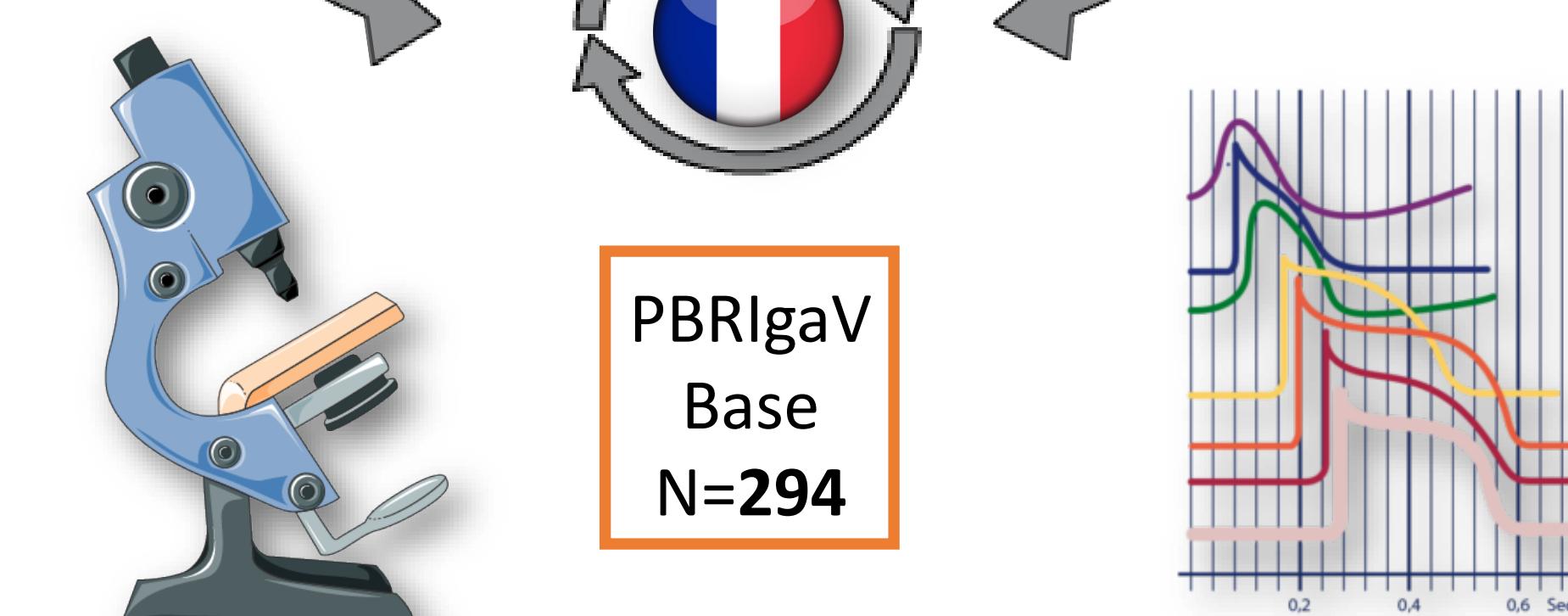
