

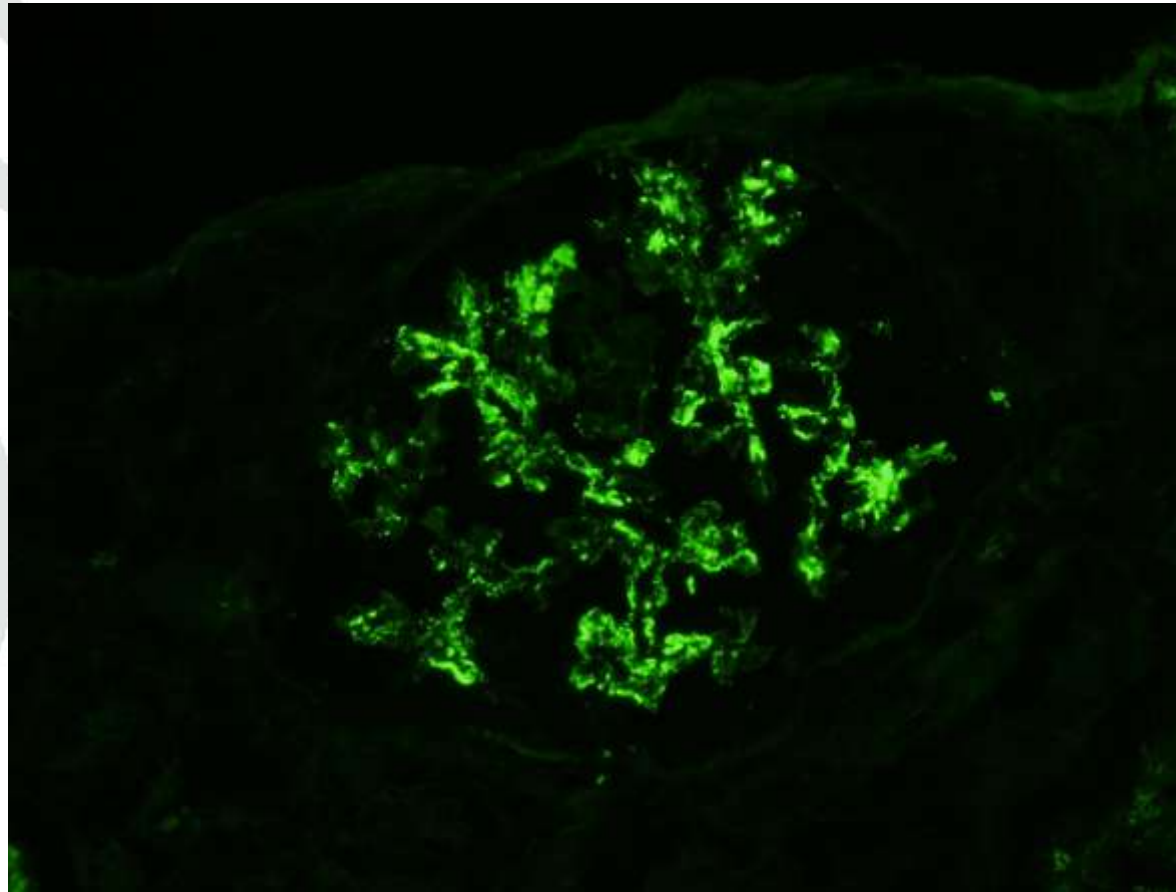


Nefropatía IgA

Dr. M. Solé

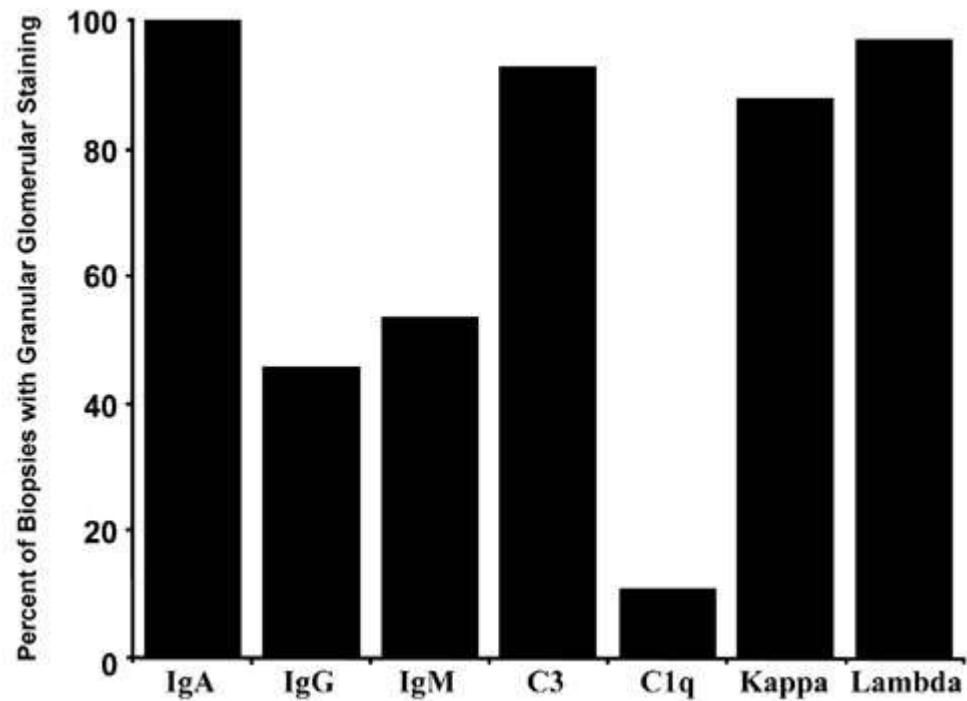
Hospital Clínic. IDIBAPS.
Universidad de Barcelona

