

中文題目：抗腫瘤壞死因子製劑與 IgA 腎病變之罕見個案分析

英文題目：The Correlation between Anti-TNF Therapy And IgA Nephropathy:
A Case Report

作者：鄭美華¹，呂建儒²，林瑞祥²，蔡嘉蓉²，巫宏傑²，曹祐慈²，張維文²
王偉傑²

服務單位：衛生福利部桃園醫院復健科¹ 腎臟內科²

Introduction: Rheumatoid arthritis (RA) is a chronic idiopathic systemic autoimmune disorder characterized by synovial inflammation that autoantibody targeted to IgG.

Extra-articular features are common manifestations in patients with RA, but there are limited published data in which IgA nephropathy in RA patients.

Case presentation: A 68-year-old woman had a medical history including 20 years of gradually progressive RA ongoing disease modifying anti-rheumatic drugs.

Etanercept (25mg weekly for 2 years) was then initiated. After 2 years of follow-up, foamy urine was associated between heavy proteinuria (3.18 g/day) and hematuria (OB 1+, RBC 2-5) despite administration of Etanercept. She was referred to outpatient clinic. Her blood pressure was 151/75 mmHg, and laboratory investigations showed that hematology: WBC 10010cumm, Hb 13.2g/dl, coagulation, clinical chemistry: CRP: 1.3mg/dl, RF: 559U, Albumin 4.6 g/dL, total cholesterol 326 mg/dL, triglyceride 180 mg/dL, and immunologic studies involving ANCA, ANA, Anti-GBM, HBsAg and Anti-HCV were unremarkable. Renal biopsy showed HAAS class II of IgA nephropathy and chronic interstitial nephritis associated with tubular atrophy. The clinical condition improves after we stopped Etanercept. No relapse of IgA nephropathy in RA patient has been associated with 6 months of a recurrence free follow-up period.

Discussion: Two hypotheses support the existence of IgA nephropathy that links RA. The first one demonstrates that RA leads to IgA nephropathy. Previous published data displayed that the common mesangial immunofluorescence revealed reactivity to IgM (78%), then IgA (43%) and C3 (41%). The second hypothesis postulates that the consequence of Etanercept results in IgA nephropathy. Previous case reports of cutaneous vasculitis probably induced by TNF antagonists, such as Etanercept, Infliximab, and Adalimumab, have been described in RA patients with extracapillary GN and IgA deposits. Another documented case disclosed that IgA nephropathy developed in one patient treating with Etanercept. Early discontinuing medication will be the first priority if drug-induced nephropathy is high index of suspicion.