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P382-Long term renal outcomes in patients with IgA vasculitis: A single-centre retrospective cohort study

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Background
IgA vasculitis (IgAV; Henoch Schönlein purpura) is a small vessel vasculitis that most commonly affects children but also occurs in adults. The long term outcome from IgAV in patients with renal involvement is not well described, and treatment protocols remain variable.

Methods
We conducted a single centre retrospective cohort study of renal outcomes in patients with IgAV who were seen in our adult renal service. We searched our local renal and pathology databases, for those diagnosed between 2008-2018. Demographic data including age, gender, ethnicity and date of presentation were recorded. Clinical data included serum creatinine and albumin, proteinuria (urine protein:creatinine ratio; PCR) at presentation and follow up, as well as biopsy findings and treatment.

Results
We identified 21 patients seen within this 10 year period, with mean (± SD) follow up of 60.3 (± 39.5) months. Mean age at diagnosis was 37.8 (± 21.6) years. 15 (71%) were male, and 19 (90.5%) were Caucasian. 18 presented with a skin rash before the onset of renal disease (the remainder presented concurrently), occurring a median of 9 months before, with 10 undergoing a skin biopsy. 10 (47.6%) patients had evidence of crescents on renal biopsy. Mean eGFR at diagnosis was 70.1 (± 28.0) ml/min/1.73m2. Mean urine PCR at presentation was 255.8 (± 269.5) mg/mmol, with 7 having nephrotic-range proteinuria (urine PCR > 350 mg/mmol), and 3 with nephrotic syndrome (as previous, plus serum albumin ≤ 30 g/L). 12 (57.1%) were treated with prednisolone alone, and 5 (23.8%) combined with a second agent, most commonly mycophenolate mofetil. Most had a good outcome, with 16/21 having stable or improved kidney function (mean eGFR 79 ± 19.4 ml/min/1.73m2) at last clinic attendance. 5/21 experienced a decline in kidney function, and 3 reached ESRD, 2 of whom had nephrotic syndrome at presentation. 3 patients had flares of their renal disease, defined by urine PCR > 100 mg/mmol, after being in complete remission (urine PCR < 30 mg/mmol) for over 2 years.

Conclusions
In this cohort, patients with IgAV who achieved complete remission of proteinuria had a good outcome, although vigilance is required to detect subsequent flares early. Nephrotic syndrome at presentation was associated with a particularly bad prognosis. Ongoing studies will include patients seen within the East Midlands renal network, and will compare characteristics and outcomes to those with IgA nephropathy.