

CLINICAL AND EPIDEMIOLOGICAL CHARACTERIZATION OF GLOMERULAR DISEASES IN CHILE: A RETROSPECTIVE MULTICENTER OBSERVATIONAL STUDY.

Valjalo R¹, Villalobos A², Ruiz A³, Segura P⁴, Albo M⁴, Ávila E⁵, Sepúlveda R⁵, Fulgeri C⁶, Musalem P⁷, Müller H⁷, Barrero D⁸, Cordero C⁹, Gutiérrez R⁹, Mallea MT¹⁰, Contreras F¹¹, Caviedes C¹¹, Añó A¹², Navarro F¹³, Hernández MG¹⁴, Hellman E¹⁵, Pais E¹⁶, Reynolds E¹⁷, Mansilla R¹⁸.

¹Hospital del Salvador, ²Hospital Barros Luco Trudeau, ³Clínica Dávila, ⁴Hospital Clínico Universidad de Chile, ⁵Hospital Clínico Universidad Católica, ⁶Complejo Asistencial Padre las Casas, ⁷Hospital Higuera de Talcahuano, ⁸Hospital Gustavo Frick, ⁹Hospital San Juan de Dios, ¹⁰Hospital Militar de Santiago, ¹¹Hospital San Borja Arriarán, ¹²Hospital del Carmen, ¹³Hospital San José, ¹⁴Hospital de Antofagasta, ¹⁵Hospital Van Buren, ¹⁶Hospital Sótero del Río, ¹⁷Hospital Santiago Oriente, ¹⁸Hospital Clínico Magallanes.

INTRODUCTION

Glomerular diseases (GDs) are the leading cause of end-stage chronic kidney disease worldwide. Their prevalence varies between regions, and there are no studies in Chile that have characterized them. Our primary objective is to evaluate the prevalence of glomerular diseases in the country by analyzing historical studies through a collaborative, multicenter effort.

METHODS

This is a retrospective, descriptive, multicenter study involving 18 participating public and private centers. Patients aged over 15 years who underwent percutaneous renal biopsy of native kidney from 1999 to 2022 were included. We collected demographic data, clinical syndrome leading to the renal biopsy, laboratory tests results, and the histological diagnosis. All biopsies were analyzed by renal pathologists, and cases with insufficient histological samples for analysis were excluded. Diagnoses were categorized into primary glomerulopathies, secondary glomerulopathies, hereditary glomerular diseases, tubulointerstitial nephropathies and other nephropathies of indeterminate causes or with low prevalence. Analyses were conducted using summary measures, and the national frequency of glomerulopathies was compared with international reported series, using the X2 test. A p-value of less than 0.01 was considered statistically significant. This study was approved by the Ethics Committee.

RESULTS

4,217 patients who underwent biopsy were analyzed, excluding 86 cases with insufficient histological samples for diagnosis, resulting in a final cohort of 4,131.

Table 1. Demographic Characteristics, Laboratory Parameters, and Clinical Presentation of Patients

Female sex, no (%)	2350 (56,9%)
Age, median (IQR), y	45,6 (31,9 - 60)
Age group, no (%)	15 - 92
15-29	910 (22,1%)
30-49	1440 (34,9%)
50-69	1376 (33,3%)
>70	402 (9,7%)
Latin ethnicity, no (%) ^a	3119 (93,8%)
Clinical presentation, no (%) ^b	
Nephrotic syndrome	1639 (42,8%)
Alterations in Urinalysis	645 (16,9%)
RPGN	439 (11,5%)
Non-nephrotic range proteinuria	374 (9,8%)
Acute kidney injury	358 (9,4%)
Nephritic syndrome	295 (7,7%)
Isolated hematuria	69 (1,8%)
CKD	6 (0,15%)
Laboratory Parameters, median (IQR)	
Creatinine (mg/dL)	1,5 (0,9-2,9)
Hemoglobin (g/dL)	11,7 (9,7-13,4)
Albumin (g/dL)	3,0 (2,3-3,7)
Proteinuria (mg/g or g/24 h)	3,2 (1,3-6,7)

Data for 3325^a and 3825^b patients

RESULTS

Fig 1. Proportion of nephropathies in renal biopsies classified by major groups (n=4131)

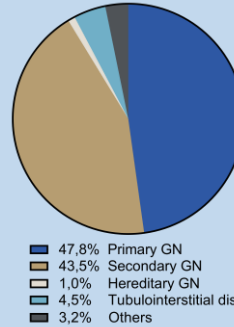


Fig 2. Prevalence of glomerulopathies by specific diagnosis in renal biopsies (n=3943)

