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막성신병증과 동반되어 나타난 MPO-ANCA 관련 사구체신염 1예

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A Case of Concurrent Myeloperoxidase Anti-neutrophil Cytoplasmic Antibody Associated Glomerulonephritis and Membranous Nephropathy

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The occurrence of anti-neutrophil cytoplasmic antibody (ANCA)-associated glomerulonephritis (GN) and membranous nephropathy (MN) in the same patient is rare, with only a few case reports in the literature. In the present case, a 58-year-old female with renal dysfunction was admitted to our hospital. She showed nephrotic-range proteinuria and hematuria with dysmorphic red blood cells. Laboratory test for myeloperoxidase (MPO)-ANCA was positive by enzyme-linked immunosorbent assay. Renal biopsy revealed cellular crescents and IgG/C3 granular depositions along with capillary walls on immunofluorescent staining. Electron microscopic examination exhibited interspersed electron-dense deposits in subepithelial, intramembranous and paramesangial area with minute intervening spikes. Patient was diagnosed as MPO-ANCA-associated GN with MN. She was treated with initially intravenous methylprednisolone (750 mg/day) for three days, followed by intravenous cyclophosphamide (800 mg, a total of 6 pulses) and oral prednisolone (60 mg/day, initial dose) with antihypertensive drug during 3 months as an induction therapy. And then oral azathioprine (100 mg/day) and minimum dose of prednisolone (10 mg/day) have been prescribed as a maintenance therapy. Through the course of induction therapy, renal function gradually improved and remained stable at a follow-up of 6 months. In the case of rapidly progressive GN and seropositive MPO-ANCA with heavy proteinuria, we should consider the coexistence of other types of GN, especially MN. Moreover, patient should be managed in accordance with the therapeutic strategy of ANCA-associated GN.

Key Words: 막성신병증, 항중성구세포질항체, 사구체신염
Membranous nephropathy, MPO-ANCA, Glomerulonephritis