# **CHAPTER 1**

# **Overview of Renal Biopsy in Malaysia**

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### 1.1 Introduction

- The Malaysian Registry of Renal Biopsy (MRRB) was established in 2005 with the main objective of determining the disease burden attributable to glomerular disease.
- It was initiated with data contributed by Ministry of Health (MOH) hospitals (2005-2007).
- In 2008, other centres i.e. Ministry of Education, Ministry of Defence and private hospitals were invited to participate.
- Since its establishment in 2005, there have been five published reports.
- In this report, the data is displayed 5 yearly to demonstrate the trend of glomerular diseases in Malaysia. The data from the first 5 years 2005-2009 will be combined followed by 2010-2014 and data of 2015-2017 is displayed independently.
- There has been an increasing number of participating centres. Hence, the data reported is hopefully comprehensive.
- This chapter reports data on native kidney biopsy.

### 1.2 Renal biopsy

- Four new centres participated in this report.
- There is a total of 49 centres: 30 Ministry of Health (MOH), 3 Ministry of Education (MOE), 1 Ministry of Defence (MOD) and 15 private hospitals.
- There is a total of 16,453 biopsies reported in this 13-year period (2005-2017).
- There has been a marked increment from 4,429 biopsies in the first 5 years (2005-2009) to 7,245 in the 2010-2014 reported to the MRRB. This could be partially explained by the addition of more SDP since 2008.
- An average of 1500-1700 renal biopsies was reported annually since 2015. (Figure 1.2)

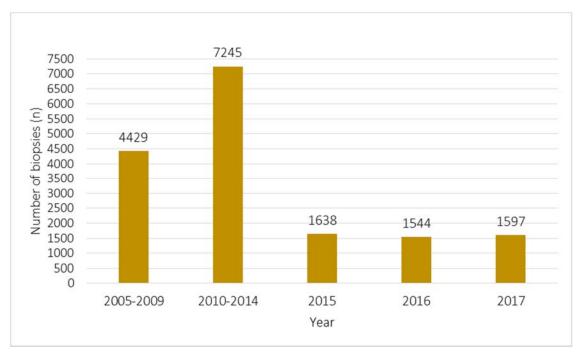


Figure 1.2: Distribution of reported renal biopsies, 2005-2017

## 1.3 Number of episodes of renal biopsy

- Eighty-five percent of renal biopsies were first episode biopsy.
- Repeat biopsies contributed to the remaining 15% in which second episode biopsy was performed in 11-13% of the cases followed by third episode of biopsy in 2-3%. (Figure 1.3)

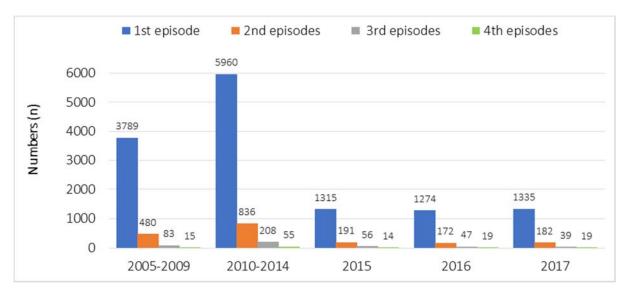


Figure 1.3: Distribution of renal biopsy in patients by number of episodes, 2005-2017

# 1.4 Demographic distribution of renal biopsy

# 1.4.1 Age distribution

- 85-90% of the biopsies performed were in adult patients (≥15 years old) and the paediatric cases contributed to the remaining 10-15%. (Figure 1.4.1(a))
- In adult, 2/3 of the biopsies involved patients in the 15 45 years old age group. Only 10% of the biopsies were performed in the patients >55 years and older. (Figure 1.4.1(b))

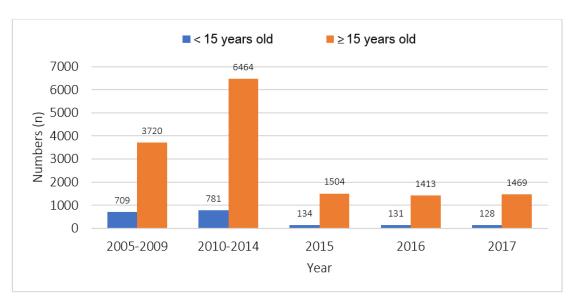


Figure 1.4.1(a) Distribution of renal biopsy in the paediatric and adult age groups, 2005-2017

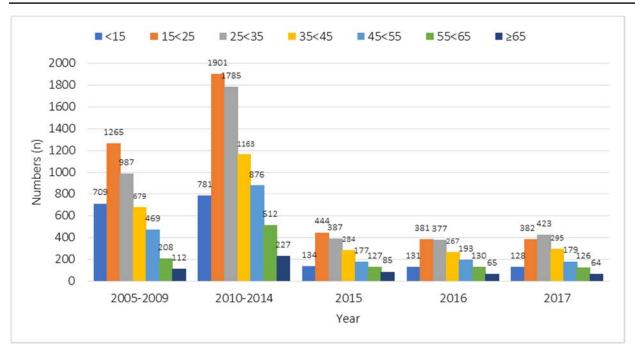


Figure 1.4.1 (b): Age distribution of renal biopsy patients, 2005-2017

# 1.4.2 Age distribution by state

- Johor and Selangor constantly reported the highest number of renal biopsies in the paediatric age group (age <15), with each state contributing to 20% of the overall biopsies. (*Table 1.4.2 (a*))
- Selangor and WP Kuala Lumpur were the top two states performing kidney biopsies in adult population contributing to 23.6% and 13.3% respectively. (*Table 1.4.2 (b)*)

