

신장 조직검사에서 기질 거품세포를 보인 막증식성 증후군 환자

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A Case of Membranoproliferative Glomerulonephritis with Interstitial Foam Cells

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Background: Foam cells in kidney interstitium are occasionally observed in various renal diseases and they have been reported to be associated with heavy proteinuria and hyperlipidemia. Here, we report a case of membranoproliferative glomerulonephritis (MPGN) without hyperlipidemia and heavy proteinuria, despite the presence of severe foam cells in kidney interstitium.

Case: A 17 year old boy suffered from proteinuria for a long time and admitted for renal biopsy. he was diagnosed as mesangioproliferative glomerulonephritis and treated with steroid with side effects in other hospital in 2006. He had been managed with ACEi and ARB after 2009. At admission for kidney biopsy, systemic review and physical examination were unremarkable. His blood pressure was 120/72mmHg and laboratory findings were as follows: Hb 14.7 g/dl, Hct 41.2%, BUN 15.0 mg/dL, Cr 0.56 mg/dL, total protein 5.2g/dl, albumin 2.7 g/dL, Ca 8.1 mg/dl, P 5.0 mg/dl, cholesterol 234 mg/dl, TG 80mg/dl, HDL-cholesterol 63.0 mg/dl, and LDH- cholesterol 154 mg/dl. C3 86.0 mg/dL, C4 9.0 mg/dL and IgG 488 mg/dl were decreased. HBsAg, anti-HCV Ab, HIV, FANA, and anti-ds DNA Ab were all negative. Urinalysis showed protein (3+), blood (1+) and glucose negative. 24 hour urinary protein excretion was 4027.3 mg. Light microscopic findings (LM) of kidney showed that 8% of glomeruli were global sclerosis. The remaining glomeruli are of markedly increased size and moderately hypercellular involving mesangial cells. Five glomeruli (19%) exhibit segmental sclerosis. Tubules and interstitium exhibited severe foam cells change with focal moderate interstitial fibrosis. Electron microscopic findings (EM) showed large amounts of subendothelial and mesangial deposits and focal mesangial interposition with luminal narrowing. Despite of inadequate IF study, LM and EM findings revealed MPGN. Therefore, we started pulse methylprednisolone therapy for seven consecutive days, followed by oral prednisolone every other day plus Enalapril 10 mg/day. Recent follow-up urinalysis showed slightly decreased proteinuria (2+)

Conclusion: We present a case of MPGN with interstitial foam cells. We considered that the presence of interstitial foam cells in MPGN may not depend on the degree of proteinuria and hyperlipidemia.

Key Words: Interstitial foam cells, MPGN
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