

병합된 막사구체신병증과 IgA 신병증

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Combined Membranous Glomerulonephropathy and IgA Nephropathy

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Membranous glomerulonephropathy (MGN) and IgA nephropathy (IgAN) are both common renal biopsy findings that rarely have been described together in the same patient. Some have suggested that this association is merely co-incident whereas others believe that the presence of one glomerular disease may predispose to development of MGN. However, the significance of this combination is not clear. We present the clinical and pathological findings of four patients with combined MGN and IgAN. There were two men and two women, whose ages ranged from 20 to 54 years (mean, 40.0 years). Their chief complaints were localized or generalized edema, and all four presented with microscopic hematuria and proteinuria ranged from 754 mg to 2.14 gm in amount of 24 hr urine protein (mean, 1.70 gm), none in the nephrotic range. BUN/Cr was normal in all patients. None of the four individuals had any other predisposing factors for either MGN or IgAN. All cases showed immunodominant mesangial deposits of IgA (C3 +/- in one case) and subepithelial capillary wall deposits of IgG (C3 ++ in one case) by immunofluorescence microscopy, confirmed by electron microscopy. Three cases were MGN stage I, and one case was stage II with mild to moderate mesangial proliferation (Grade 1 to 3). Three patients had stable renal function at last determination (follow-up period, 72, 52 and 4 months, respectively), without markedly reduced or increased proteinuria. Published articles indicate that combined MGN and IgAN is most often characterized by heavy proteinuria and stable renal function. Some cases may be related to hepatitis B infection, but in most instances the cause is unknown. The combination of these two pathological processes does not result in a particularly deleterious clinical outcome for patients.

Key Words : 막사구체신병증, IgA 신병증

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