Table 1.4.2(a): Renal biopsies by state in patients age < 15 years, 2005-2017

Year		-2009 709)		-2014 781)		015 134)		016 131)		)17 128)		tal 1883)
	n	%	n	%	n	%	n	%	n	%	n	%
Johor	167	23.6	141	18.1	24	17.9	27	20.6	26	20.3	385	20.4
Kedah	49	6.9	79	10.1	10	7.5	12	9.2	7	5.5	157	8.3
Kelantan	19	2.7	41	5.2	1	0.7	0	0.0	1	0.8	62	3.3
Melaka	16	2.3	16	2.0	2	1.5	1	0.8	0	0.0	35	1.9
N Sembilan	38	5.4	24	3.1	3	2.2	4	3.1	8	6.3	77	4.1
Pahang	29	4.1	14	1.8	3	2.2	3	2.3	1	0.8	50	2.7
Penang	41	5.8	38	4.9	6	4.5	9	6.9	4	3.1	98	5.2
Perak	43	6.1	74	9.5	7	5.2	10	7.6	12	9.4	146	7.8
Perlis	7	1.0	3	0.4	0	0.0	2	1.5	0	0.0	12	0.6
Sabah	51	7.2	50	6.4	11	8.2	15	11.5	17	13.3	144	7.6
Sarawak	64	9.0	60	7.7	13	9.7	7	5.3	10	7.8	154	8.2
Selangor	123	17.3	160	20.5	38	28.4	27	20.6	31	24.2	379	20.1
Terengganu	16	2.3	18	2.3	3	2.2	1	0.8	4	3.1	42	2.2
WP KL	40	5.6	58	7.4	11	8.2	10	7.6	7	5.5	126	6.7
Non M'sian	6	0.8	5	0.6	2	1.5	3	2.3	0	0	16	0.8

Table 1.4.2(b): Renal biopsies by state in patients age > 15 years, 2005-2017

Year		-2009 3720)		-2014 464)		)15 1504)		)16 .413)		17 469)		tal 4570
	n	%	n	%	n	%	n	%	n	%	n	%
Johor	433	11.6	586	9.1	81	5.4	117	8.3	145	9.9	1362	9.3
Kedah	301	8.1	562	8.7	109	7.2	114	8.1	118	8.0	1204	8.3
Kelantan	107	2.9	249	3.9	29	1.9	23	1.6	35	2.4	443	3.0
Melaka	103	2.8	128	2.0	44	2.9	29	2.1	23	1.6	327	2.2
N Sembilan	118	3.2	261	4.0	87	5.8	77	5.4	54	3.7	597	4.1
Pahang	167	4.5	288	4.5	91	6.1	76	5.4	89	6.1	711	4.9
Penang	293	7.9	363	5.6	90	6.0	88	6.2	75	5.1	909	6.2
Perak	191	5.1	550	8.5	109	7.2	84	5.9	89	6.1	1023	7.0
Perlis	25	0.7	28	0.4	9	0.6	10	0.7	8	0.5	80	0.5
Sabah	166	4.5	178	2.8	121	8.0	128	9.1	121	8.2	714	4.9
Sarawak	388	10.4	544	8.4	108	7.2	122	8.6	147	10.0	1309	9.0
Selangor	889	23.9	1445	22.4	401	26.7	368	26.0	342	23.3	3445	23.6
Terengganu	64	1.7	146	2.3	26	1.7	33	2.3	28	1.9	297	2.0
WP KL	420	11.3	1015	15.7	184	12.2	135	9.6	182	12.4	1936	13.3
Not available	0	0	1	0	1	0.1	0	0	0	0	2	0
Non-M'sian	55	1.5	120	1.9	14	0.9	9	0.6	13	0.9	211	1.4

### 1.4.3 Gender Distribution

• A similar trend of female predominance and a female to male ratio of 3:2 has been recognised since 2005. (Table 1.4.3)

Table 1.4.3: Gender distribution of renal biopsy, 2005-2017

Gender	2005- (n=4	-2009 429)	2010- (n=7			15 .638)		16 .544)		17 .597)	To (n=16	tal 5453)
	n	%	n	%	n	%	n	%	n	%	n	%
Male	1774	40.1	2871	39.6	647	39.5	611	39.6	607	38.0	6510	39.6
Female	2655	59.9	4374	60.4	991	60.5	933	60.4	990	62.0	9943	60.4

# 1.4.4 Ethnicity distribution

- Fifty-eight (58%) percent of patients biopsied were of Malay ethnicity and this trend was persistent throughout different time periods. (*Table 1.4.4*).
- There were no notable racial preponderance in glomerular disease in Malaysia.

Table 1.4.4: Racial distribution of renal biopsy, patients, 2005-2017

Race	2005 (n=4	-2009 429)	2010- (n=7			)15 .638)		)16 .544)		)17 .597)		tal 6453)
	n	%	n	%	n	%	n	%	n	%	n	%
Malay	2484	56.1	4251	58.7	944	57.6	851	55.1	975	61.1	9505	57.8
Chinese	1128	25.5	1722	23.8	365	22.3	382	24.7	308	19.3	3905	23.7
Indian	313	7.1	438	6.0	104	6.3	88	5.7	81	5.1	1024	6.2
Others	504	11.4	834	11.5	225	13.7	223	14.4	233	14.6	2019	12.3

# 1.5 Biopsy characteristics and complications

### 1.5.1 Number of glomeruli on biopsy

- Most (80%) of the biopsies performed were considered adequate with more than 10 glomeruli obtained.
- In 15% of the cases, the number of glomeruli obtained were considered inadequate (< 10 glomeruli), whereas 5-10% of the biopsies did not report the number of glomeruli obtained. ( Figure 1.5.1)
- Obtaining an adequate biopsy sample which includes a good biopsy technique is mandatory to facilitate an accurate histopathological diagnosis.