Nefropatía IgA

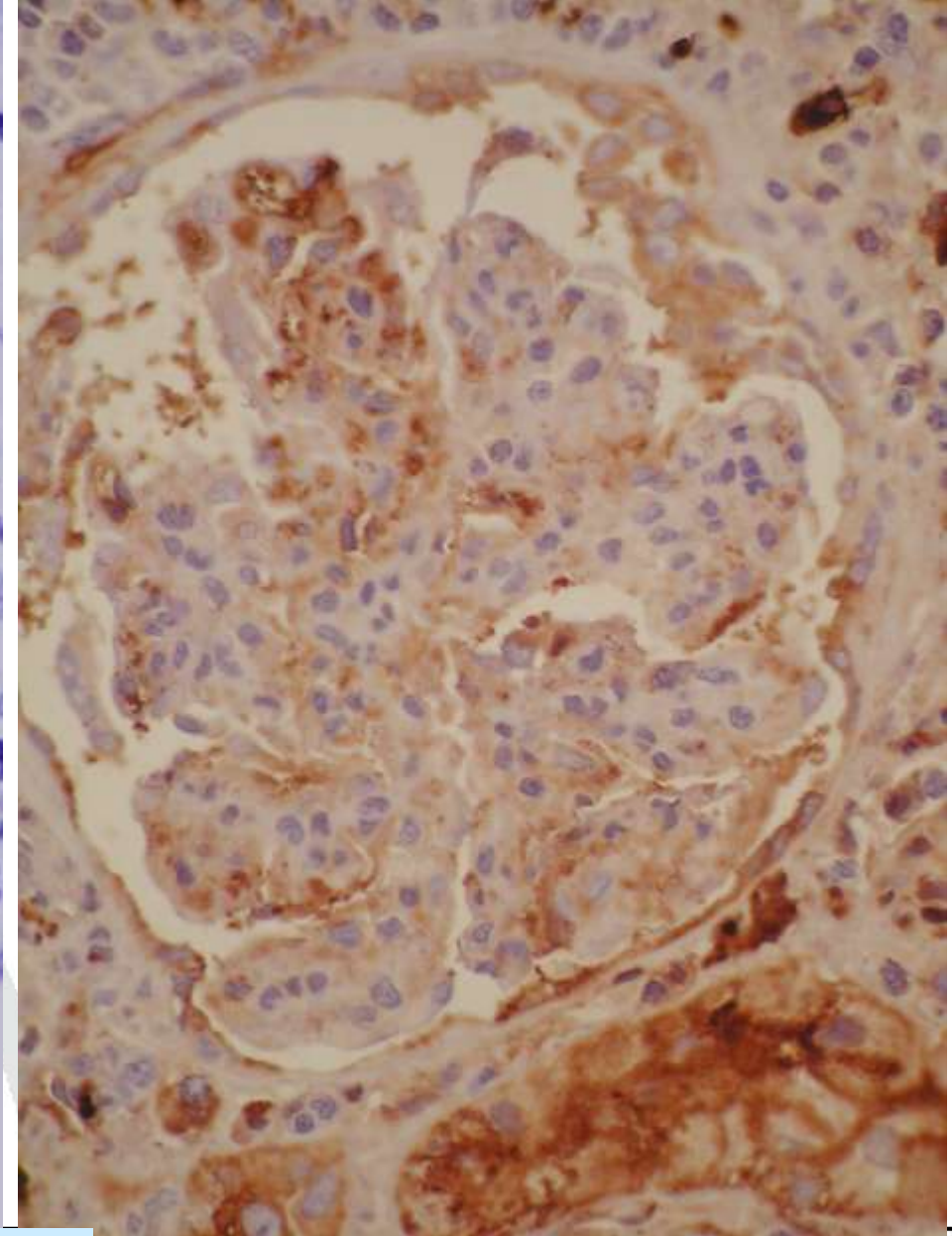
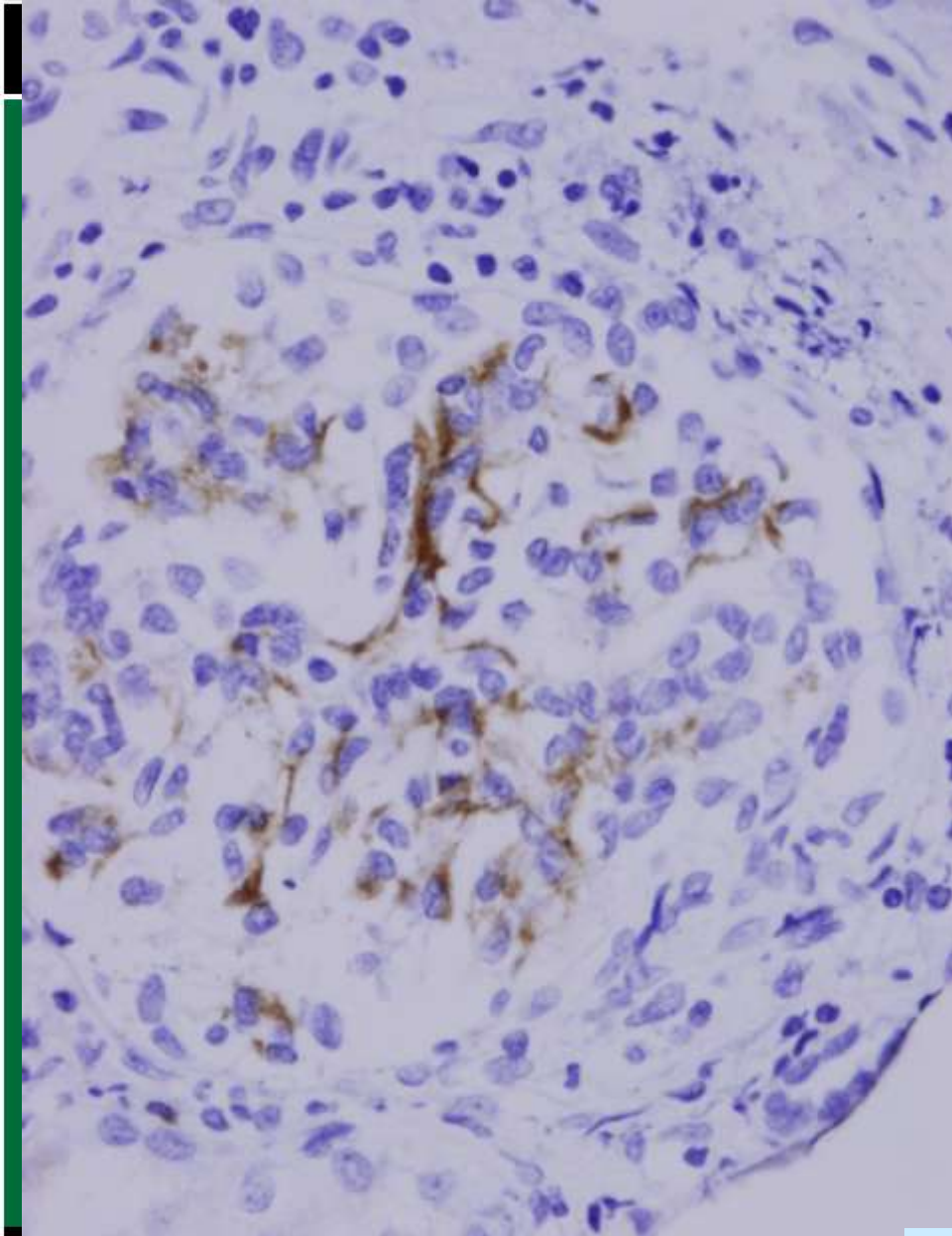


Enfermedad glomerular de características morfológicas variadas caracterizada por depósitos mesangiales o mesangiales y capilares de complejos inmunes con IgA como inmunoglobulina dominante o co-dominante

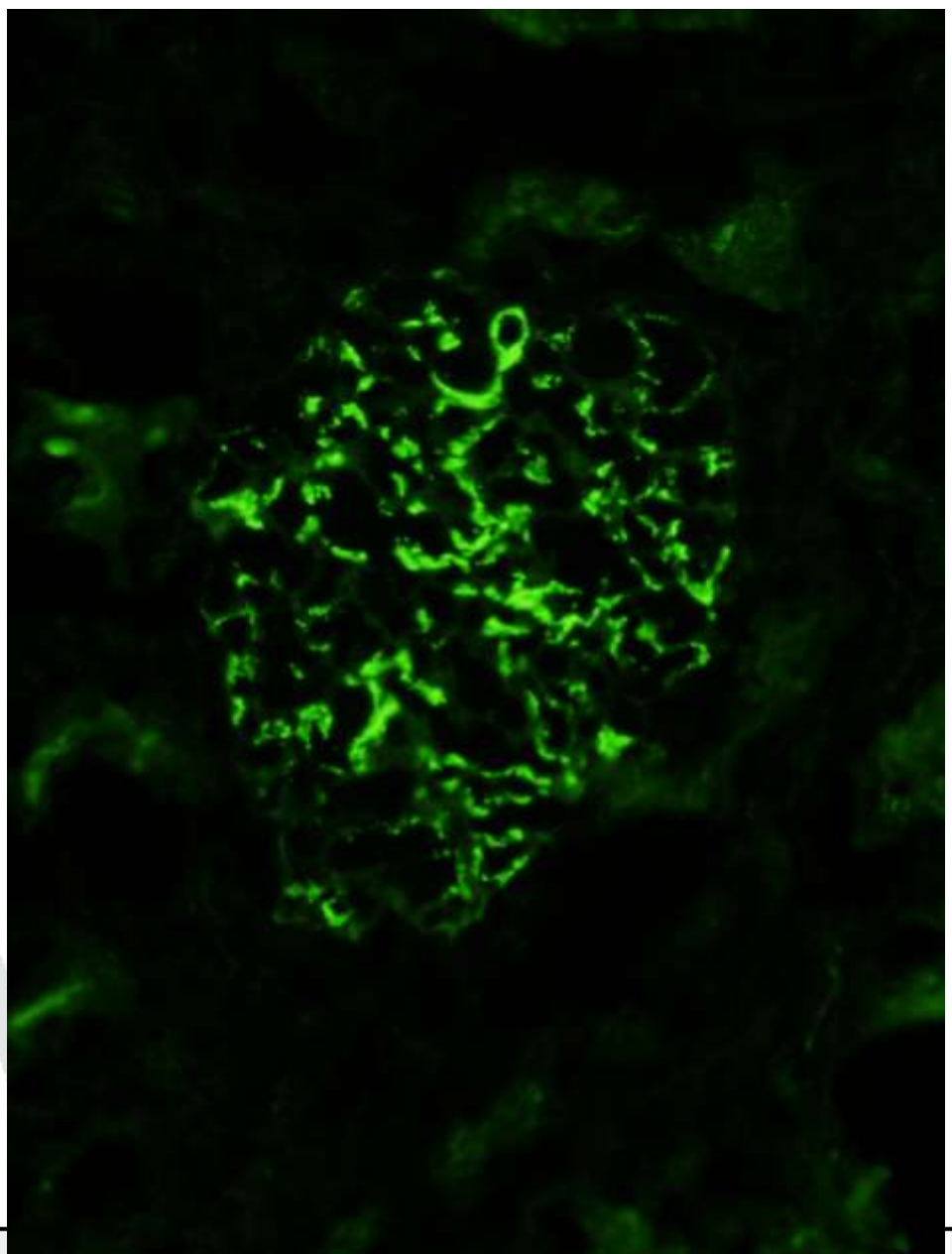
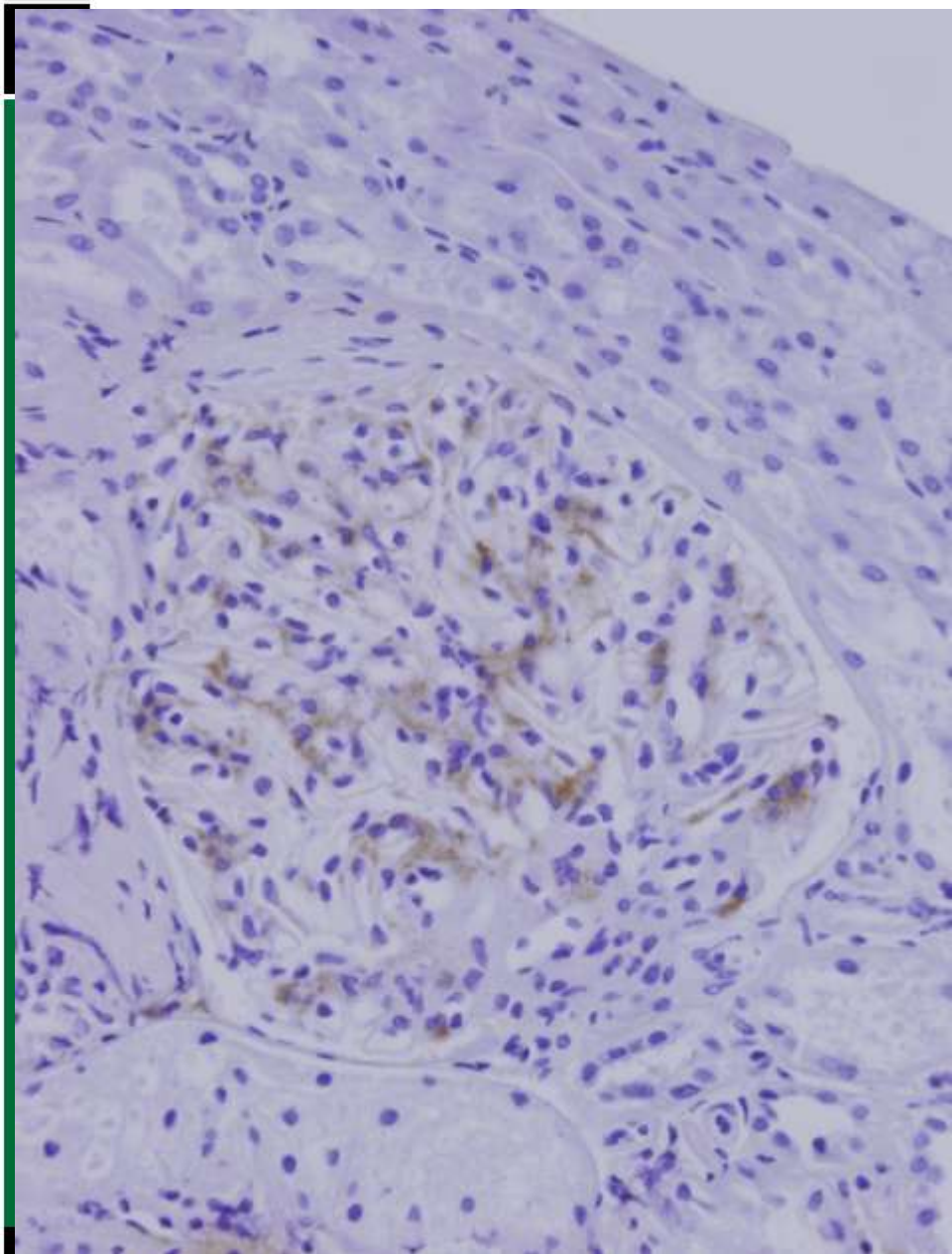
Frequency of positive glomerular immunostaining for immunoglobulins, complement components, and light chains in primary IgA nephropathy. Data represent findings in 1,989 cases pooled from 13 different studies (8, 19-30).



