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大量蛋白尿表现的儿童紫癜性肾炎病理特点及预后分析

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摘要:

目的: 探讨大量蛋白尿表现的儿童紫癜性肾炎(HSPN)的病理、预后及其影响因素。方法: 采用回顾性研究方法, 收集2006-2015年在我院肾内科住院并进行肾组织活检的HSPN患儿424例, 根据是否具有大量蛋白尿表现分为研究组221例和对照组203例, 分析比较两组患儿的病理特点并对能够配合随访的111例患儿的性别、年龄、临床特征、病理改变与预后之间的关系进行统计学分析。结果: 大量蛋白尿表现的HSPN患儿比例为52.1% (221/424), 其病理分级以Ⅲ级最常见(68.3%, 151/221), 其次为Ⅱ级(27.6%, 61/221); 其病理分级、新月体形成、毛细血管病变及毛细血管袢坏死病变均比对照组患儿严重($P < 0.05$)。研究组随访111例(50.2%), 其中63例(56.8%)尿检恢复正常。单因素分析显示, 性别、尿蛋白水平、血肌酐水平、肾脏IgA沉积强度、蛋白尿复发对HSPN患儿预后的影响具有统计学意义($P < 0.05$)。进一步Logistic回归分析显示, 蛋白尿复发是预后不良的独立危险因素($P < 0.01$)。结论: 大量蛋白尿表现的HSPN患儿病理分级以Ⅲ级最常见, 其病理损害严重程度大于无大量蛋白尿表现的患儿。经过早期、积极、规范的治疗短期预后良好, 蛋白尿复发是其预后不良的独立危险因素。部分病例尿检恢复正常数年后可出现蛋白尿复发, 需长期规律随访。

关键词: [儿童](#) [紫癜性肾炎](#) [蛋白尿](#) [病理特点](#) [预后](#)

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Pathological Characteristics and Prognosis of Henoch-Schönlein Purpura Nephritis with Massive Proteinuria in Children

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Abstract:

Objective: To probe into the pathology, prognosis and influencing factors of children with Henoch-Schönlein purpura nephritis (HSPN) and massive proteinuria. Methods: Retrospective analysis was adopted, and 424 children with HSPN admitted into our hospital for renal biopsy from 2006 to 2015 were collected. According to the manifestation of proteinuria, all patients were divided into the research group ($n=221$) and the control group ($n=203$). The pathological characteristics of two groups were analyzed and compared, and the relationship between gender, age, clinical features, pathological changes and prognosis in 111 children who could be followed up was statistically analyzed. Results: The percentage of massive proteinuria in children with HSPN was 52.1% (221/424), the majority renal pathology type of HSPN with massive proteinuria was grade III (68.33%, 151/221), followed by grade II (27.60%, 61/221). The pathological grade, crescent formation, capillary lesions and capillary necrosis of the research group were significantly worse than those of the control group ($P < 0.05$). The research group followed up 111 cases (50.2%), of which 63 cases (56.8%) returned to normal urine test. Univariate analysis showed that gender, urine protein levels, serum creatinine levels, renal IgA deposition intensity, and proteinuria recurrence had statistically significant effects on the prognosis of children with HSPN ($P < 0.05$). Further Logistic regression analysis showed that proteinuria recurrence was an independent risk factor for poor prognosis ($P < 0.01$). Conclusion: The pathological grade of HSPN in children with massive proteinuria is the most common in grade III, and the severity of pathological damage is greater than that in children without massive proteinuria. After an early, positive, and standardized treatment, the short-term prognosis become better, and proteinuria recurrence is an independent risk factor for poor prognosis. Proteinuria recurrence may occur several years after urine test returns to normal in some cases, and long-term regular follow-up is required.

Key words: [children](#) [Henoch-Schönlein purpura nephritis](#) [massive proteinuria](#) [pathological characteristics](#) [prognosis](#)

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