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Biopsy-proven glomerular diseases among adults in a tertiary hospital in Ghana

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Background

Despite the increasing burden of kidney disease, there is a notable lack of published data on biopsy-proven kidney disease patterns among the Ghanaian population, though glomerular disease has been shown to be a leading cause of CKD in Ghana. Our study therefore aimed to review and describe the patterns of glomerular diseases over an eight-year period in a Ghanaian Teaching Hospital.

Methods

We conducted a retrospective study of all adult patients who underwent native kidney biopsies at the Komfo Anokye Teaching Hospital from January 2017 to September 2025. Demographic, clinical, and histopathological data were extracted from patient records. Cases with missing histopathology reports were excluded.

Results

There were one hundred and one percutaneous biopsies performed within the study period. Eighty-three (82.2%) of patients with complete data were included in the analysis. The mean age of patients was 27.8± 11.9years with 48 (57.8%) males. The most common indications for renal biopsy were Nephritic-nephrotic syndrome 43 (51.8%), followed by nephrotic syndrome 35(42.2%), sub-nephrotic proteinuria 4 (4.8%), allograft rejection 1 (1.2%).

Focal segmental glomerulosclerosis (FSGS) was the predominant histological diagnosis 53 (63.9%), followed by minimal change disease 15 (18.1%) and lupus nephritis (LN) 8 (9.6%). Class IV LN was the most common class of lupus nephritis 5 (62.5%). Hepatitis B-associated membranous nephropathy 3 (3.6%), diabetic kidney disease, Mesangiocapillary glomerulonephritis, chronic allograft rejection, and severe ESRD (1 case, 1.2% each) were the other identified aetiologies.

Conclusion

Consistent with the reports from sub-Saharan Africa, Focal segmental glomerulosclerosis remains the most common aetiology of glomerular disease.