Haas M: J NEPHROL 2005; 18: 676-680

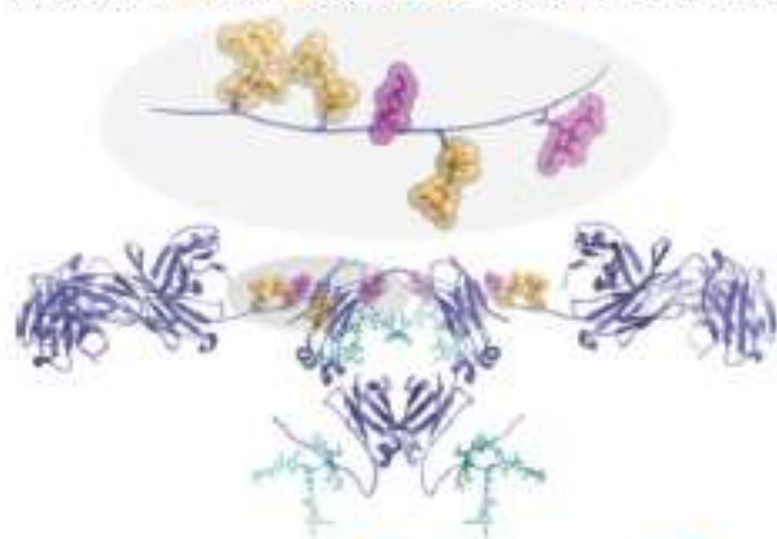


IgA

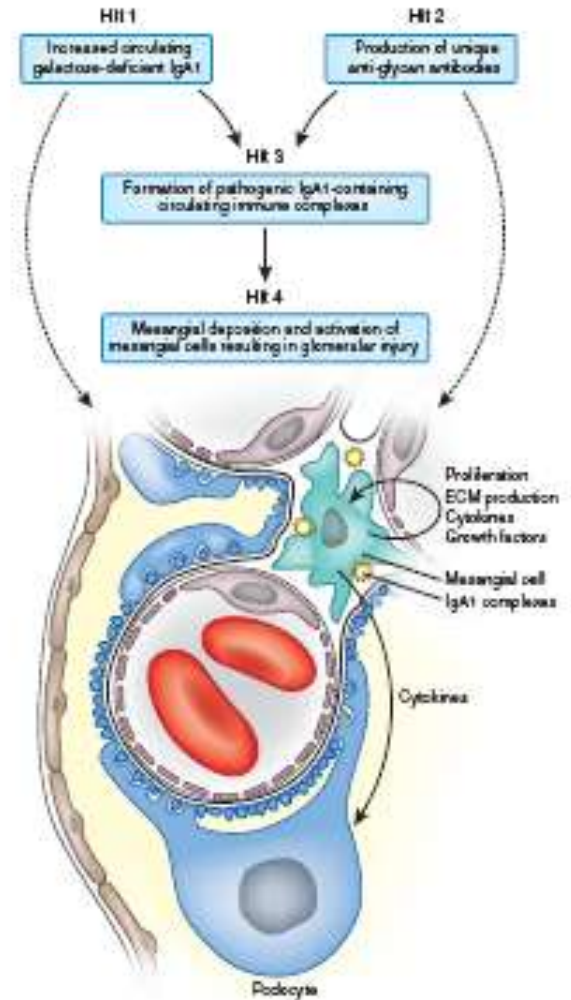
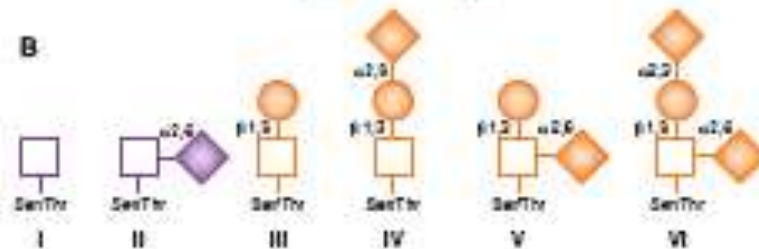


Patogenesis

A -Pro-Val-Pro-Ser-Thr-Pro-Pro-Thr-Pro-Ser-Pro-Ser-Thr-Pro-Pro-Thr-Pro-Ser-Pro-Ser-Cys-



B



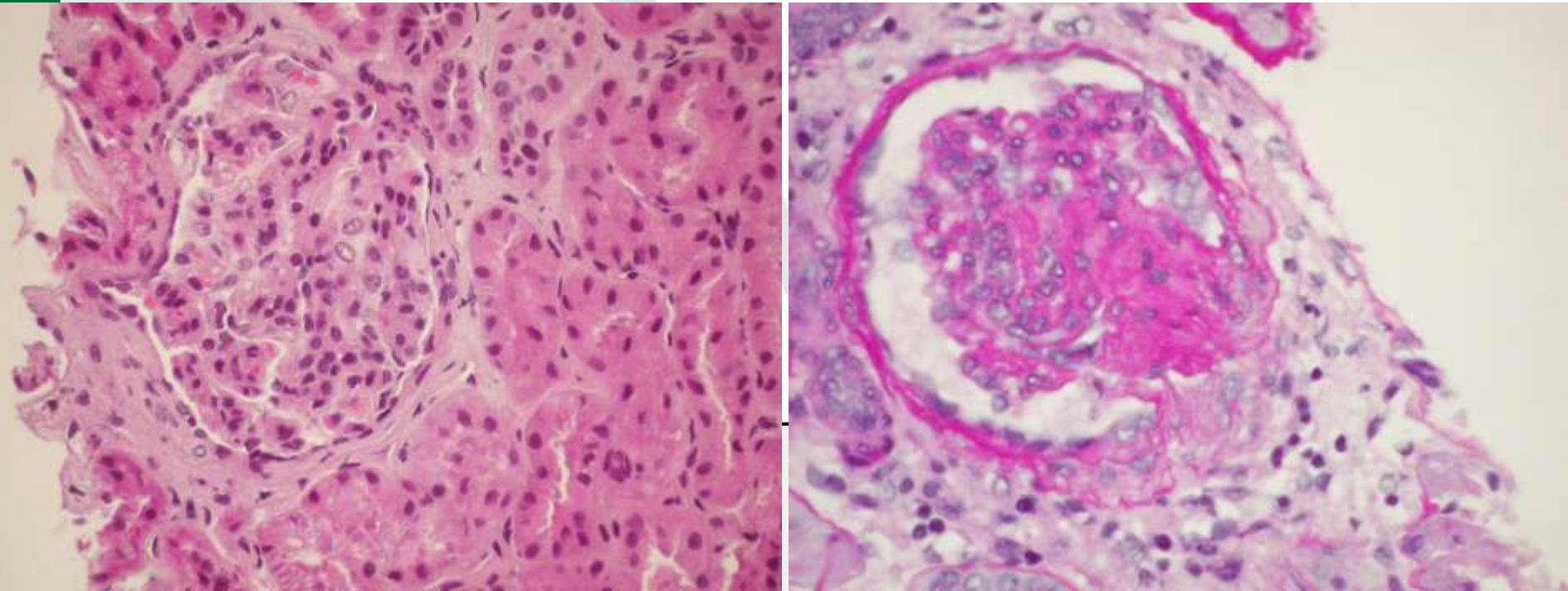


Nefropatía IgA

- Primaria
- Secundaria
- Vasculitis por IgA (Henoch-Schonlein)
- Asociadas
 - Nefropatía por cambios mínimos
 - Lupus
 - GN membranosa (IgG)
 - GN por ANCA

