

Renal Services

IgA Nephropathy

IgA Nephropathy

'IgA' is short for Immunoglobulin A, one of the types of antibody our body produces to fight infection. This circulates in the blood. "Nephropathy" is a scientific term for kidney disease.

What is IgA Nephropathy?

It is scarring and inflammation within the kidney that can only be seen clearly under the microscope. Therefore it is normally only diagnosed after a biopsy test of the kidney. What is seen under the microscope is that the "glomeruli", which are the tiny structures which filter the blood to make urine, are damaged by deposits of IgA.

What are the symptoms of IgA Nephropathy?

These are variable from case to case. In many cases there are no symptoms, but the damage to the glomeruli causes some blood to appear in the urine. This blood is often invisible and only detected on routine medical check-ups. In other cases the blood may be visible, coming in attacks every so often. Sometimes an influenza type illness (or gastroenteritis) may spark off an attack of blood in the urine, which then clears after a few days.

Normally this condition is quite painless. However, in some patients who have acute attacks after the 'flu, there may be some pain over the kidneys and a feeling of sickness for a couple of days.

What causes IgA Nephropathy?

This is not fully understood. IgA is produced by glands around the throat and bowel to fight off infection. IgA is normally two antibody molecules



Patient Information

stuck together. In IgA nephropathy, these molecules appear to get joined up in longer chains. As these travel around in the blood and pass through the kidney they get deposited in the filters (glomeruli) and then can cause an inflammatory reaction. It is not known why these IgA chains develop, and unfortunately no-one can stop this happening.

What will happen if I have IgA Nephropathy?

The outcome is very variable, and you will need to ask your specialist how things are likely to be in your case. The possibilities are:

- It may continue unchanged for many years, requiring only regular check-ups with blood tests. This is probably the case in a majority of patients.
- It may go away on its own.
- In some cases kidney failure develops, leading to the possibility of dialysis and/or transplantation.

What are the complications of IgA Nephropathy?

- High blood pressure may develop. This damages the kidneys and puts a strain on the heart and the rest of the circulation. Therefore high blood pressure should be treated vigorously.
- Kidney failure may sometimes occur. If so, it develops slowly, so you need not be concerned about a sudden change in your condition.
- There may be protein leakage from the kidneys, which leads to swollen ankles and high levels of cholesterol in the blood. Your doctor will test your urine for protein, and your blood for cholesterol.
- There is a variant of IgA nephropathy called Henoch-Schonlein Purpura ('HSP'). In this, the IgA antibodies affect not only the kidneys but also other parts of the body. A blotchy red rash may appear on the legs and buttocks. However, if you have had IgA Nephropathy confined to the kidneys for some time, it would be very unusual for this to convert to the more serious Henoch-Schonlein purpura.

Is there any Treatment?

This is not an easy condition to treat, and usually doctors rely on treatment of the blood pressure. If the cholesterol is very high, treatment to reduce the levels may help. There is some evidence that some patients with deteriorating kidney function are helped with steroid (prednisolone) tablets. Your specialist will advise you whether such treatment should be tried in your case. Some specialists also use long term treatment with Maxepa (fish oil) tablets. Drug treatment may be effective in Henoch-Schonlein

Patient Information

Purpura. Steroids (prednisolone), sometimes together with another drug called cyclophosphamide may be used.

Can I lead a normal life with IgA Nephropathy?

In most cases this condition does not affect normal life. There is no special diet that will make the disease go away or get worse. You can continue with physical exercise and sports quite safely. The condition does not generally run in families, so you need not worry about having children.

There will be some queries if you apply for mortgages or life insurance, you may be asked to supply a medical report from your doctor.

If you have any difficulty getting insurance, contact the National Kidney Federation and ask about insurance brokers experienced with renal patients (www.kidney.org.uk or 0845 601 0209).

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 7777 and we will do our best to meet your needs.

The Trust operates a smoke free policy

Document History

Department:	Renal services
Contact:	28288
Updated:	November 2019
Review:	November 2022
Version:	7
Reference:	HIC/LFT/757/08