SIMON JARRICK was born in 1977 and received his medical degree from Linköping University in 2004. After his internship in Örebro University Hospital, he started his residency in the Department of Pediatrics in the same hospital in 2007. He became a specialist in pediatrics in 2015, with pediatric nephrology as a main clinical interest. Simon registered as a PhD student in 2013, when he started his work for his doctoral thesis on disease complications to Immunoglobulin A nephropathy, with Professor Jonas Ludvigsson as the main supervisor.

Immunoglobulin A nephropathy (IgAN) is a chronic inflammatory kidney disease and the most common form of chronic glomerulonephritis worldwide. It is also the most prevalent kidney disease in patients demanding renal replacement therapy with either kidney transplantation or chronic dialysis in Sweden. A renal biopsy is required for its diagnosis. IgAN can affect all ages, though the diagnosis is most commonly made in the third or fourth decade of life. While chronic kidney disease in general has been linked to increased risks of death and cardiovascular diseases, including ischemic heart diseases such as myocardial infarction, the specific role of IgAN is uncertain. Women with chronic kidney disease are at increased risk of complications during pregnancy and childbirth, although there is limited knowledge about the risks associated specifically with IgAN.

This thesis aims to examine the future risk of death, ischemic heart disease and adverse pregnancy outcomes in patients with IgAN. We used a cohort of more than four thousand patients with a biopsy diagnosis of IgAN, identified through nation-wide search in renal biopsy reports from Swedish pathology departments. In a first study, we validated the IgAN biopsy diagnosis through patient chart review in a random subset of 127 patients. In the two following studies, we compared this IgAN cohort with an age- and sex matched reference population as well as with their siblings and spouses, and calculated absolute and relative excess risks of death and ischemic heart disease associated with IgAN. In a final study, we examined more than three hundred pregnancies in women with IgAN and found increased risks of preterm birth, low birth weight and preeclampsia when compared with women without IgAN.

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