

Letter to the Editor

Renal Biopsies in Glomerular Diseases

To the Editor,

Renal biopsy is the corner stone for diagnosis of glomerular diseases, which not only provides precise diagnosis, but also helps in the treatment and the assessment of the prognosis. Percutaneous gun biopsies have a higher diagnostic yield with fewer complications. We studied the spectrum of glomerular diseases in our hospital from August 2005 to August 2007. We studied 40 renal biopsies using 18-Gauge "Bard's bioptic gun", and adequate tissue was obtained in 97.5% patients. The sections of the specimens were stained with hematoxylin and eosin; special stains and immunofluorescence were used whenever necessary. Focal segmental glomerulosclerosis (FSGS) was most common accounting for 25% of cases, followed by mesangioproliferative glomerulonephritis (GN) in 22.5% of cases. Among the secondary glomerular diseases, amyloidosis accounted for 10% of cases. Table 1 shows the distribution

of the GN in our study patients.

It seems that the incidence of FSGS increased over the past two decades as reported elsewhere.¹⁻⁸ Minimal change disease is common below the age of 10 years.

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Table 1. Incidence of primary and secondary glomerulonephritis (GN) in our study patients.

S. No.		Number of cases	%
	<i>Primary glomerular diseases</i>		
1	Focal segmental GN	10	25
2	Mesangioproliferative GN	09	22.5
3	Membranoproliferative GN	05	12.5
4	Membranous GN	03	7.5
5	Proliferative GN	03	7.5
6	IgA nephropathy	02	5.0
7	Crescentic GN	02	5.0
	<i>Secondary glomerular disease</i>		
8	Amyloidosis of kidney	04	10
9	Lupus nephritis	02	5
Total		40	100

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