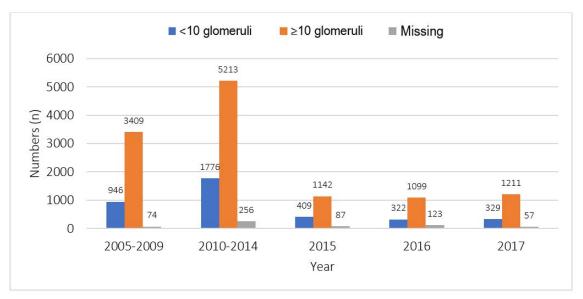


Figure 1.5.1: Number of glomeruli obtained at each renal biopsy, 2005-2017

# 1.5.2 Operator of biopsy

- A large proportion of biopsies were performed by either nephrologist or nephrology trainee, 33.6% and 28.2% respectively.
- However, data were not available in 36.3% of all biopsies performed. (Figure 1.5.2)

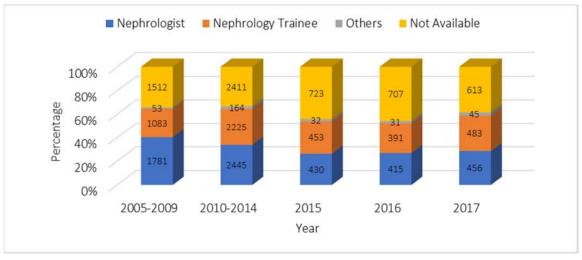


Figure 1.5.2: Operator of biopsy, 2005-2017

# 1.5.3 Complications of biopsy

- Almost 2/3 of cases documented no complications and less than 2% had complications post procedure. (*Table 1.5.3*)
- However, data was not available in 37.2% of the biopsies.

Table 1.5.3: Complications of renal biopsy, 2005-2017	Table 1.5.3: Com	plications of	renal biopsy	, 2005-2017
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Complication	2005- (n=4		2010- (n=7	-		15 .638)	_	)16 .544)		17 .597)	To: (n=16	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	92	2.1	143	2.0	21	1.3	22	1.4	25	1.6	303	1.8
No	2766	62.5	4653	64.2	882	53.8	770	49.9	957	59.9	10028	60.9
Not Available	1571	35.5	2449	33.8	735	44.9	752	48.7	615	38.5	6122	37.2

# 1.5.4 Types of biopsy complications

- Of 303 biopsy complications, two-thirds of the cases were bleeding and 28% developed perinephric collection.
- The number of other complications are relatively rare; 1.3% arteriovenous malformation (1.3%) and infection (0.6%). (Figure 1.5.4)

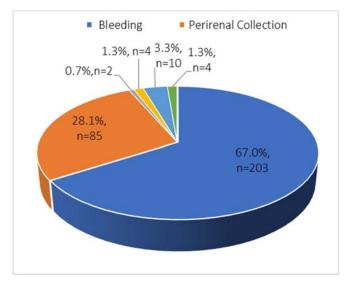


Figure 1.5.4: Types of complications of renal biopsy, 2005-2017

# 1.5.5 Intervention for biopsy complications

- A Ninety cases of biopsy complications required interventions.
- Majority of cases required blood transfusion (76. %), 20% had radiological intervention and 3.3% needed surgical intervention. (Figure 1.5.5)

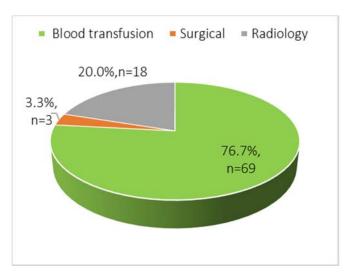


Figure 1.5.5: Intervention for renal biopsy complications, 2005-2017

### 1.6 Histopathological Laboratory Services

- Sixty-one (61%) percent of the biopsies were reported by an in-house histopathologist.
- Twenty-six (26%) were sent to external laboratories.
- Before 2009, less than half of the hospitals were supported by their own renal pathologist.
- However, after 2010, there has been an improvement with 68.4% of the hospitals having their own in-house pathologist. (*Table 1.6*)

Table 1.6: Summary of renal biopsies received by in-house and external laboratories, 2005-2017

Summary of biopsies	2005-2009 (n=4429)		2010- (n=7		20 (n=1			)16 .544)	20 (n=1			
received	n	%	n	%	n	%	n	%	n	%	n	%
In house	2100	47.4	4648	64.2	1188	72.5	992	64.2	1092	68.4	10020	60.9
External	2287	51.6	2409	33.3	380	23.2	451	29.2	461	28.9	5988	36.4
Not available	42	0.9	188	2.6	70	4.3	101	6.5	44	2.8	445	2.7

## 1.7 Clinical Indications of renal biopsy

- This section indicates the clinical indications of renal biopsy in all age groups.
- The clinical indications for a renal biopsy were categorised into four; nephrotic syndrome, nephritic syndrome, combined nephrotic & nephritic and asymptomatic urinary abnormalities.
- The most common clinic indications for a renal biopsy is nephrotic syndrome at 37% and this is followed by asymptomatic urine abnormalities (31%)
- Information on clinical indication was unavailable in 15% of the biopsies. (Figure 1.7)

