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A Clinicopathologic Study of Glomerular Disease: A Single-Center, Tenyear Retrospective Study from Northwest India

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Background and Aims:Studies published from centers across India have reported different and contradicting patterns of glomerular disease. In this retrospective study, we report our experience from a Tertiary Care Center in Northwest India. **Method:** A total of 1186 renal biopsies performed between 2014 and 2023 were reviewed of which 632 were excluded from the study because the biopsies were taken from an allograft. The study included 332 males (59.92%) and 222 females (40.07%) with an age range of 08– 82 years (mean 40.34 ± 5.04 years).The percutaneous technique with ultrasound guidance using Tru-Cut 14-gauge needles and Bard® disposable core biopsy instrument (Bard Biopsy Systems®) was used for all biopsies.

Results: Majority of the biopsies (99.07%) showed some form of glomerulonephritis (GN), either primary (68.88%) or secondary glomerular disease (SGD) (31.12%). Membranous nephropathy was the most common type of primary GN (24.73% of primary GN), followed by focal and segmental glomerulosclerosis (FSGS); 20.96% of primary GN) and minimal change disease (MCD; 17.47% of primary GN). Amyloidosis was the most frequent SGD(44.64% of secondary GN). Lupus nephritis(LN) was found in 32.14% and TMA(Thrombotic microangiopathy) in 17.85%.

Conclusion: The spectrum of glomerular disease differs according to age, race, and geographical regions. The pattern of biopsy-proven renal disease differs between different regions of the same country. We found MN to be the most common cause of GN overall and even in individuals above 20 year, while MCD is the most common cause of GN in individuals less than 20 year. The most common SGD in our study is Amyloidosis while in other studies & across the globe, has been documented as LN. Because of the heterogeneity among the findings of studies from different nephrology centers across India, it is necessary to maintain a central registry.

Biography

Tanmay vagh has her expertise in evaluation and passion in improving the health and wellbeing. His open and contextual evaluation model based on responsive constructivists creates new pathways for improving healthcare. He has built this model after years of experience in research, evaluation, teaching and administration both in hospital and education institutions.

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