



The Department of Internal Medicine
Division of Nephrology

INFORMATION SHEET

GLOMERULAR DISEASES CLINIC



IgA Nephropathy

IgA nephropathy is one of the most common causes of glomerulonephritis (inflammation of the glomeruli, the filter part of the kidneys). When affected kidneys are examined under a microscope using special immune stains, clumps (or deposits) of the protein IgA are seen trapped in the filters of the kidney. These are not seen in normal kidneys. It is thought that these proteins, part of the immune system, trigger inflammation and damage to the kidneys. Why this trapping of IgA in the kidneys occurs is not known.

IgA nephropathy usually shows up as blood in the urine. Some people have large amounts of blood which starts suddenly, often at the time when they are having symptoms of a virus infection, like the common cold. The large amount of blood in the urine usually gives the urine the color of tea or cola, not bright red. This may last for several days. Other people have very small amounts of blood in the urine, and are diagnosed when this is noted during a routine physical exam.

Because there are many different kidney diseases that can cause blood in the urine, a kidney [biopsy](#) is needed for a definitive diagnosis of IgA nephropathy. However, in someone who only has blood in the urine (and no protein), normal kidney function (determined by blood tests), and a normal blood pressure, there may not be a need to do a biopsy. In such mild cases, the biopsy would be unlikely to change how a person would be treated.

IgA nephropathy can be very severe and cause rapidly worsening kidney disease in some cases, but this is unusual. More often, the damage it causes to the kidneys occurs very slowly, over years. The amount of protein in the urine often helps predict how fast damage to the kidneys is occurring. It has been found that, over a period of 20 years without treatment, about ¼ of people with IgA nephropathy and protein in the urine will eventually have severe kidney damage.

Unfortunately, there are few treatments for IgA nephropathy that have been well studied and are definitely known to work. Like in other kidney diseases, control of blood pressure and avoiding medications that damage the kidneys is important. In mild cases of IgA nephropathy, where it seems unlikely that the kidneys will be severely damaged, people can often just be followed by their doctor without other specific treatment. Blood pressure and urine tests are recommended in these people at least yearly. In more severe cases, corticosteroids and other immunosuppression medications have been used, and are thought to slow the damage to the kidneys, though these medications can have significant side effects.

Many doctors and patients have used fish oil to treat IgA nephropathy, though its benefits remain unclear. Special diets may help, but there is little scientific proof of this. As with other immune diseases many alternative therapies, vitamins and supplements have been suggested as helpful, but none of these has been scientifically shown to help in IgA nephropathy.

More information is available from the National Kidney Foundation:

<http://www.kidney.org/>