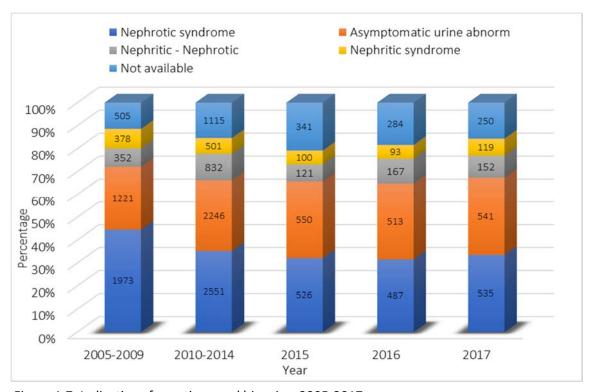


Figure 1.7: Indications for native renal biopsies, 2005-2017

# 1.8 Renal function at time of biopsy

- Renal function was estimated by Modification of Diet in Renal Disease (MDRD)-4 variables equation.
   (Appendix IV)
- At the time of biopsy, 48.6% of the patients had normal renal function at the time of biopsy.
- However, 37.5% had impaired renal function. (Table & Figure 1.8)
- Approximately half (49.2%) of the patients had chronic kidney disease (CKD) stage 1 and 2 while 17.5% had CKD stage 3.
- Those who were categorised as CKD stage 4 and 5 made up 9.9% each.
- Notably, 13.3% did not have sufficient information to calculate the estimated glomerular filtration rate (eGFR). (Figure 1.8)

Table 1.8: Renal function at time of renal biopsy, 2005-2017

Renal function		-2009 429)	2010-2014 (n=7245)			15 638)		)16 .544)		)17 .597)	Total (n=16453)	
	n	%	n	%	n	%	n	%	n	%	n	%
Normal	2333	52.7	3496	48.3	720	44.0	663	42.9	781	48.9	7993	48.6
Impaired	1514	34.2	2753	38.0	633	38.6	612	39.6	650	40.7	6162	37.5
Not available	582	13.1	996	13.7	285	17.4	269	17.4	166	10.4	2298	14.0

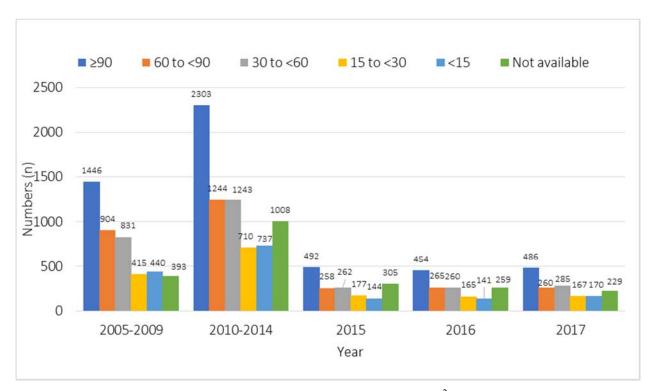


Figure 1.8: Estimated glomerular filtration rate (eGFR),ml/min/1.73m<sup>2</sup> at time of renal biopsy, 2005-2017

# 1.9 Histopathological Diagnosis

# 1.9.1 Histopathological diagnosis overview

- Lupus nephritis is the most common GN seen in Malaysia with about 500 biopsies per year.
- The commonest histopathological diagnosis of primary glomerulonephritis (GN) were minimal change disease (30.9%) and FSGS (30.9%).
- Ig A nephropathy has been increasingly diagnosed over the years from 17.6% in 2005-2009 to 27.1% in 2017. This may partly be due to a change in biopsy practices.
- Membranous nephropathy remained constant at 8% to 10%. (Figure 1.9)
- Secondary GN were mainly attributed to lupus nephritis (79.6%) followed by diabetic nephropathy (11.6%).
- In the tubulo-interstitial disease category, there is a shift in the histopathology pattern. Acute tubular necrosis (47.2%) which was the most common pattern in 2005-2009 has been replaced by acute interstitial nephritis (36.1%) in 2017. (*Table 1.9.1*)
- Hypertensive nephrosclerosis is the most common vascular renal disease seen.
- Hereditary renal disease (Thin Basement Membrane Disease and Alport Syndrome) is uncommon.