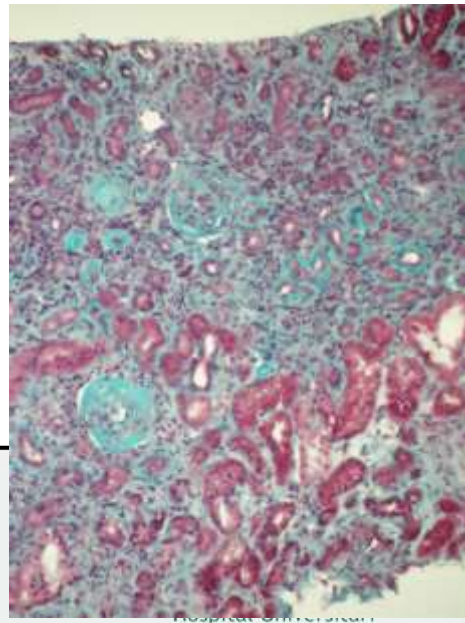
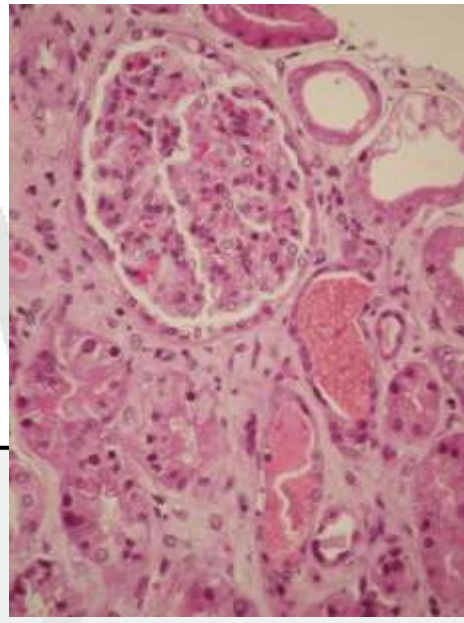
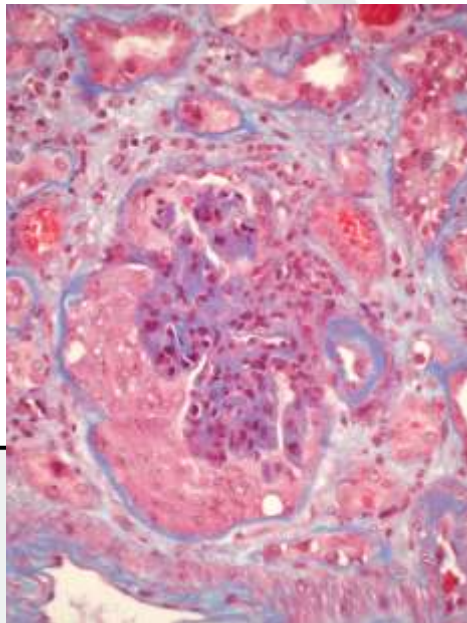
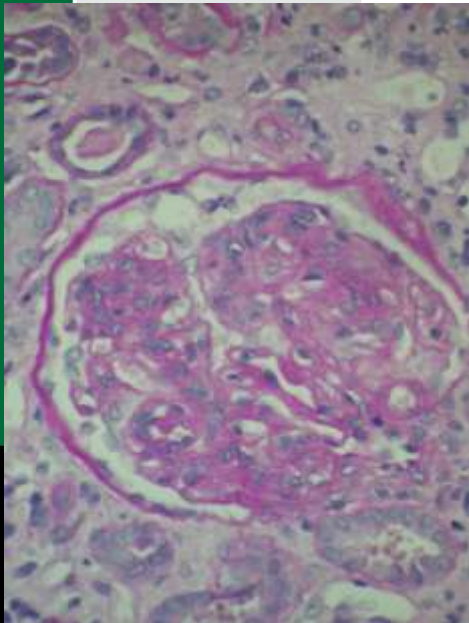
Presentación típica

- Joven con microhematuria +/- proteinuria
- Glomerulonefritis focal



Presentaciones posibles

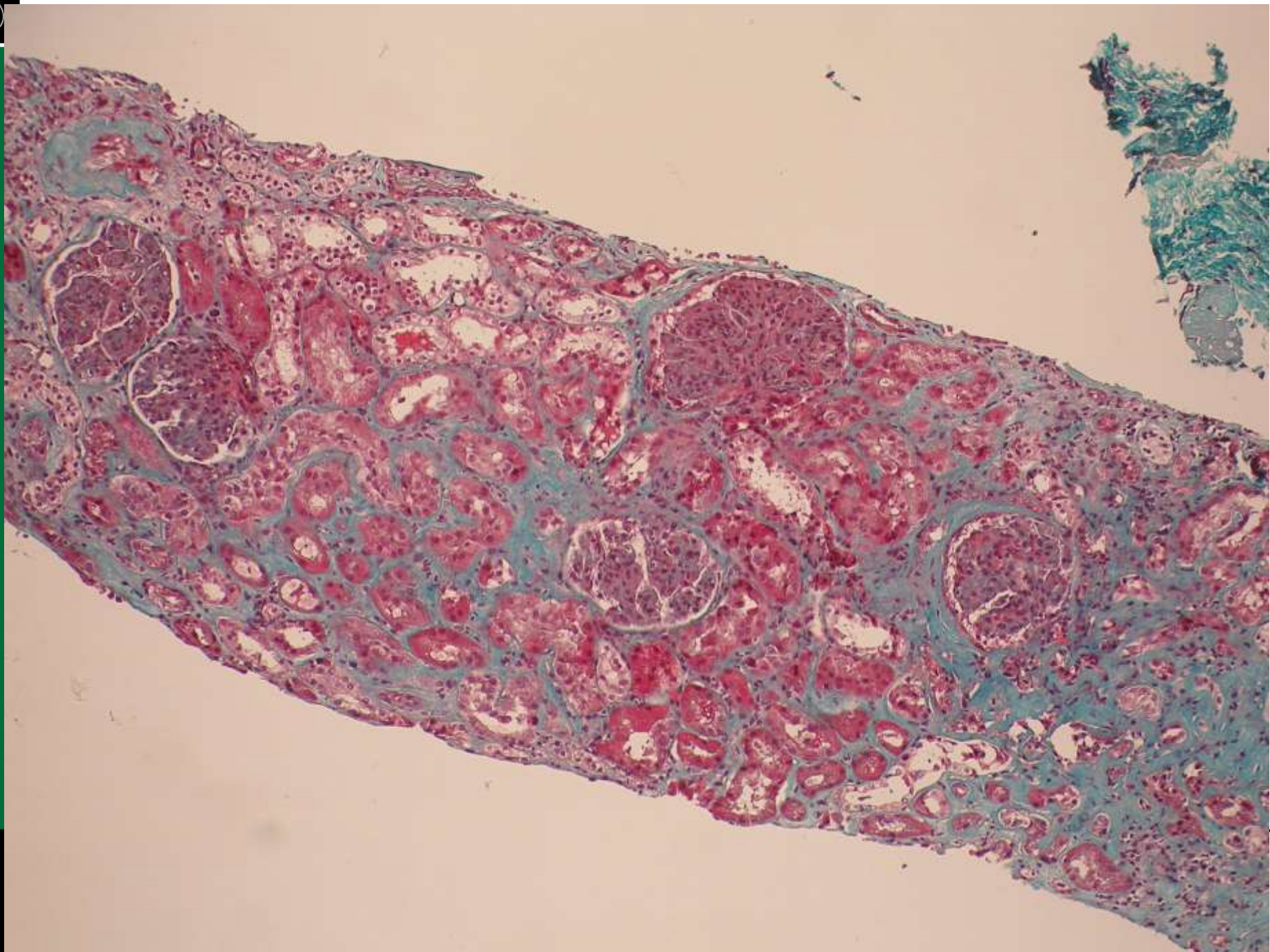
- Cualquier edad
- Cualquier clínica
- Cualquier morfología