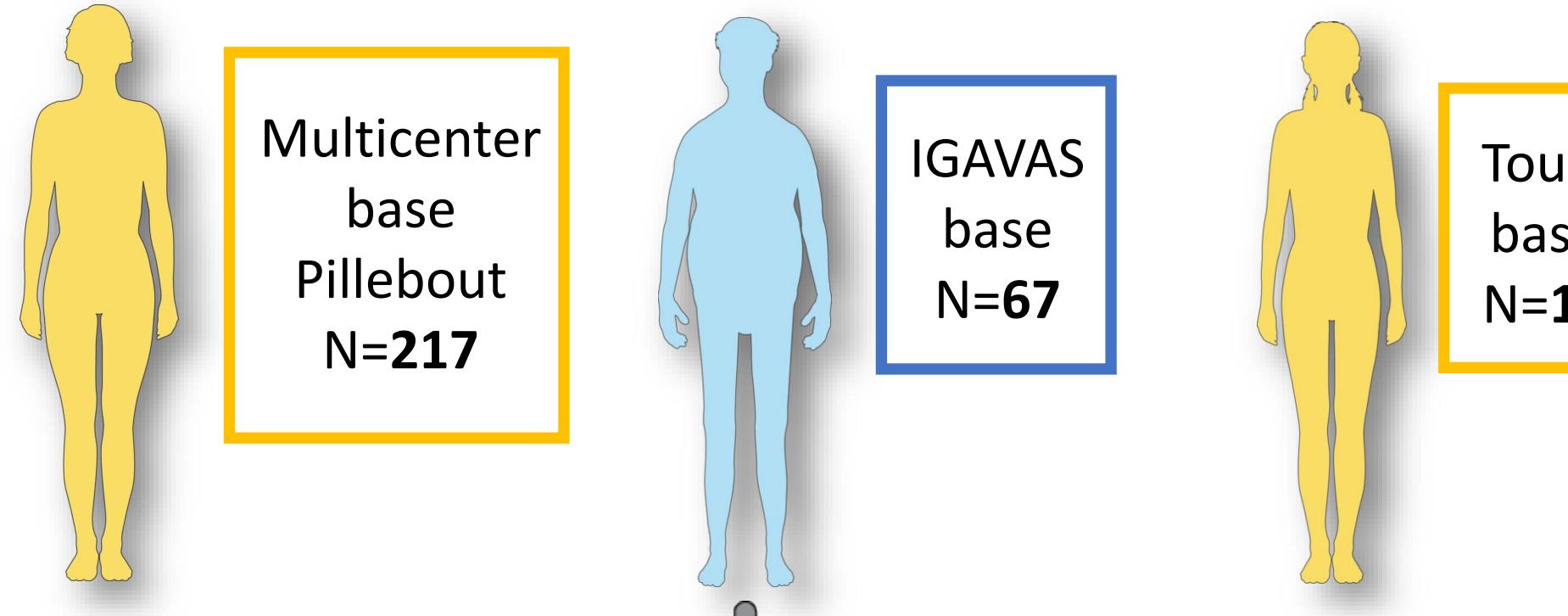


