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Association of immunostaining data with various clinical data and variables of MEST-Oxford classification in IgA nephropathy; a report of our previous study

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Key point

Our previous study to analyze the relationship between immunostaining data and morphologic variables of the Oxford classification (MEST) in addition to clinical and demographic data in 114 patients with biopsy-proven IgA nephropathy, showed C3 deposition was significantly correlated with serum creatinine levels, while IgA, IgM, and IgG showed no significant relationship.
Keywords: Immunoglobulin A nephropathy, Immunofluorescence, Immunostaining

To Editor,

The analysis for the Oxford classification of IgA nephropathy did not take into account the pattern of immunostaining (1). In 2013, we conducted a study to analyze the relationship between immunostaining data and morphologic variables of the Oxford classification (MEST) in addition to clinical and demographic data in 114 patients with biopsy-proven IgA nephropathy. In our research, we found that only C3 deposition was significantly correlated with serum creatinine levels, while IgA, IgM, and IgG showed no significant relationship. Additionally, our study revealed that IgA deposition scores were positively associated with endocapillary proliferation and segmental glomerulosclerosis in the Oxford classification. Additionally, we observed a positive correlation between the IgM deposition score and the segmental glomerulosclerosis variable. No significant association was found between the IgG deposition score and the four morphologic variables of the Oxford classification. Significant associations were identified between the C3 deposition score and the segmental glomerulosclerosis and endocapillary proliferation variables as well (2). Further research is recommended to explore the aspect of IgA nephropathy and immunostaining data, particularly focusing on the correlation between immunostaining findings and the morphologic variables of the Oxford classification (MEST) as well as with clinical and demographic data of patients with IgA nephropathy. This exploration could provide valuable insights into the predictive value of immunostaining beyond the established morphologic variables, shedding light on the potential impact of immunostaining patterns on disease prognosis and clinical outcomes in IgA nephropathy (1-3).

Conflicts of interest
The author declares that he has no competing interests.

Ethical issues
Ethical issues (including plagiarism, data fabrication, double publication) have been completely observed by the author.

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