Table 1.9.1: Histopathology of all native renal biopsies, 2005-2017

	Histopathological Diagnosis		-2009 017)		-2014 044)		)15 629)		16 590)		)17 658)	To (n=6	tal 938)
	Diagnosis	n	%	n	%	n	%	n	%	n	%	n	%
	FSGS	665	33.0	901	29.6	195	31.0	170	28.8	205	31.2	2136	30.8
	Minimal Change	680	33.7	958	31.5	181	28.8	172	29.2	152	23.1	2143	30.9
	lg A nephropathy	355	17.6	694	22.8	142	22.6	138	23.4	178	27.1	1507	21.7
Primary GN	Membrano- proliferative	42	2.1	44	1.4	15	2.4	8	1.4	14	2.1	123	1.8
	Membranous nephropathy	165	8.2	257	8.4	53	8.4	61	10.3	68	10.3	604	8.7
	Mesangial Prol: non-lgA	67	3.3	101	3.3	21	3.3	17	2.9	13	2.0	219	3.2
	Idiopathic Crescentic GN	29	1.4	33	1.1	3	0.5	7	1.2	5	0.8	77	1.1
	Crescentic ANCA	9	0.4	21	0.7	2	0.3	2	0.3	6	0.9	40	0.6
	Not Available	5	0.2	35	1.1	17	2.7	15	2.5	17	2.6	89	1.3
	Histopathological		-2009 912)		-2014 087)		)15 661)		16 644)		)17 626)	To (n=6	tal 930)
	Diagnosis	n	%	n	%	n	%	n	%	n	%	n	%
	Lupus Nephritis	1590	83.2	2413	78.2	530	80.2	484	75.2	498	79.6	5515	79.6
	Diabetic Nephropathy	167	8.7	372	12.1	83	12.6	97	15.1	84	13.4	803	11.6
	Post Infectious GN	80	4.2	170	5.5	19	2.9	23	3.6	27	4.3	319	4.6
	Amyloidosis	9	0.5	21	0.7	5	0.8	9	1.4	2	0.3	46	0.7
	Anti GBM disease	0	0.0	4	0.1	2	0.3	0	0.0	2	0.3	8	0.1
Carandana	Henoch Schonlein Purpura	29	1.5	21	0.7	7	1.1	8	1.2	1	0.2	66	1.0
Secondary GN	HUS / TTP	3	0.2	5	0.2	0	0.0	0	0.0	4	0.6	12	0.2
	Immunotactoid / fibrillary	0	0.0	1	0.0	0	0.0	2	0.3	0	0.0	3	0.0
	Light / Heavy chain deposit disease	2	0.1	2	0.1	3	0.5	2	0.3	0	0.0	9	0.1
	Malignancy	4	0.2	4	0.1	0	0.0	0	0.0	0	0.0	8	0.1
	Multiple myeloma	8	0.4	4	0.1	3	0.5	0	0.0	0	0.0	15	0.2
	Other infection	8	0.4	19	0.6	2	0.3	2	0.3	1	0.2	32	0.5
	Systemic vasculitis	8	0.4	15	0.5	1	0.2	1	0.2	2	0.3	27	0.4
	Not Available	4	0.2	36	1.2	6	0.9	16	2.5	5	0.8	67	1.0

Table 1.9.1: Histopathology of all native renal biopsies, 2005-2017 ('cont.)

	Histopathological		-2009 322)		-2014 <b>468)</b>		)15 127)		016 =94)		017 =97)		tal .108)
	Diagnosis	n	%	n	%	n	%	n	%	n	%	n	%
Tubulointerstitial	Acute tubular necrosis	152	47.2	159	34.0	38	29.9	26	27.7	21	21.6	396	35.7
disease	Acute interstitial nephritis	64	19.9	157	33.5	39	30.7	29	30.9	35	36.1	324	29.2
	Chronic interstitial nephritis	102	31.7	142	30.3	35	27.6	31	33.0	24	24.7	334	30.1
	Missing	4	1.2	10	2.1	15	11.8	8	8.5	17	17.5	54	4.9
	Histopathological		5-2009 =62)		-2014 157)		)15 =45)		)16 =30)		017 =40)		tal 335)
	Diagnosis	n	%	n	%	n	%	n	%	n	%	n	%
	Athero-embolic disease	0	0.0	2	1.3	0	0.0	0	0.0	0	0.0	2	0.6
Vascular	Benign / Malignant Hypertension	58	93.5	130	82.8	39	86.7	22	73.3	29	72.5	278	83.0
	Systemic sclerosis	1	1.6	14	8.9	1	2.2	3	10.0	5	12.5	25	7.5
	Not Available	3	4.8	11	7.0	5	11.1	5	16.7	6	15.0	30	9.0
	Histopathological Diagnosis		5-2009 =10)	2010-2014 (n=14)		2015 (n=4)		2016 (n=6)		2017 (n=3)		Total (n=37)	
	Diagilosis	n	%	n	%	n	%	n	%	n	%	n	%
Hereditary	Alport's sYndrome	5	50.0	3	21.4	2	50.0	0	0.0	0	0.0	10	27.0
петештату	Thin Basement Membrane	3	30.0	2	14.3	0	0.0	2	33.3	2	66.7	9	24.3
	Others	2	20.0	2	14.3	0	0.0	0	0.0	0	0.0	4	10.8
	Not Available	0	0.0	7	50.0	2	50.0	4	66.7	1	33.3	14	37.8
Advance GN	Histopathological Diagnosis	2005	-2009	2010	-2014	20	015	20	016	20	017	То	tal
	Total	1	22	1	37	2	24	1	LO	2	24	3:	17
Others	Histopathological Diagnosis	2005	-2009	2010	-2014	20	015	20	016	20	017	To	tal
	Total	3	38	19	99	8	30	7	73	(	65	4	55

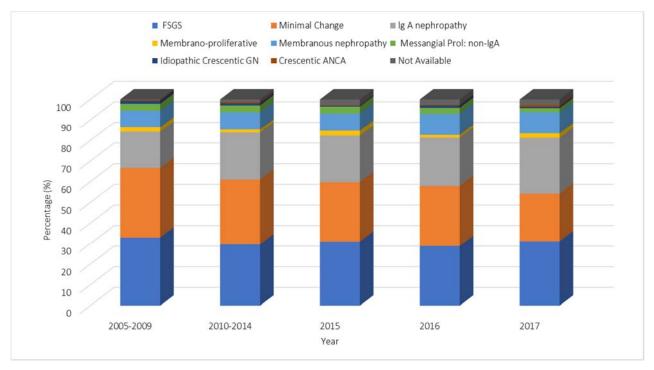


Figure 1.9.1: Histopathology of primary glomerulonephritis on native renal biopsies, 2005-2017

