

Abstract Submission No. : IL-9119

A 60-year-old male with nephrotic range proteinuria

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A 60-year-old man with no specific medical history was admitted due to severe edema which persisted for 2 months before admission. At the time of admission, his blood pressure was 156/94 mmHg, pulse rate was 70 beats/min, and body temperature was 36.7 °C. His skin was warm and dry, and skin tension was normal. Heart sounds were regular, and murmurs were not auscultated. The abdomen was flat and soft, and there was no tenderness when the abdomen was palpated. The liver and spleen were not palpable. There was no costovertebral angle tenderness, and grade 3 pretibial edema was observed. His father died of kidney failure, and his brother is being treated for hypertension. Regarding laboratory results, white blood cell count was 9070/ μ L, hemoglobin was 11.3 g/dL, and platelet count was 347,000/ μ L. Serum BUN and creatinine levels were 46.3 mg/dL and 1.20 mg/dL, respectively. Serum total protein and albumin levels were 4.7 g/dL and 2.6 g/dL, each. Autoimmunoassay revealed ANA IFA, P-ANCA, C-ANCA, and anti-GBM antibody negative to be negative. Serum C3 and C4 levels were 81.8 and 37.6 mg/dL, respectively. No paraprotein was detected on serum and urine immunoprotein test. Urinalysis results showed the following findings; proteinuria 3+, urinary glucose negative, hematuria +/-, urinary albumin/creatinine ratio 2489.56 mg/gCr, urinary protein/creatinine ratio 3.26 g/gCr, and urinary red blood cell 3-5/HPF. 24 hour urine tests results showed that urine creatinine was 1576.72 mg/24hr, microprotein was 2795.65 mg/24hr, and microalbumin was 1964.39 mg/24hr. Abdominal computed tomography (CT) scan showed no sign of renal stones or hydronephrosis. The right kidney was 10.2 cm and the left kidney was 10.8 cm. No other specific radiologic findings were observed. The patient underwent renal biopsy successfully. The pathologic findings and patient progress will be discussed.