The Problem

Indications for kidney biopsy in adult IgA vasculitis remain debated and there are very few studies on this subject. The aim of this study was to establish a correlation between histological and clinical-laboratory renal data, to possibly consider a prediction model.

Methods

Inclusion :
 (1) Adult (2) IgAV (3) Kidney biopsy (4) Glomerulonephritis scored by the Pillebout classification



Pathological data

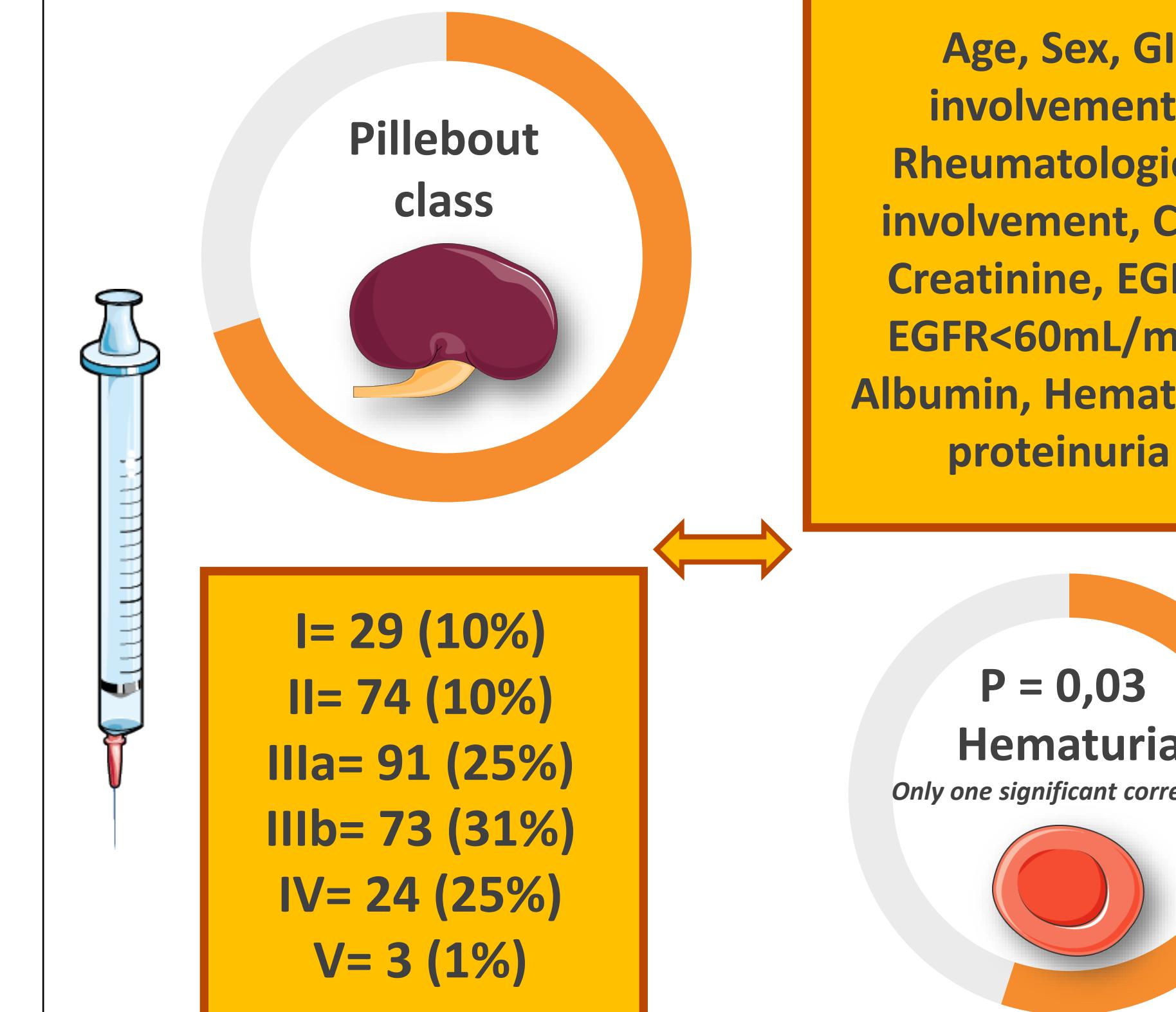
- Pillebout Classification
1. Mesangiopathic glomerulonephritis
 2. Focal and segmental glomerulonephritis
 3. Endocapillary proliferative glomerulonephritis
 - a. Moderate
 - b. severe
 4. Endo capillary and extra capillary glomerulonephritis
 5. Fibrotic kidney

