



Clinico-histological profile and outcomes of RPGN from North India

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**Abstract:**

**BACKGROUND:**The prevalence of this rare and fatal entity varies in different regions and ethnicities. The objective of this study was to determine clinicopathological characteristics and predictors of outcome in RPGN

**AIM:** To prospectively study the clinico-pathological profile and determine the predictors of renal outcome in patients with RPGN.

**MATERIALS AND METHODS:** This study included 40 patients of biopsy proven RPGN. All patients were given induction with i.v. methylprednisolone (0.5 g) for 3 days followed by maintenance with oral Prednisolone (1 mg/kg/day) and six i.v. pulses of cyclophosphamide (0.5 g) given fortnightly followed by maintenance therapy with azathioprine (2 mg/kg/day). The outcomes were recorded.

**RESULTS:** Apart from renal failure, seen in all patients, pedal edema (22%) and oliguria (20%) were the common renal presentations. 77.4% required RRT at diagnosis. 57.5% were ANCA mediated. Immune complex and anti-GBM disease constituted 25% and 17.5% respectively. In primary outcome, entry serum creatinine, entry eGFR, RRT on admission, interstitial fibrosis, tubular atrophy and interstitial infiltrates were the parameters which showed association with primary outcomes of study ( $p < 0.05$ ). In secondary outcomes, infections were the most common (55%), followed by neutropenia (40%). Infections correlates with mortality ( $p < 0.05$ ). One-fourth of patients (25%) died during course of study. Cause of mortality was infections (50%), CVS cause (30%), stroke (10%) and unknown (10%).

**CONCLUSIONS:** Our prospective study from North India shows that, Pauci-immune RPGN is the commonest cause of RPGN followed by immune-complex and anti-GBM disease. Entry serum creatinine, eGFR and RRT on admission predicted the outcome.

**Key words:** RPGN, ANCA, Anti-GBM



**Biography:**

A Dr. Sudhir Mehta is a Nephrologist and he has an experience of 5 years in this field. He completed studies from Dayanand Medical College & Hospital

**Publications:**

1. "KDIGO 2017 Clinical Practice Guideline Update for the Diagnosis, Evaluation, Prevention, and Treatment of Chronic Kidney Disease–Mineral and Bone Disorder (CKD-MBD). *Kidney Int*"
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4. "Jamal SA, Bauer DC, Ensrud KE, Cauley JA, Hochberg M, Ishani A, et al. Alendronate treatment in women with normal to severely impaired renal function: An analysis of the Fracture Intervention Trial

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