

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/the-silent-clues-behind-iga-nephropathy-diagnosis/54815/>

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The Silent Clues Behind IgA Nephropathy Diagnosis

Announcer:

You're listening to *Clinician's Roundtable* on ReachMD. On this episode, we'll hear from Dr. Abdallah Geara, who's an Associate Professor of Clinical Medicine and the Clinical Director of the Glomerular Disease Program at the Perelman School of Medicine at the University of Pennsylvania. He'll be sharing strategies for recognizing and diagnosing IgA nephropathy, which he spoke about at the 2026 National Kidney Foundation Spring Clinical Meeting. Here's Dr. Geara now.

Dr. Geara:

So unfortunately, IgA nephropathy is not a symptomatic disease. The majority of the patients are diagnosed with an abnormal urine finding or lab finding, like abnormal creatinine done on routine testing. Some of the patients that I've evaluated were doing blood testing or urine testing for the Department of Transportation evaluation or for life insurance, and that's how they were diagnosed with IgA nephropathy.

An important clinical scenario that will lead to an evaluation for IgA nephropathy will be finding a positive urinalysis, specifically by an OB/GYN during the management of pregnancy, or by urology for blood in the urine.

IgA nephropathy is only diagnosed through a kidney biopsy. The diagnostic steps that are taken before the kidney biopsy are mainly to rule out other etiology or to evaluate for other etiologies—mainly other glomerular diseases or maybe thin basement membrane disease—that can have similar representation like IgA nephropathy.

So it does include some blood tests and urine tests, and then after these etiologies are excluded, the patient will be referred for a kidney biopsy that will establish the diagnosis.

The delay of diagnosis is mainly linked to missed opportunities for a thorough evaluation for hematuria. The finding of blood in the urine can be labeled as a normal finding in some situations; during pregnancy, like I mentioned before, it could be labeled as an incidental finding that is not clinically significant.

All of these are opportunities to further evaluate this patient and to push further in this evaluation for a full nephrology consult leading to a kidney biopsy and diagnosis of IgA nephropathy.

Announcer:

That was Dr. Abdallah Geara talking about the recognition and timely diagnosis of IgA nephropathy. 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!