Renal Biopsies Done in Jamaica in 2006

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Introduction: It was reported in 1984 that Systemic Lupus Erythematosus (SLE) and mesangial proliferative glomerulonephritis were common causes of proteinuria and nephrotic syndrome in Jamaica. It is believed that the trend in primary glomerular disease is changing as reported by other studies.

Methods: Data were collected for native renal biopsies done for 2006. All renal biopsies done in Jamaica were sent to the University Hospital of The West Indies (UHWI) for histopathological diagnoses. Demographic data were obtained from requisition forms sent along with clinical and laboratory parameters. Data were entered and analyzed using SPSS 11.0.

Results: Seventy-eight native renal biopsies were performed in 2006. Fifty-six (71.8%) were done at UHWI and 22 (28.2%) were done outside. Age range was between 4–72 years. Fourteen (17.9%) persons were 14 years and under and 62 were (82.1%) over that age. There were more females, 48 (61.5%), than males 30 (38.5%). Sixty-four (82.1%) had proteinuria and 14 (17.9%) had haematuria. The majority of persons (66.7%) did not have quantified proteinuria on the requisition form. Serum albumin was not recorded for 62 (79.3%) of the cases. Light microscopy was done on all biopsies and 44 (56.4%) had immunoflourescence performed (IF). No electron microscopy was performed. The average number of glomeruli were 14 per biopsy specimen. No glomerulus was present in two specimens. The total number of primary glomerulonephritis was 43 (55.1%). Focal and Segmental Glomerulosclerosis (FSGS) was the most common lesion (25.6%) followed by Minimal Change Disease (MCD) (18.6%) and Membranous Glomerulonephritis (MGN) (16.3%). Lupus nephritis, LN (n = 28) was the predominant cause of secondary glomerular disease (n = 35).

Conclusion: FSGS, MCD and MGN were the most common lesions in primary glomerular disease. Lupus nephritis was the predominant cause of secondary glomerular disease. Clinical data were deficient. Electron microscopy might have helped to differentiate between some histological types *eg* MCD and FSGS. More specimens need to be sent for IF.