Clinical and Biological data

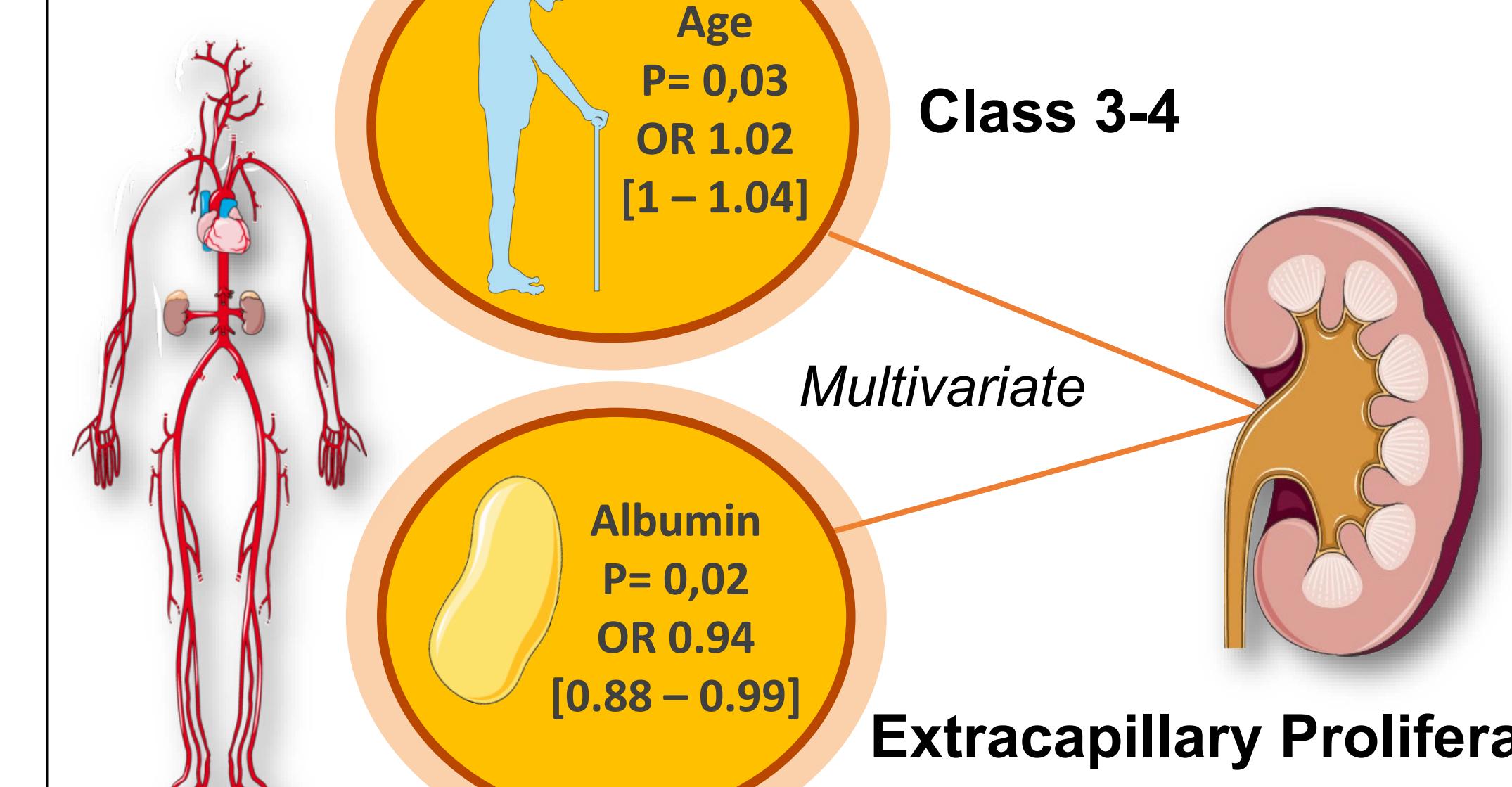
- Statistical toolbox
- Cochran Armitage
 - ANOVA,
 - Kruskal-Wallis
 - Logistic regression