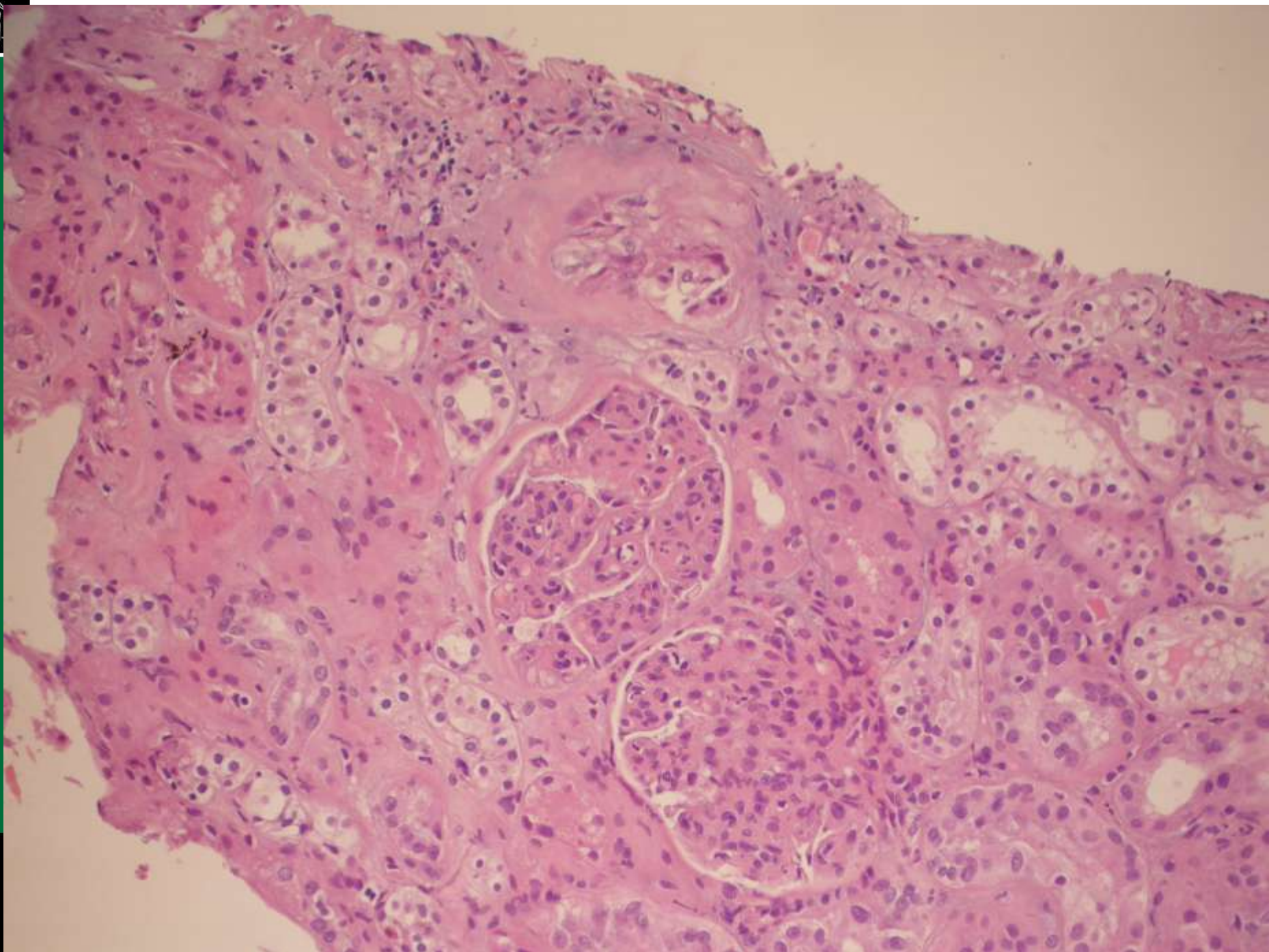


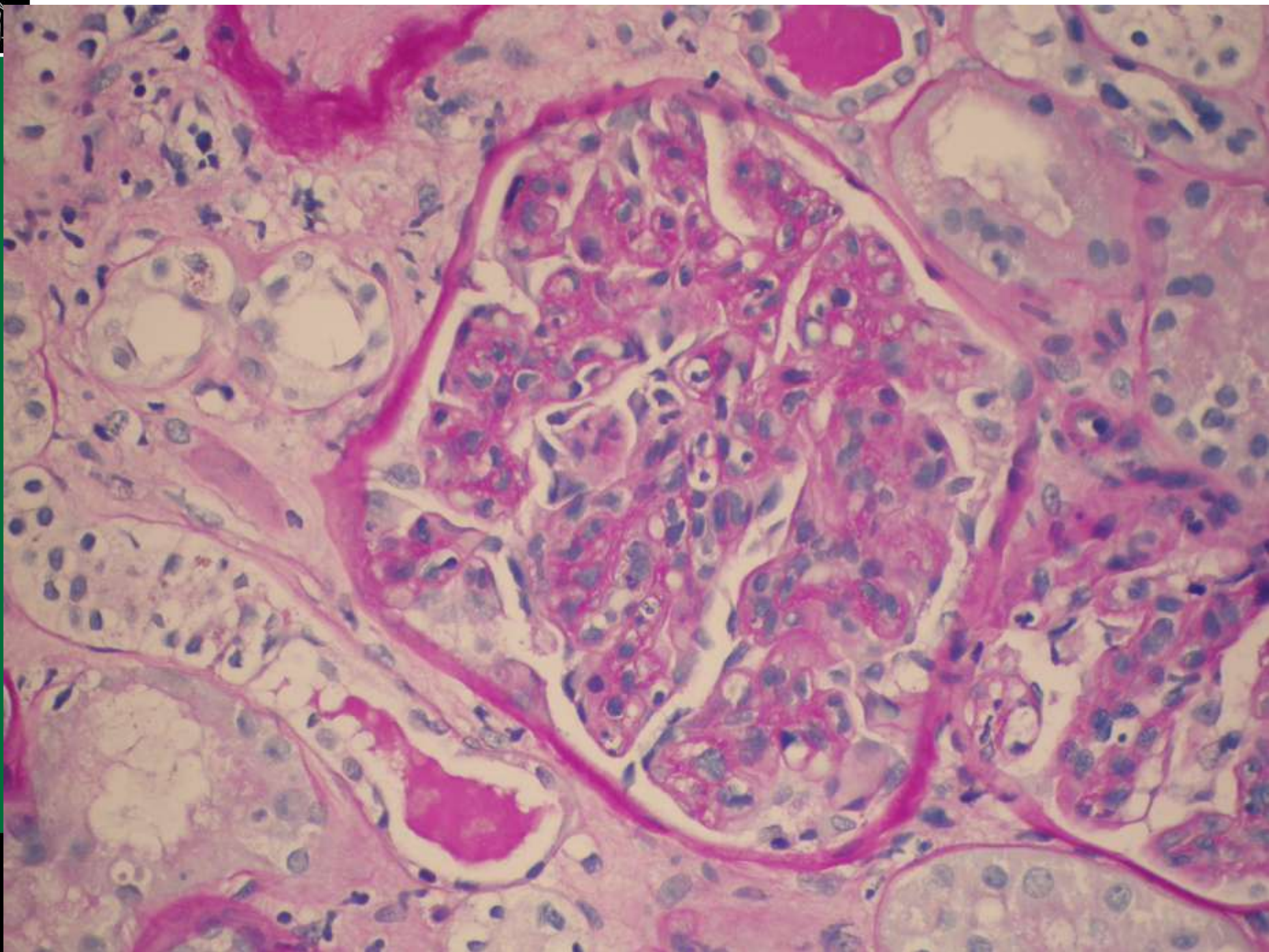


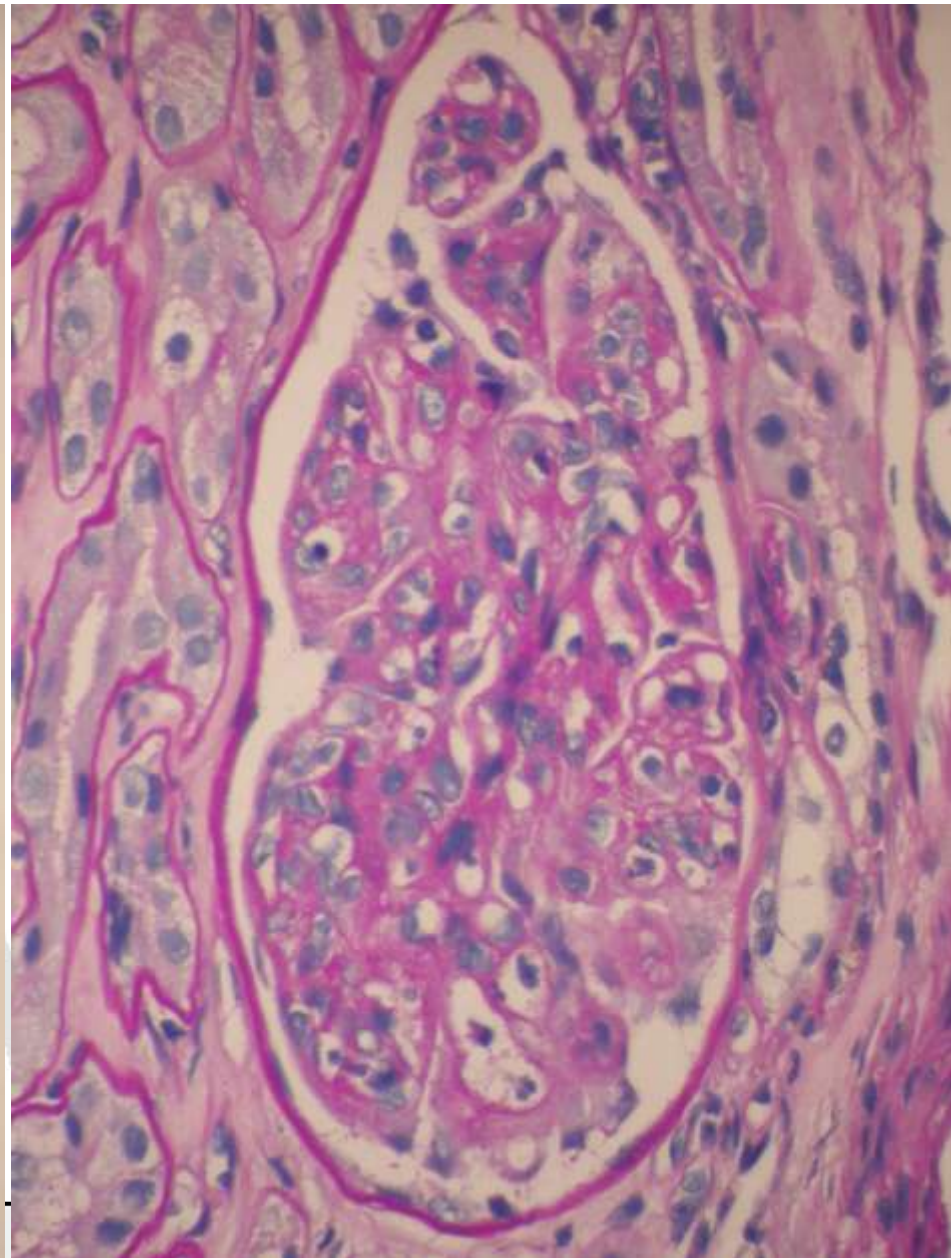
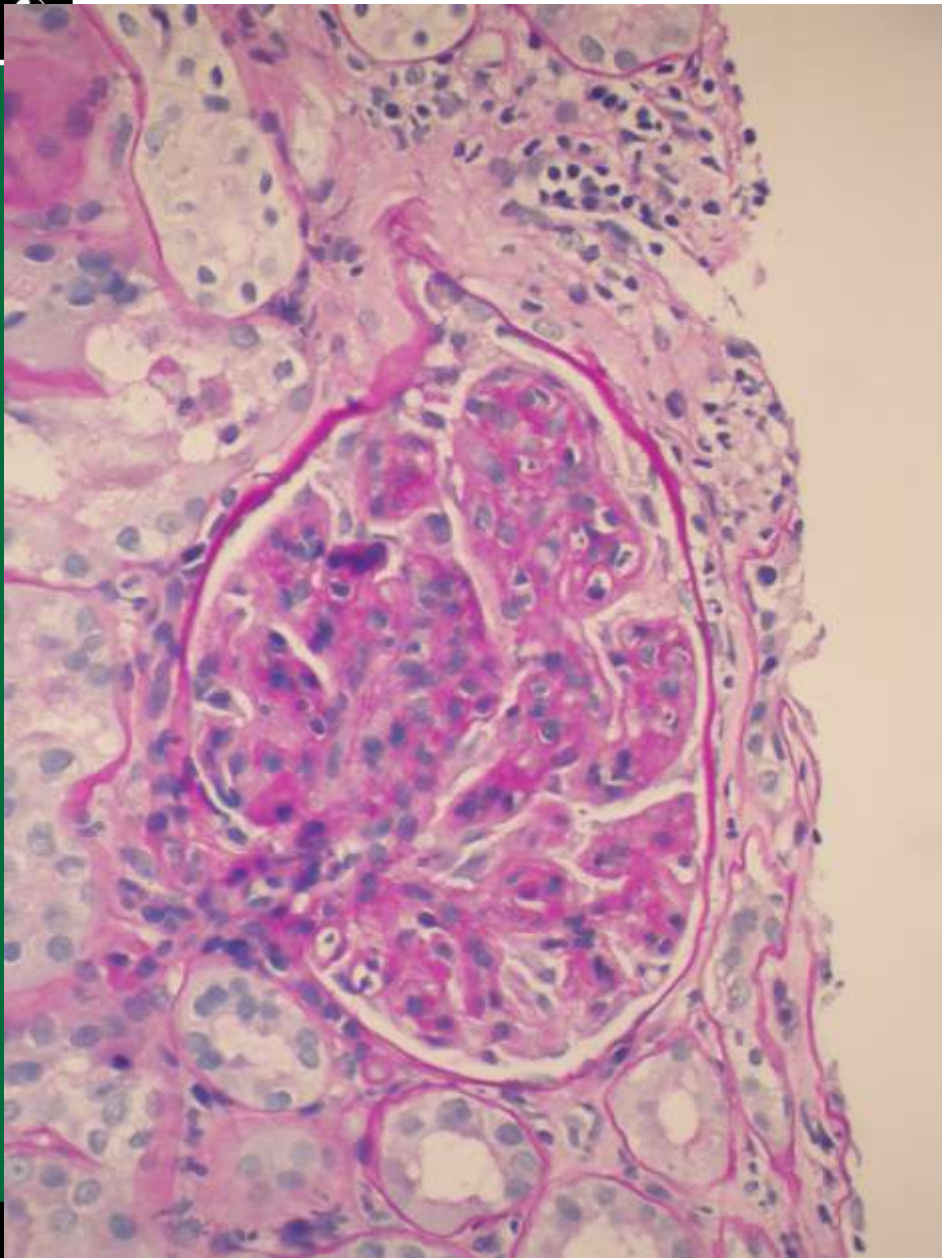
Se puede diagnosticar una nefropatía IgA con cualquier cosa?

