Incidence of Atopy in IgA Nephropathy

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Dear Sir,

A few studies suggest that IgA nephropathy may be associated with allergic disorders [1,2]. In order to set up the prevalence of atopy in that disease, we have studied the incidence of clinical and biological markers of atopy in a non-selected series of 30 adult patients presenting with IgA nephropathy and in 20 young adult volunteers. The criteria of Saarinen et al. [3] were used to define clinical signs of atopy. As hypersensitivity to chemical products is often secondary to non-IgE-mediated mechanisms [4], this condition was not defined as an atopic disease unless high IgE plasma levels or a positive specific RAST for the substance suspected was observed. IgE plasma levels were measured with the Phadebas IgE Prist radioimmunoassay (Pharmacia Diagnostic, Piscataway, N.J., USA). Results were expressed as international units per milliliter and compared to normal levels established by Wittig et al. [5]. Moreover, in each patient, allergen-specific IgE antibody measurements for 19 common environmental allergens were performed with the Phadebas Rast test. The following allergens were tested: mixture of grass, weed, trees, moulds and of epithelia, dermatophagoides, egg white, wheat, rye, oat, maize, rice, peanut, white bean, tomato, pork and gluten. The results show that clinical signs of atopy, high IgE plasma levels or allergen-specific IgE antibodies were not more frequently found in patients than in controls (table 1). It could be therefore concluded that atopy does not play a predominant role in the pathogenesis of IgA nephropathy and that the associations previously reported are probably fortuitous [1, 2].

Table 1. Incidence of clinical and biological signs of atopy in IgA nephropathy

Clinical signs of atopy	High IgE plasma levels	Specific IgE antibodies	
IgA nephropathy (n = 30)	2	6	2
Control group (n = 20)	2	3	1
Significance	NS	NS	NS

References

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