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Berger J. IgA glomerular deposits in renal disease. *Transplant. Proc.* 1:939-44, 1969. [Necker Hospital. University of Paris, France]

This paper describes what in 1968 was a new glomerulonephritis, since then called "Maladie de Berger," and/or immunoglobulin A (IgA) nephropathy. Using a direct immunofluorescence technique, Jean Berger, a French pathologist, identified the presence of mesangial IgA deposits. This test remains to date the only means to diagnose what has been recognized to be the most common glomerulonephritis. [The *SCI*® indicates that this paper has been cited in more than 410 publications, making it the most-cited paper published in this journal.]

IgA Nephropathy

Jean Berger
Hôpital Laennec
Université René Descartes
Paris
France

After a preliminary report in French,[1] this article described a peculiar form of glomerulonephritis characterized, as demonstrated by immunofluorescence study of renal biopsies, by diffuse mesangial deposits with immunoglobulin A (IgA) as their main component. At that time, IgG was considered to be the sole nephritogenic immunoglobulin, either as an antiglomerular basement membrane antibody or as circulating immune complexes. Despite the initial scepticism of some leading renal immunopathologists, IgA nephropathy was rapidly accepted as an entity. Moreover, it proved to be very common in Europe and still more common in Japan and other countries of the Far East. For many years, it was reported to be less frequent in the US and in the UK, but it was eventually recognized that this apparent discrepancy was due to different indications for renal biopsy.[2] Now IgA nephropathy is acknowledged to be the most common form of glomerulonephritis in the world.[3]

At first, I believed IgA nephropathy to be a chronic but mild disease, rarely leading to renal insufficiency. With longer follow-up, it became apparent that terminal renal failure eventually occurs in about 20 percent of the patients. IgA nephropathy, being so common a disease, is responsible for about 10 percent of the cases of endstage renal failure requiring dialysis or kidney transplantation.[4]

Many nephrologists and immunologists are now involved in the study of this important health problem. At the last International Congress of Nephrology (Tokyo, 1990), IgA nephropathy was the subject of 80 presentations. International symposia on IgA nephropathy were also held in Milan (1983), Bari (1987), and Washington (1988).

Despite this effort, the pathogenesis of IgA nephropathy remains mysterious. It is clear that there is something wrong with IgA in these patients, but the precise defect has not been uncovered as yet, and no treatment has proved to be effective.

The problem is not limited to IgA nephropathy. It is disappointing that the tremendous advances of knowledge in basic immunology have not been accompanied by major breakthroughs in the understanding and management of many immunologically mediated diseases.

I hope significant progress will be reported at the next International Symposium on IgA nephropathy in Nancy, France, in September 1992.

1. **Berger J & Hinglais N.** Les dépôts intercapillaires d'IgA-IgG (IgA-IgG intercapillary deposits). *J. Urol. Nephrol.* 74:694-5, 1968. (Cited 290 times.)
2. **Julian B A, Waldo B, Rifai A & Mestecky J.** IgA nephropathy, the most common glomerulonephritis worldwide. A neglected disease in the United States. *Amer. J. Med.* 84:129-32, 1988.
3. **D'Amico G.** The commonest glomerulonephritis in the world: IgA nephropathy. *Quart. J. Med.* 64:709-27, 1987.
4. **Berger J, Yaneva H & Crosnier J.** La glomerulonéphrite à dépôts mésangiaux d'IgA: une cause fréquente d'insuffisance rénale termainale (Mesangial IgA glomerulonephritis—frequent cause of terminal renal failure). *Nouv. Presse Med.* 9:219-21, 1980.

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