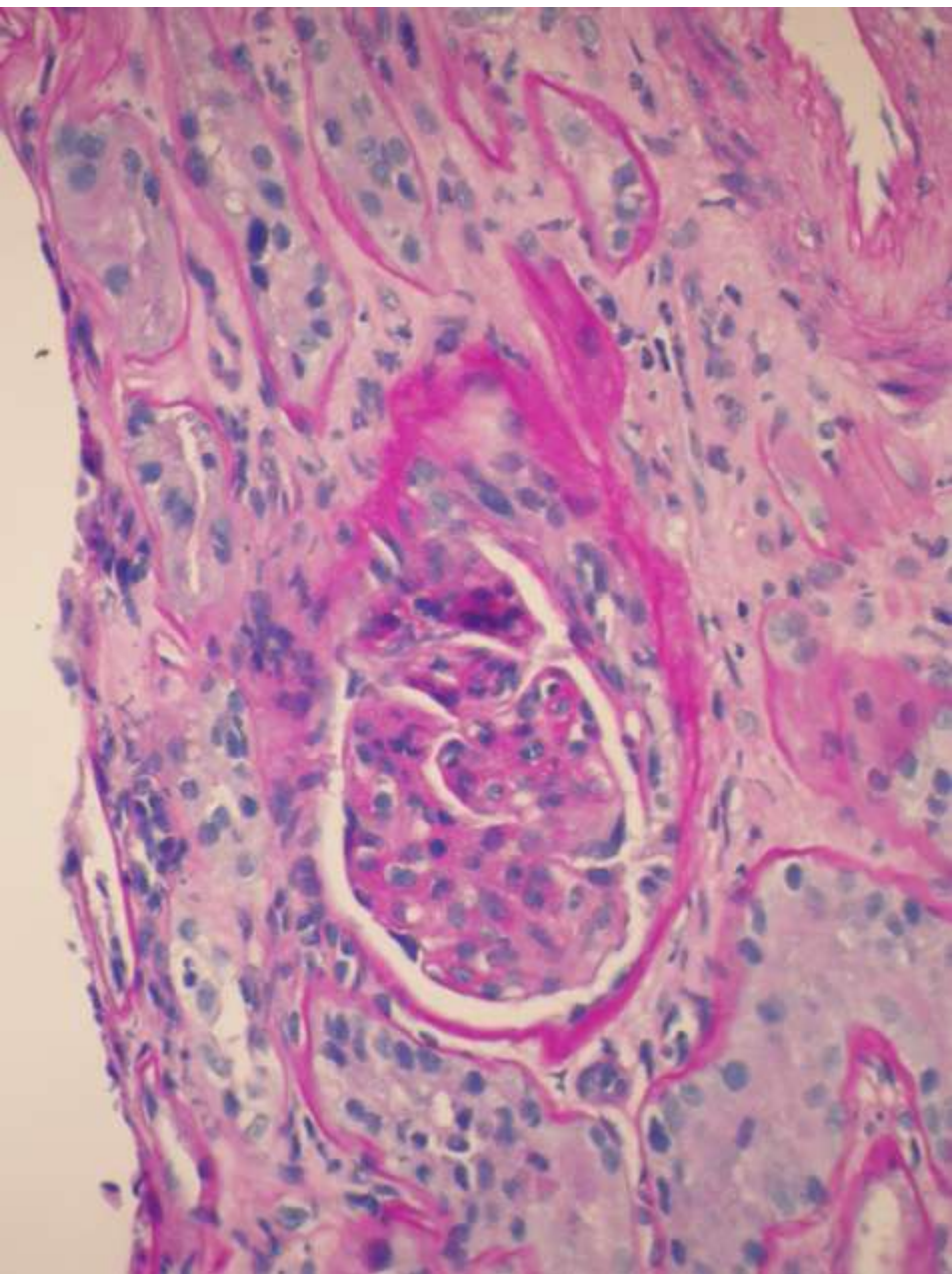
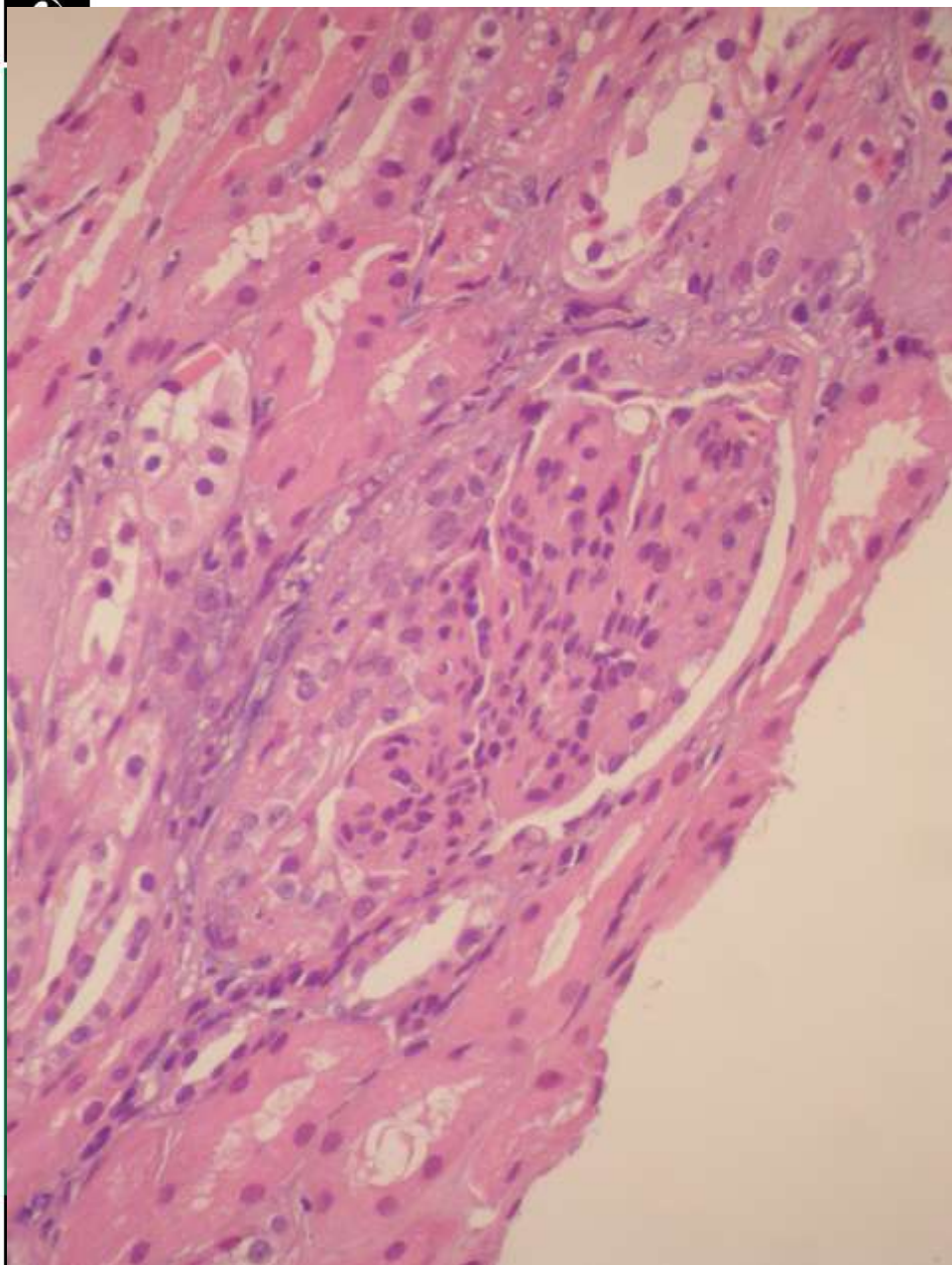
- Paciente varón de 81 años, fumador y enólico moderado, con HTA, dislipemia, cardiopatía isquémica y bronquitis crónica.
- Noviembre 2011: Consulta por pérdida de peso y astenia. TAC: Lesión sospechosa de tumor vesical infiltrante. No hematuria.