Key Results

1- Correlation classification & laboratory-clinical parameters



2- Class 3-4 and extracapillary proliferation & laboratory-clinical parameters



3- Keys messages

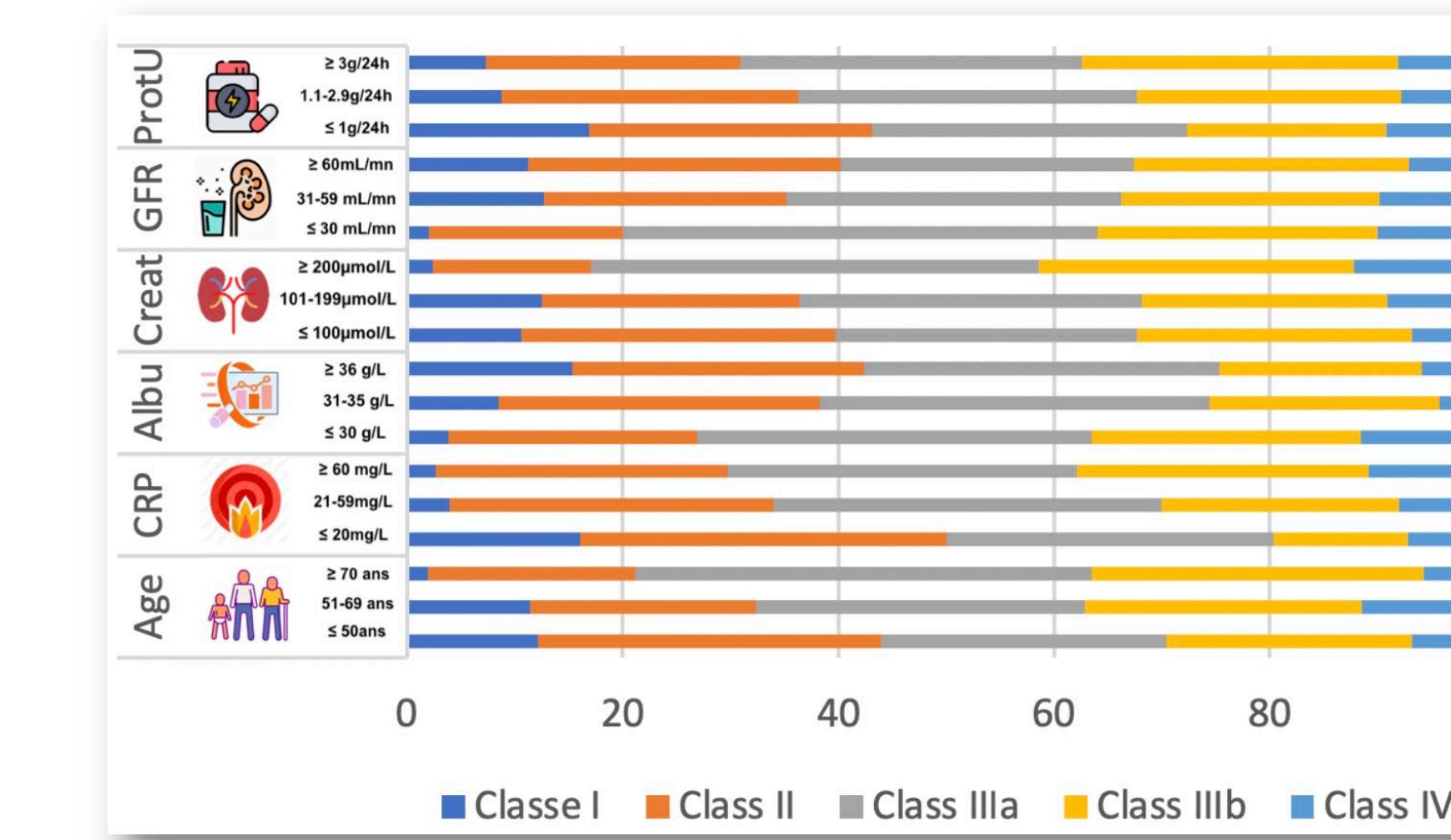
- Establishment of a pathology grading standard for adult IgAV = required
- Kidney biopsy indication : any significant and persistent proteinuria or unexplained kidney failure ?

Supp. Data

Baseline characteristics

Characteristics	n = 294
Demography	
Age at diagnosis (years), mean \pm SD	51.7 \pm 14.8
Male, n (%)	187 (64%)
Organ damage	
Kidney involvement	294 (100%)
GI involvement	141 (48%)
Rheumatological involvement	180 (61%)
Cutaneous involvement	294 (100%)
Biological features at diagnosis	
C-reactive protein (mg/dL), median (IQR)	27.5 [8.3 - 63.8]
Serum creatinine (μ mol/L), median (IQR)	95.5 [77 - 143.4]
eGFR, mL/min/1.73m ² , median (IQR)	69.1 [40 - 92]
eGFR <60 mL/min/1.73m ² , n (%)	136 (46%)
Albumin (g/L), median (IQR)	34.8 [29 - 39.6]
Hematuria, n (%)	254 (86%)
Proteinuria (g/day), median (IQR)	1.8 [0.8 - 3.4]
Proteinuria > 3g/day	124 (42%)
Pillebout nephritis classification	
Class I	29 (10%)
Class II	74 (25%)
Class IIIa	91 (31%)
Class IIIb	73 (25%)
Class IV	24 (8%)
Class V	3 (1%)
Antiproteinuric treatments	
Enzyme inhibitors and/or Angiotensin II receptor blockers before biopsy	107 (36%)
Immunosuppressive treatments	
Corticosteroids started within 24 hours before biopsy	23 (8%)
Corticosteroids started more than 24 hours before biopsy	9 (3%)

Categorization of quantitative variables



Towards better indications for kidney biopsy in adult IgA vasculitis: a clinical-laboratory and pathology correlation study

Valentin Maisons, Jean-Michel Halimi, Christelle Barbet, Évangeline Pillebout, Zhour El Ouafi, Eric Thervet, Benjamin Terrier, Yanis Ramdani, François Maillet, Alexandra Audemard-Verger

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