

# IMNMMUNOSUPPRESSION COMBINED WITH TONSILLECTOMY IS EFFECTIVE IN CAUCASIAN PATIENTS WITH HIGH-RISK PRIMARY IGA-NEPHROPATHY

Vladimir Dobronravov<sup>1</sup>, Zinaida Kochoyan<sup>1</sup>

<sup>1</sup>Pavlov Medical University, Saint Petersburg, Russian Federation

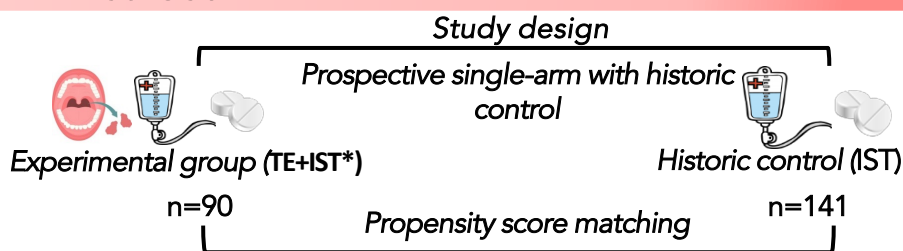


Faced with a paucity of such data, the study aimed to evaluate an efficacy of treatment with immunosuppression (IST) combined with tonsillectomy (TE) in Caucasian patients with high-risk primary IgAN

## Methods

**Population:**  
✓ eGFR >20 ml/min/1.73m<sup>2</sup>  
+  
✓ proteinuria >1 g/24h  
OR  
✓ 5-year risk of progression >11%  
✓ active morphological lesions: M1/E1/C1-2

Immunosuppressive therapy	
Steroid monotherapy	73%
Steroids + CYC/MMF/Aza	27%

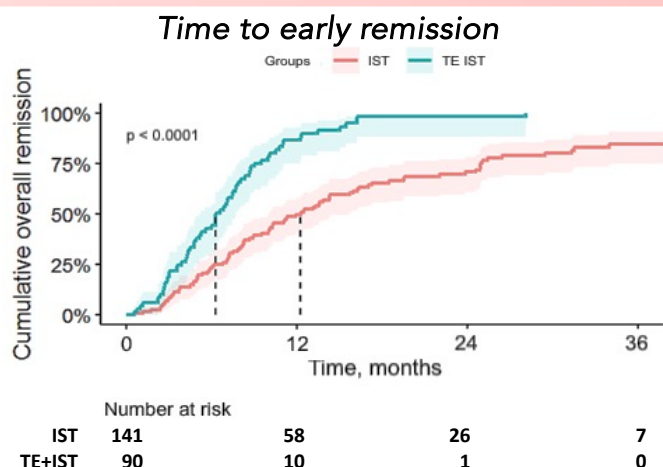


Outcomes**
Remission (partial/complete)
Relapses
Progression (RRT or ↓eGFR >40%)

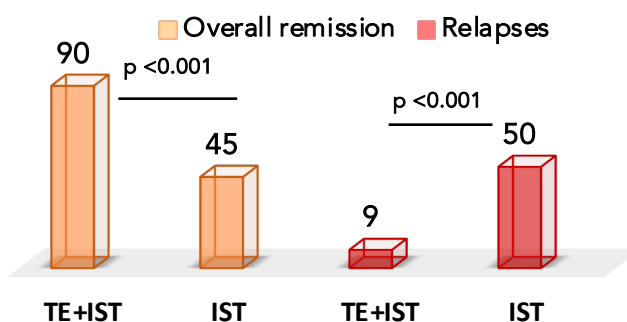
\*Time between the IST start and TE -0.9 (-3.7; 1.5) months

\*\*Follow-up period 32 (14–67) months

## Outcomes



**Remission and relapse rates by the end of follow-up, %**



## Cox regression estimates of tonsillectomy+immunosuppressive treatment effect

Comparison (Remission type)	Conventional adjusted Cox regression		Nearest neighbor 1:1 matching		Inverse probability of treatment weighting	
	HR	95%CI	HR	95%CI	HR	95%CI
Overall remission (partial plus complete)	2.166	1.442-3.254	2.291	1.506-3.485	1.751	1.283-2.389
Complete remission	4.768	2.434-9.337	2.980	1.464-6.067	3.753	2.060-6.841
Progression (composite outcome)	0.059	0.008-0.444	0.067	0.009-0.514	0.101	0.018-0.555

## Conclusion

Caucasian patients with high-risk IgAN can benefit from the immunosuppression combined with tonsillectomy to induce disease remission, reduce relapses and delay progression.