- Marzo 2012: Edema progresivo en extremidades.
 - Proteinuria 9g/l, Prot 46 g/l, Alb 27 g/l, Colesterol 140 mg/dl, Creat 2,8 mg/dl, Hematocrito 0,27
Complemento normal

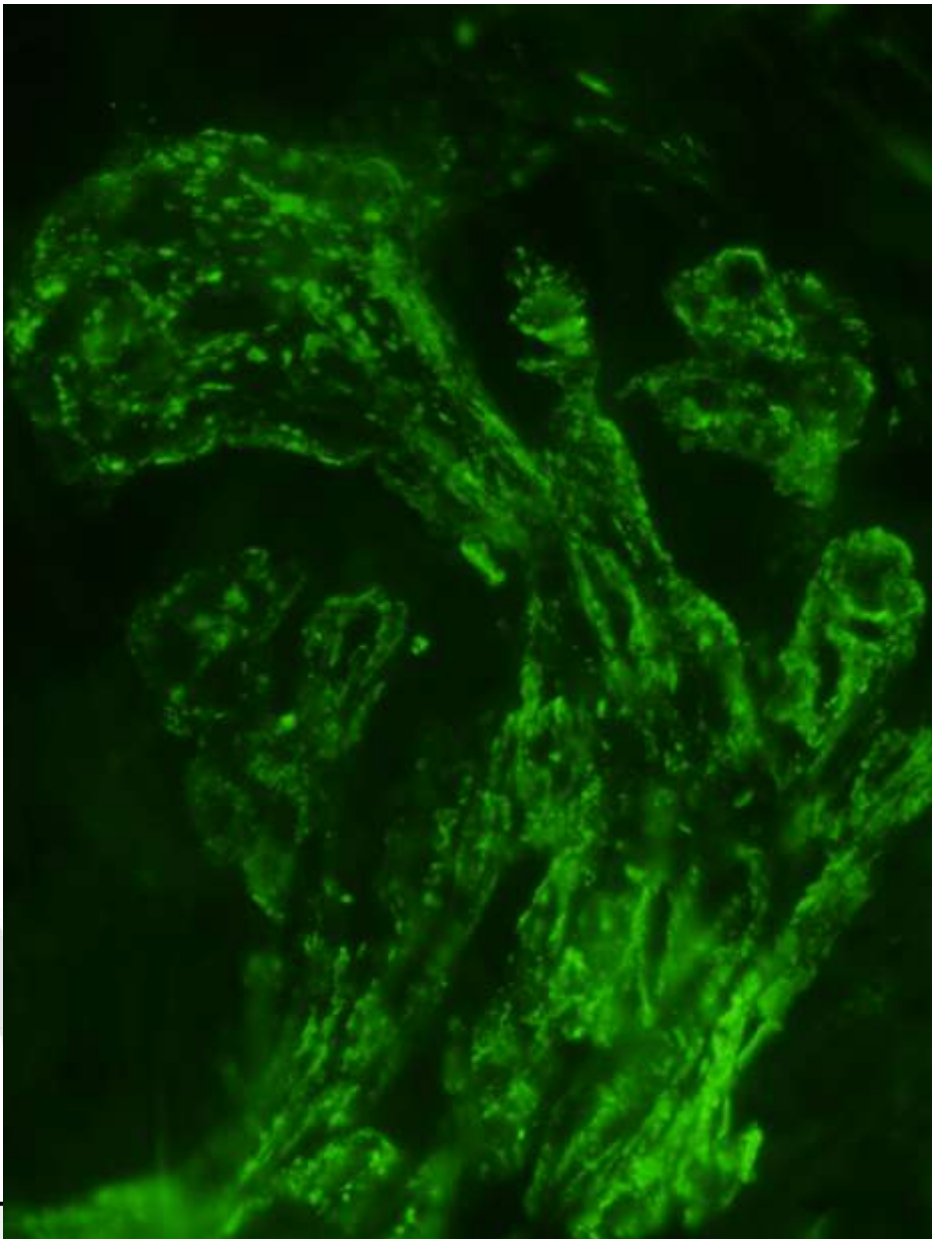
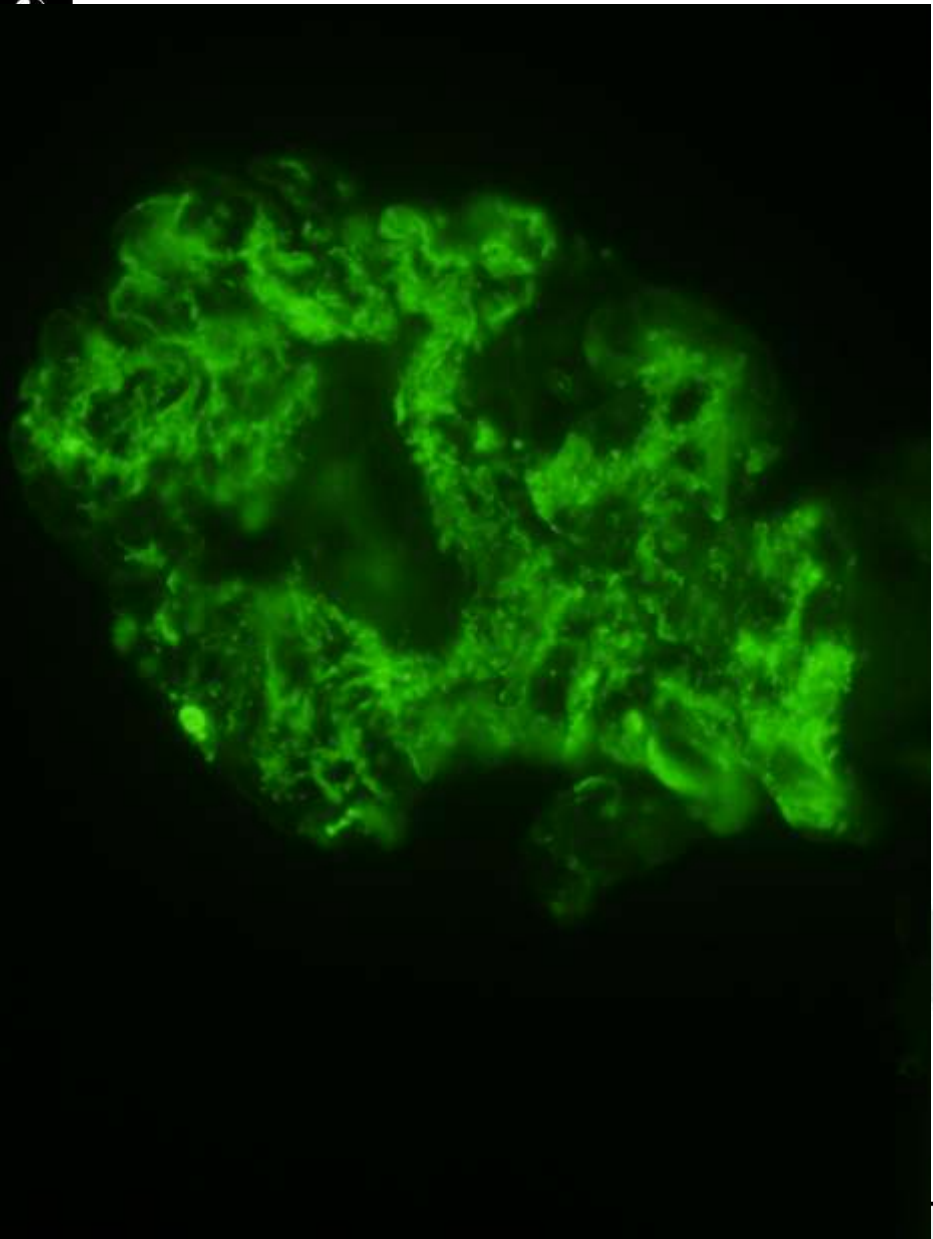