# 1.9.2 Histopathology findings in common clinical presentation

### 1.9.2.1 Nephrotic syndrome

- Sixty percent (60%) of patients who presented with nephrotic syndrome were diagnosed with primary GN and 30% had secondary GN.
- The most common histopathological findings in those presenting with nephrotic syndrome were minimal change disease (26%) followed by lupus nephritis (23%) and FSGS (20%). (Table 1.9.2.1)
- Other primary glomerular diseases presenting with nephrotic syndrome are IgA nephropathy and membranous nephropathy contributing to 6% and 5%, respectively.
- Diabetic nephropathy contributed to 5% of all cases presenting with nephrotic syndrome.

Table 1.9.2.1: HPE diagnosis in patients presenting with Nephrotic Syndrome, 2005-2017

Туре	Histopathological Diagnosis	n	%
	FSGS	1222	20
	Minimal Change	1557	26
	Membranous nephropathy	358	6
	lg A nephropathy	310	5
Duiman . CN	Idiopathic Crescentic GN	15	0
Primary GN	Membrano-proliferative	51	1
	Mesangial Proliferative GN-non-IgA	78	1
	Crescentic ANCA	1	0
	Not available	34	1
	Sub total	3626	60
	Lupus Nephritis	1393	23
	Diabetic nephropathy	322	5
	Post Infectious GN	49	1
	Amyloidosis	25	0
	Henoch Schonlein Purpura	7	0
	HUS / TTP	2	0
Secondary GN	Light / Heavy chain deposit disease	3	0
	Malignancy	2	0
	Multiple myeloma	1	0
	Other infection	16	0
	Systemic vasculitis	2	0
	Not Available	18	0
	Sub total	1840	30
Others		625	10
Total		6091	100

### 1.9.2.2 Nephritic syndrome

- The majority of patients who presented with nephritic syndrome were diagnosed with secondary GN (53%) and 31% were primary GN.
- The common histopathological findings in those presenting with nephritic syndrome were Lupus nephritis (40%), idiopathic crescentic GN (10%), FSGS (8%) and post infectious GN (7%). (Table 1.9.2.2)

Table 1.9.2.2: HPE diagnosis in patients presenting with nephritic syndrome, 2005-2017

Туре	Histopathological Diagnosis	n	%
	FSGS	98	8
	Minimal Change	74	6
	Membranous nephropathy	13	1
	lg A nephropathy	15	1
Duimous CN	Idiopathic Crescentic GN	113	10
Primary GN	Membrano-proliferative	16	1
	Mesangial Proliferative GN-non-lgA	21	2
	Crescentic ANCA	11	1
	Not available	10	1
	Sub total	371	31
	Lupus Nephritis	473	40
	Diabetic nephropathy	37	3
	Post Infectious GN	86	7
	Henoch Schonlein Purpura	9	1
Cocondon, CN	HUS / TTP	2	0
Secondary GN	Amyloidosis	2	0
	Anti GBM disease	3	0
	Systemic vasculitis	7	1
	Not Available	6	1
	Sub total	625	53
Others		190	16
Total		1186	100

# 1.9.2.3 Nephritic-nephrotic syndrome

- About half (49%) of the patients who presented with nephritic-nephrotic syndrome had secondary GN, mostly associated with lupus nephritis (41%).
- Only 36% of patients with this similar presentation had primary GN. (Table 1.9.2.3)

Table 1.9.2.3: HPE diagnosis in patients presenting with nephritic-nephrotic syndrome, 2005-2017

Туре	Histopathological Diagnosis	n	%
	lg A nephropathy	724	15
	FSGS	448	9
	Minimal Change	281	6
	Ig A nephropathy FSGS Minimal Change Membranous nephropathy Idiopathic Crescentic GN Membrano-proliferative Mesangial Proliferative GN-non-IgA Crescentic ANCA Not Available Sub total Lupus Nephritis Diabetic nephropathy Post Infectious GN Henoch Schonlein Purpura Amyloidosis Systemic vasculitis Multiple myeloma Other infection Light / Heavy chain deposit disease Anti GBM disease HUS / TTP Malignancy Not Available	144	3
Drimon, CN	Idiopathic Crescentic GN	18	0
Primary GN	Membrano-proliferative	18	0
	Mesangial Proliferative GN-non-IgA	71	2
	Crescentic ANCA	10	0
	Ig A nephropathy 724 FSGS 448 Minimal Change 281 Membranous nephropathy 144 Idiopathic Crescentic GN 18 Membrano-proliferative 18 Mesangial Proliferative GN-non-IgA 71 Crescentic ANCA 10 Not Available 22 Sub total 1736  Lupus Nephritis 1983 Diabetic nephropathy 245 Post Infectious GN 44 Henoch Schonlein Purpura 30 Amyloidosis 13 Systemic vasculitis 10 Multiple myeloma 8 Other infection 7 Light / Heavy chain deposit disease 3 Anti GBM disease 2 HUS / TTP 1 Malignancy 1	22	1
	Sub total	1736 1983 245	36
Secondary GN	Lupus Nephritis	1983	41
	Diabetic nephropathy	245	5.1
	Post Infectious GN	44	1
	Henoch Schonlein Purpura	30	1
	Amyloidosis	13	0
	Systemic vasculitis	10	0
	Multiple myeloma	8	0
Secondary GN	Membranous nephropathy Idiopathic Crescentic GN I8 Membrano-proliferative I8 Mesangial Proliferative GN-non-IgA Crescentic ANCA Not Available 22 Sub total I1736 Lupus Nephritis Diabetic nephropathy Post Infectious GN Henoch Schonlein Purpura Amyloidosis I3 Systemic vasculitis Multiple myeloma Other infection Ight / Heavy chain deposit disease Anti GBM disease HUS / TTP Malignancy Not Available Sub total  18 Membranous nephropathy 18 19 10 11 14 14 18 18 18 10 10 10 11 11 11 11 11 11 11 11 11 11	0	
	Light / Heavy chain deposit disease	3	0
	Anti GBM disease	2	0
	HUS / TTP	1	0
	Malignancy	1	0
	Not Available	30	1
	Sub total	2377	49
Others		735	15
Total		4848	100

