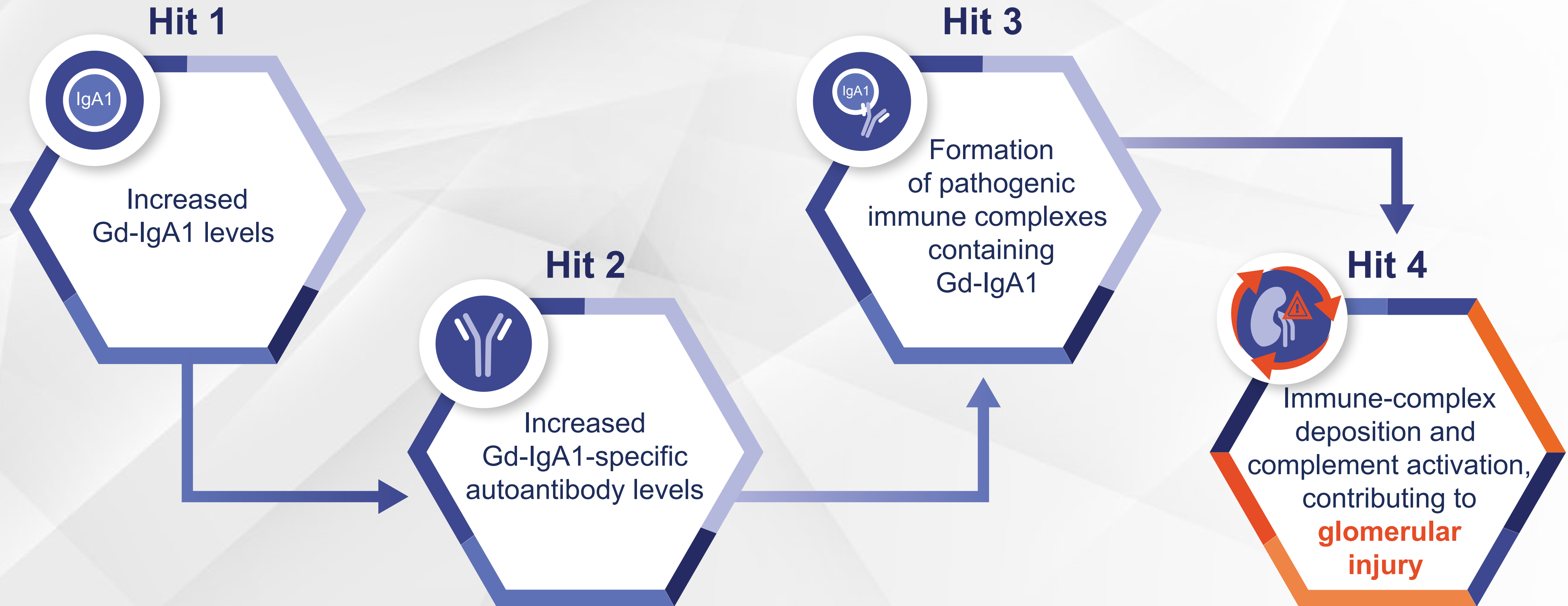




IgA NEPHROPATHY DEVELOPS FOLLOWING FOUR HITS¹⁻⁶



C, complement; ECM, extracellular matrix; GBM, glomerular basement membrane; Gd, galactose-deficient; IgA, immunoglobulin A; MAC, membrane attack complex; PTEC, proximal tubular epithelial cell.

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IMMUNE-COMPLEX DEPOSITION FOLLOWED BY COMPLEMENT ACTIVATION CONTRIBUTES TO GLOMERULAR INJURY^{1,2,5}

Overactivation of the alternative and, less often, the lectin pathways is involved in the development of IgA nephropathy^{1-3,6,7}

C3a and C5a stimulate proliferation of mesangial cells commonly observed upon kidney biopsy^{2,8,9}

MAC (C5b-9) increases the release of proteases, cytokines, and components of the ECM that disrupt the GBM, which can induce apoptosis and glomerular scarring²

MAC formation on tubular epithelial cells and exposure to C5a can contribute to tubulointerstitial injury and fibrosis^{7,10}