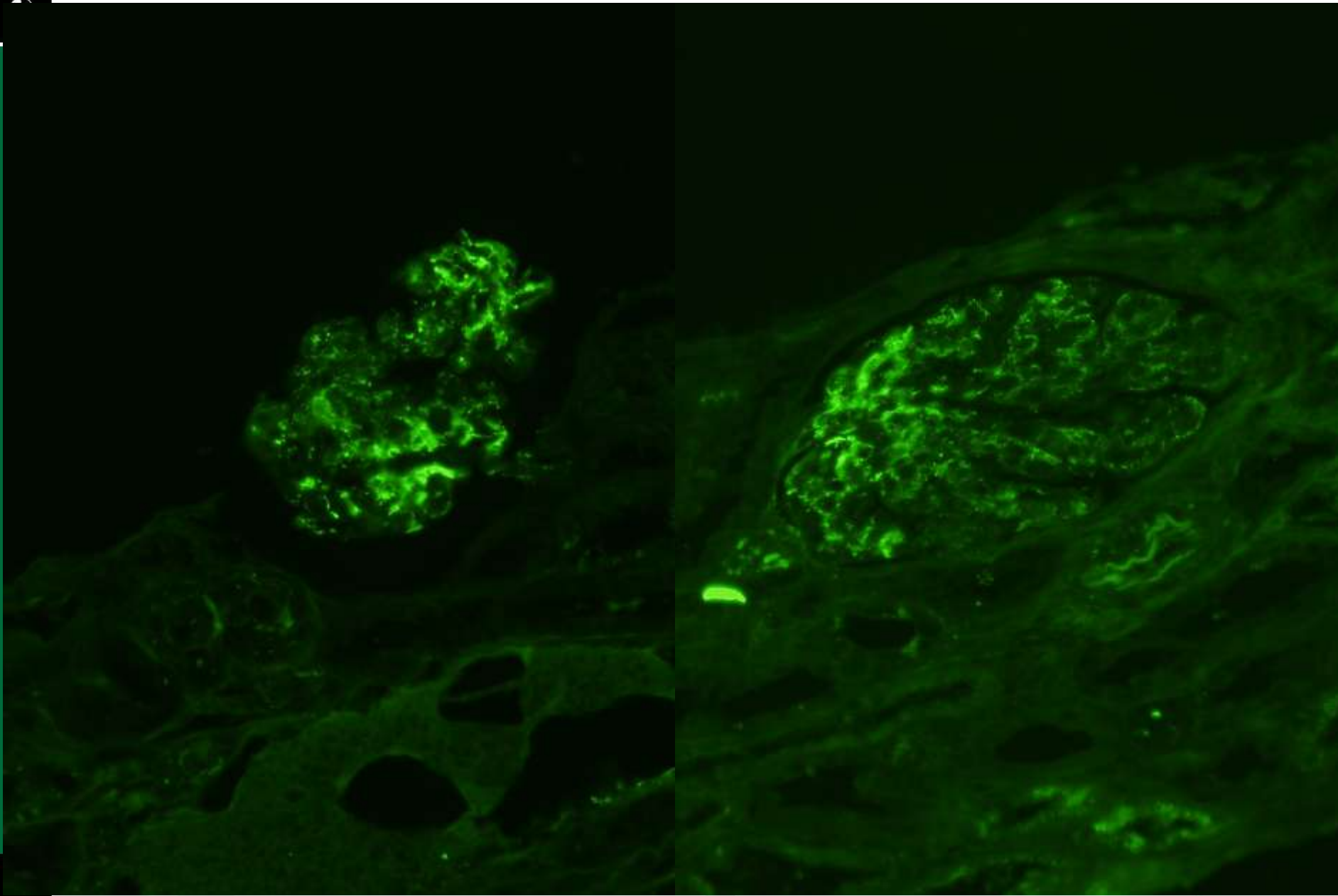








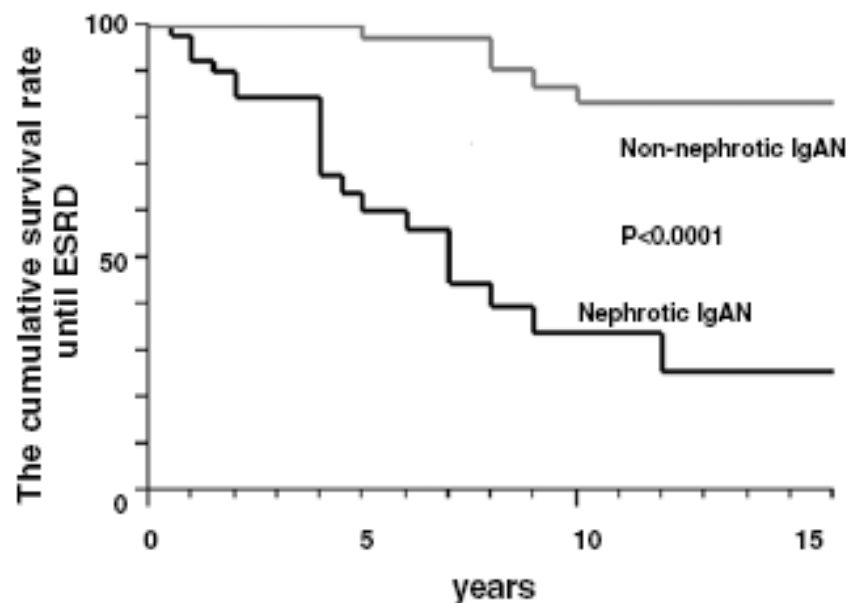




IFD par

NIgA con síndrome nefrótico

- 10% de las NIgA (incluyendo NCM?)
- Mal pronóstico
- 75% lesiones esclerosantes segmentarias



Moriyama T. Int Urol Nephrol 2012



GN postinfecciosa con IgA dominante

- Ancianos (61%)
- Diabéticos (55%)
- Postestafilocócica (76%)
- Fracaso renal agudo (78% Cr >4) con hematuria y proteinuria (Sdm nefrótico 40%)
- Hipocomplementemia (69%)
- GN proliferativa endocapilar con neutrófilos (63%), mesangial (33%), extracapilar (4%)
- Depósitos subepiteliales (jorobas) (79%)



El informe anatomopatológico

Patología quirúrgica

- Macroscópico
- Microscópico
- **Diagnóstico**

Patología clínica

- Macroscópico
- **Microscópico**
- **Diagnóstico**

Te vas a equivocar en el diagnóstico, pero no te puedes equivocar en la descripción microscópica (A. Darnell, 1997)