### 1.9.2.4 Asymptomatic Urine Abnormalities

- Forty-six percent (46%) of patients who were biopsied for asymptomatic urine abnormalities were patients with lupus nephritis. These patients have symptoms and signs of extra-renal lupus but did not manifest overt renal involvement. (*Table 1.9.2.4*)
- The most common histopathological findings in those biopsied for asymptomatic proteinuria with or without proteinuria were IgA nephropathy and FSGS.

Table 1.9.2.4: HPE diagnosis in patients presenting with Asymptomatic Urine Abnormalities, 2005-2017

Туре	Histopathological Diagnosis	n	%
	FSGS	138	8
	lg A nephropathy	157	9
	Minimal Change	92	6
	Membranous nephropathy	41	3
Drimon, CN	Mesangial Proliferative GN-non-IgA	28	2
Primary GN	Membrano-proliferative	21	1
	Idiopathic Crescentic GN	12	1
	Crescentic ANCA	12	1
	Not Available	7	0
	Sub total	508	31
	Lupus Nephritis	767	46
	Post Infectious GN	95	6
	Diabetic nephropathy	41	3
	Henoch Schonlein Purpura	16	1
	Other infection	7	0
	HUS / TTP	2	0
	Malignancy	2	0
Secondary GN	Immunotactoid / fibrillary GN	1	0
	Light / Heavy chain deposit disease	1	0
	Multiple myeloma	1	0
	Amyloidosis	1	0
	Anti GBM disease	1	0
	Systemic vasculitis	4	0
	Not Available	5	0
	Sub total	944	57
Others		211	13
Total		1663	100

<sup>\*</sup> Patients may have either one or more histopathology or not have any histopathology

<sup>\*\*</sup>Others = Tubulo. Disease + Vascular + Advance GN + Others + Hereditary

### 1.9.3 Primary GN according to age groups

- In the paediatric group (defined as less than 15 years of age), Minimal change disease was the most common primary GN with 40.5% diagnosed with this condition. This was followed by FSGS contributing 36.3% of cases and IgA nephropathy (12.7%).
- In age group of 15 to less than 25 years old, minimal change was the commonest GN contributing 41.6% of cases. Similar to the paediatric age group, FSGS is the second most common GN but the percentage is lesser at 28.2%, and IgA nephropathy as the third most common GN with a higher percentage at 19.5%.
- The proportion of patients with minimal change disease decreased with age.
- The incidence of membranous nephropathy increased with age and peaks at approximately 25% in patients who were 55 years and older. (*Table 1.9.3*)

Table 1.9.3: Primary glomerulonephritis according to the various age group, 2005-2017

Year	<15 (n=1020)		15-<25 (n=1871)		25-<35 (n=1563)		35-<45 (n=1032)	
Histopathological Diagnosis	n	%	n	%	n	%	n	%
FSGS	370	36.3	528	28.2	492	31.5	315	30.5
Minimal Change	413	40.5	779	41.6	416	26.6	210	20.3
lg A nephropathy	130	12.7	365	19.5	456	29.2	306	29.7
Membrano-proliferative	15	1.5	25	1.3	35	2.2	21	2.0
Membranous nephropathy	30	2.9	63	3.4	87	5.6	113	10.9
Mesangial Prol: non-IgA	40	3.9	58	3.1	46	2.9	43	4.2
Idiopathic Crescentic GN	9	0.9	20	1.1	11	0.7	12	1.2
Crescentic ANCA	3	0.3	3	0.2	5	0.3	3	0.3
Not Available	10	1.0	30	1.6	15	1.0	9	0.9

Year	_	<55 730)		-<65 464)		65 258)	Total (n=6938)	
Histopathological Diagnosis	n	%	n	%	n	%	n	%
FSGS	209	28.6	131	28.2	91	35.3	2136	30.8
Minimal Change	173	23.7	101	21.8	51	19.8	2143	30.9
lg A nephropathy	156	21.4	70	15.1	24	9.3	1507	21.7
Membrano-proliferative	16	2.2	7	1.5	4	1.6	123	1.8
Membranous nephropathy	128	17.5	117	25.2	66	25.6	604	8.7
Mesangial Prol: non-IgA	16	2.2	14	3.0	2	0.8	219	3.2
Idiopathic Crescentic GN	13	1.8	9	1.9	3	1.2	77	1.1
Crescentic ANCA	5	0.7	9	1.9	12	4.7	40	0.6
Not Available	14	1.9	6	1.3	5	1.9	89	1.3

