

局灶节段性肾小球硬化对特发性膜性肾病患者预后的意义

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摘要

目的 探讨局灶节段性肾小球硬化 (focal segmental glomerulosclerosis, FSGS) 对特发性膜性肾病患者预后的影响。方法 回顾性分析2003年3月至2007年3月在我院诊断为特发性膜性肾病、年龄≥16岁、随访时间≥6月、肾组织光镜检查时肾小球≥10个, 且具有完整临床病理资料的患者55例, 将其分成不伴FSGS组 (简称FSGS-组) 与伴有FSGS组 (简称FSGS+组), 比较分析2组患者在临床病理及预后间的差异。结果 FSGS+组患者肾活检前的平均病程明显长于FSGS-组患者, 且前者肾活检时的平均血肌酐水平和高血压发生率高于后者。而性别比、年龄、血清白蛋白、血胆固醇、24h尿蛋白定量、肾病综合征比率及病理分期、肾小管间质损害和血管病变等主要病理改变在2组间无显著性差异。2组间治疗方案分布及肾脏存活率无显著性差异, 而FSGS+组患者的总缓解率低于FSGS-组。进行危险因素分析发现肾活检时的肾小球滤过率是肾脏死亡和临床死亡的独立的危险因素。结论 FSGS不是肾脏死亡和临床死亡的独立的危险因素。

关键词 [特发性膜性肾病; 局灶节段性肾小球硬化; 预后](#)

分类号

A study of significance of focal segmental glomerulosclerosis to the prognosis of idiopathic membranous nephropathy

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Abstract

Objective To investigate the significance of focal segmental glomerulosclerosis (FSGS) to the prognosis of idiopathic membranous nephropathy. Methods 55 patients admitted to our hospital during March 2003 and March 2007 were enrolled. They were made the diagnosis of idiopathic membranous nephropathy. They were more than 16 years old and followed-up more than 6 months. The clinicopathological data were intact with more than 10 glomeruli in each specimen for light microscope. The patients were divided into two groups, one was with FSGS (short for FSGS+ group), and the other without FSGS (short for FSGS- group). The differences of clinicopathological features and prognosis between the 2 groups were studied. Results The average course before biopsy of patients in FSGS+ group was obviously longer than patients in FSGS- group. Furthermore, the average serum creatinine at biopsy and the incidence of hypertension in the former were higher than the latter. However, there was no difference between 2 groups when it come to the rate of sex, age, serum albumin, serum cholesterol, the quantitation of 24-hour urinary protein, the rate of nephrotic syndrome, pathological stage, damage of tubulo-interstitium and damage of blood vessel. Meanwhile there was no difference in the distribution of treatment modes and renal survival rate between the 2 groups. However, the remission rate in FSGS+ group was lower than that in FSGS- group. The analysis of risk factors suggest that glomerular filtration rate at biopsy was an independent risk factor for renal death and clinical death. Conclusion FSGS is not an independent risk factor for renal death and clinical death in idiopathic membranous nephropathy.

Key words [idiopathic membranous nephropathy](#) [focal segmental glomerulosclerosis](#) [prognosis](#)

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