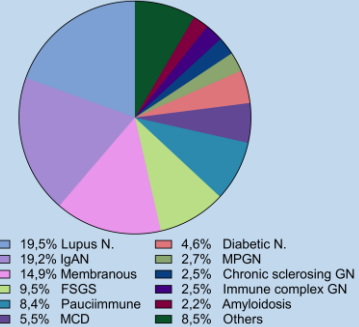


Table 2. Demographic and Laboratory Characteristics of the Most Frequent Glomerular Diseases

	IPAN	Membranous	FSGS	MCD	Lupus N.	PauciImmGN
Number of patients, no	756	586	375	218	770	330
Female sex, no (%)	398 (52,6%)	233 (39,8%)	181 (48,3%)	106 (48,6%)	657 (85,3%)	213 (64,5%)
Age, y ^a	39 (31,6-52)	52 (40-62,8)	46,3 (32-58,5)	43,4 (28,6-59,6)	30,6 (23,8-40,7)	60,6 (52-69)
Latin ethnicity, no (%) ^b	96,6%	91,3%	93,3%	95,7%	94,3%	93,2%
Hypertension, no (%) ^c	54,3%	48,3%	52,1%	26,4%	41,4%	60,7%
Creatinine, mg/dL ^a	1,7 (1,1-3)	1,34 (0,73-1,5)	1,8 (0,9-2,3)	0,9 (0,7-1,5)	0,94 (0,7-1,6)	3,2 (2,1-5,8)
Hemoglobin, g/dL ^a	12,2 (10,6-13,8)	13 (11,4-14,4)	12,6 ± 2,5	13,4 (12,2-14,5)	10,9 (9,3-12,5)	9,1 (8-10,9)
Albumin, g/dL ^a	3,7 (3,1-4,1)	2,3 (1,9-2,9)	3 (2-3,9)	2,1 (1,7-2,6)	2,9 (2,2-3,5)	3,3 (2,8-3,7)
Proteinuria, mg/g g/24 h ^a	2 (1-4)	6,2 (3,7-10,9)	4,7 (1,8-9,1)	7 (3,9-13)	2,9 (1,3-5,7)	1,5 (0,8-2,7)
ANA ≥ 1/160 (%) ^d	17,5%	20,7%	18,6%	20%	91,2%	35,3%
Hypocomplementemia (%) ^e	8,7%	9,2%	4,3%	4%	84,2%	14%
Positive ANCA (%) ^f	7,1%	5,2%	5%	0,9%	6,1%	86,1%

^aMedian (IQR). Data for 3325^a, 2508^b, 2771^c, 2818^d and 2176^e patients

Fig 3. Frequency of primary glomerulopathies according to specific diagnosis.

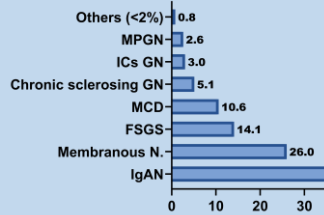


Fig 4. Frequency of secondary glomerulopathies according to specific diagnosis.

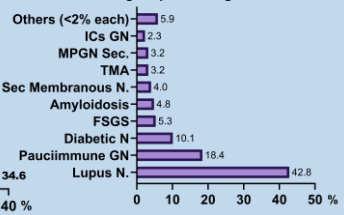


Fig 5. Clinical Presentation of the Most Frequent Glomerulopathies

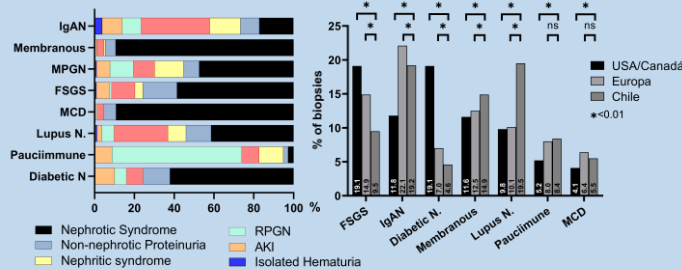
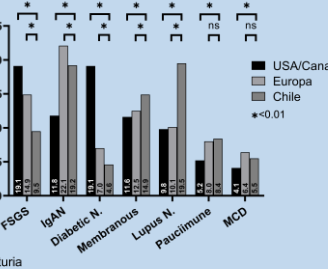


Fig 6. Comparison of Frequency by Regions¹ According to Type of Glomerular Disease



¹O'Shaughnessy M et al. NDT 2017; 1-9

DISCUSSION

The most prevalent glomerular diseases identified in the biopsy studies were lupus nephritis, IgA nephropathy, membranous nephropathy, FSGS, and pauci-immune glomerulonephritis. Compared to international reports, the notable high prevalence of lupus nephritis and membranous nephropathy warrants further investigation into potential causative factors within the population studied.

Correspondence: rvaljalo@gmail.com

For: WCN 2024, Buenos Aires. Abstract No: WCN24-AB-1746