Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/clinicians-roundtable/igan-explained-key-differences-from-other-kidney-conditions/27030/

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IgAN Explained: Key Differences from Other Kidney Conditions

Announcer:
You're listening to *Clinician's Roundtable* on ReachMD. On this episode, Dr. Mohamed Ibrahim will discuss the unique traits of IgA nephropathy, or IgAN, in comparison to other kidney diseases. Dr. Mo is an Assistant Professor of Transplant Nephrology at the University of Maryland School of Medicine as well as a YouTube content creator focusing on kidney health. Let's hear from Dr. Mo now.

Dr. Ibrahim:
Let me start by describing what IgA nephropathy is, and then after that I'm going to tell you how it's different from other diseases. IgA nephropathy, which is previously known as Berger's disease, is a chronic kidney disease caused by the buildup of something called immunoglobulin A, or IgA, which deposits in the glomeruli. The glomeruli are the tiny filters in the kidneys. These deposits lead to the inflammation and the damage of the filters affecting the kidney's ability to filter waste, excess water, and electrolytes from the blood.

So what are some of these key features of IgA nephropathy? First off, it's an autoimmune-mediated disease where IgA antibodies form complex deposits that deposit in the filters of the kidney, and they have common symptoms, which include blood in the urine, which is called hematuria, or protein in the urine, proteinuria; also can lead to swelling in the hands and feet and over time reduce kidney function overall. The disease progresses very slowly with some individuals experiencing end-stage kidney disease requiring dialysis or even kidney transplant.

So how is IgA nephropathy different from other kidney diseases? First, the pathogenesis or the disease process. IgA nephropathy involves IgA antibody deposits, while other kidney diseases may involve different immune responses. For example, lupus nephritis involves multiple antibody types or immune deposits or some diseases don't even have immune deposits at all, such as diabetes. How is it different in the symptoms? Unlike rapidly progressive kidney diseases, IgA nephropathy typically presents as recurrent episodes of visible blood in the urine, often triggered by infections. Also, the diagnosis can be different because IgA nephropathy is confirmed through kidney biopsy, which shows IgA deposits in the glomeruli. Other diseases may show a different immune complex pattern or structural damage in the kidney.

The treatment also can be different because the management of IgA nephropathy focuses on controlling the blood pressure using something called ACE inhibitors or ARBS that decrease the protein in the urine, and sometimes using medication that suppress the immune system to control the disease. Other kidney diseases may require tailored treatment, like insulin control for diabetes or aggressive immune suppression for lupus. That's how it's different from other diseases.

Announcer:
That was Dr. Mohamed Ibrahim talking about the differences between IgA nephropathy and other kidney diseases. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!