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IgA Nephropathy with Minimal Change Disease Associated with Primary Sjogren's Syndrome

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Case Study:

Tubulointerstitial nephritis remains the most common presentation of renal involvement in primary Sjogren's syndrome. However, glomerular nephritis is thought to be rare occurrence, with some case reports available in the literature such as membranous nephropathy and membranoproliferative glomerulonephritis. Patients with IgA nephropathy rarely present with nephrotic syndrome represented with foot process effacement without peripheral capillary wall immune deposits on electron microscopy, reminiscent of minimal change disease (MCD) and only mild mesangial disease. Only one case report of IgA nephropathy with MCD associated with primary Sjogren's syndrome was reported. We additionally report 80-year-old woman diagnosed as IgA nephropathy with MCD in patient with primary Sjogren's syndrome. She visited our hospital due to generalized edema starting 4 weeks before. She has complained of thirsty and dry eyes since five year before. She has no underlying disease except for osteoporosis and spondylolisthesis. Her initial laboratory findings were compatible with nephrotic syndrome. FANA (1:80) and anti-SS-A (Ro) antibody (200 U/mL) was positive whereas anti-ds DNA antibody was negative. Salivary scan revealed severely decreased uptake of both parotid and submandibular gland. Shirmer's test was positive. Renal biopsy showed mesangial cell proliferation. IgA was positive on mesangium with granular pattern. EM revealed electro-dense deposits on mesangium and foot process effacement. Prednisolone 40mg was prescribed to the patient. In two months of medication, proteinuria was significantly decreased, but remained. We should keep in mind that IgA nephropathy with minimal change disease could be accompanied with primary Sjogren's syndrome.