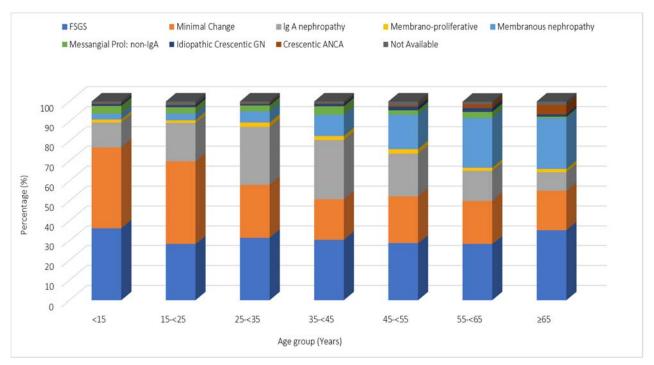


Figure 1.9.3: Primary glomerulonephritis according to the various age group, 2005-2017

# 1.9.4 Secondary GN according to age groups

- In the paediatric age group (age <15 years), lupus nephritis (69%) was the commonest finding on histopathology followed by post-infectious disease (21.2%).
- Similarly, lupus nephritis was also the most frequent diagnosis in patients between age 25 and 65. (*Table 1.9.4*)
- Diabetic nephropathy accounted for half of the cases of secondary GN in patients more than 65 years.

Table 1.9.4: Secondary glomerulonephritis according to the various age group, 2005-2017

Year	<15 (n-=681)		15-<25 (n=120) )		25-<35 (n=1976)		35-<45 (n=1819)	
Histopathological Diagnosis	n	%	n	%	n	%	n	%
Lupus Nephritis	466	69.0	23	19.4	1857	93.52	1632	88.4
Diabetic nephropathy	0	0	59	49.5	28	1.37	110	7.1
Post Infectious GN	146	21.2	7	6.0	60	3.14	43	2.6
Henoch Schonlein Purpura	50	7.4	1	0.4	6	0.36	1	0
Amyloidosis	1	0.2	11	9.0	0	0	1	0
Other infection	1	0.3	1	0.8	3	0.16	7	0.3
Systemic vasculitis	6	0.6	2	1.7	3	0.18	5	0.3
Multiple myeloma	0	0	5	3.6	0	0	0	0.0
HUS / TTP	5	0.5	0	0	1	0.04	2	0.1
Light / Heavy chain deposit disease	0	0	1	1.0	1	0.08	1	0
Anti GBM disease	1	0.1	2	2.4	1	0.07	2	0.1
Malignancy	1	0.0	1	0.8	1	0.04	0	0
Immunotactoid / fibrillary GN	0	0	1	0.6	1	0.08	0	0
Not Available	4	0.6	6	4.9	14	0.95	15	1.0

Year	45-<55 (n=1210)		55-<65 (n=773)		≥65 (n=351)		Total (n=6930)	
Histopathological Diagnosis	n	%	n	%	n	%	n	%
Lupus Nephritis	959	78.0	462	58.7	116	34.9	5515	78.6
Diabetic nephropathy	173	15.2	251	33.9	182	50.2	803	12.6
Post Infectious GN	33	2.7	21	2.8	9	2.8	319	4.4
Henoch Schonlein Purpura	2	0.1	5	0.5	1	0.1	66	0.8
Amyloidosis	4	0.3	10	1.3	19	5.1	46	0.7
Other infection	11	0.9	5	0.4	4	0.8	32	0.4
Systemic vasculitis	3	0.2	5	0.6	3	0.8	27	0.3
Multiple myeloma	1	0.1	3	0.2	6	1.5	15	0.2
HUS / TTP	3	0.5	0	0.0	1	0.4	12	0.2
Light / Heavy chain deposit disease	1	0	3	0.5	2	0.5	9	0.1
Anti GBM disease	1	0.1	0	0	1	0.4	8	0.2
Malignancy	2	0.1	1	0.1	2	0.7	8	0.1
Immunotactoid / fibrillary GN	0	0	0	0	1	0.4	3	0.1
Not Available	17	1.8	7	1.0	4	1.4	67	1.2

# 1.9.5 Histology of repeat biopsies

- Fifteen percent (15%) of the biopsies performed were repeat biopsies.
- Most of the cases who underwent repeat biopsies are lupus nephritis and FSGS. (Figures 1.9.5(a-c))

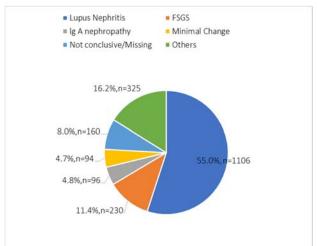


Figure 1.9.5 (a): Histopathological diagnosis of repeat renal biopsies (2<sup>nd</sup> episode), 2005-2017

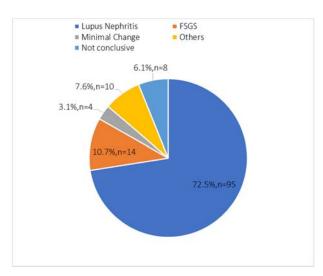


Figure 1.9.5 (b): Histopathological diagnosis of repeat renal biopsies (3<sup>rd</sup> episode), 2005-2017

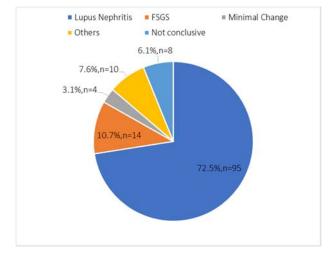


Figure 1.9.5 (c): Histopathological diagnosis of repeat renal biopsies (4<sup>th</sup> episode and above), 2005-2017