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Successful treatment of RPGN due to ANCA associated pauci-immune crescentic glomerulonephritis

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Case Study: Rapidly progressive glomerulonephritis (RPGN) is a clinical syndrome accompanied by microscopic glomerular crescentic formation with progressive loss of renal function within weeks to months. RPGN is most commonly characterized morphologically by extensive crescentic formation. If untreated, progresses to end stage renal disease over short period of time (days, weeks or months). We describe the case of a woman who has improved since treatment in RPGN. A case of a 75-year-old female patient was hospitalized with a generalized edema. On admission, Creatinine was 3.37mg/dL (eGFR 14.8ml/min), indicating a stage V disorder of renal function, albumin decreased to 2.4g/dL. Urinalysis were observed protein 2 positive, blood 3 positive, RBC many, 2.15g in 24 hour urine protein quantitation and 75% in dysmorphic RBC. On the 4th day of hospitalization, conservative treatment was performed, but no clinical symptom improved, so we performed renal biopsy and steroid pulse therapy. In the final diagnosis, the clinical diagnosis was nephritic syndrome : RPGN due to ANCA associated pauci-immune crescentic GN and the pathologic diagnosis was diagnosed as necrotizing and cresentic glomerulonephritis. After steroid treatment, there was a tendency of improvement of proteinuria and creatitinine improvement.

Figure 1. Renal biopsy (Light microscopy *200, *400)

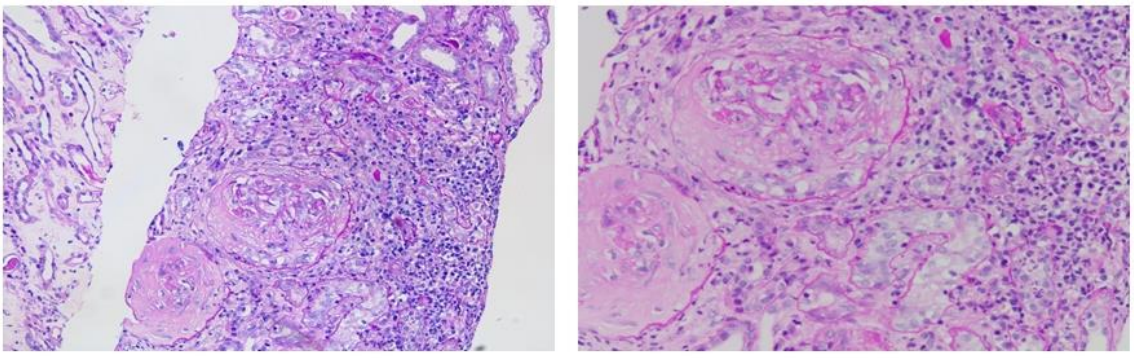
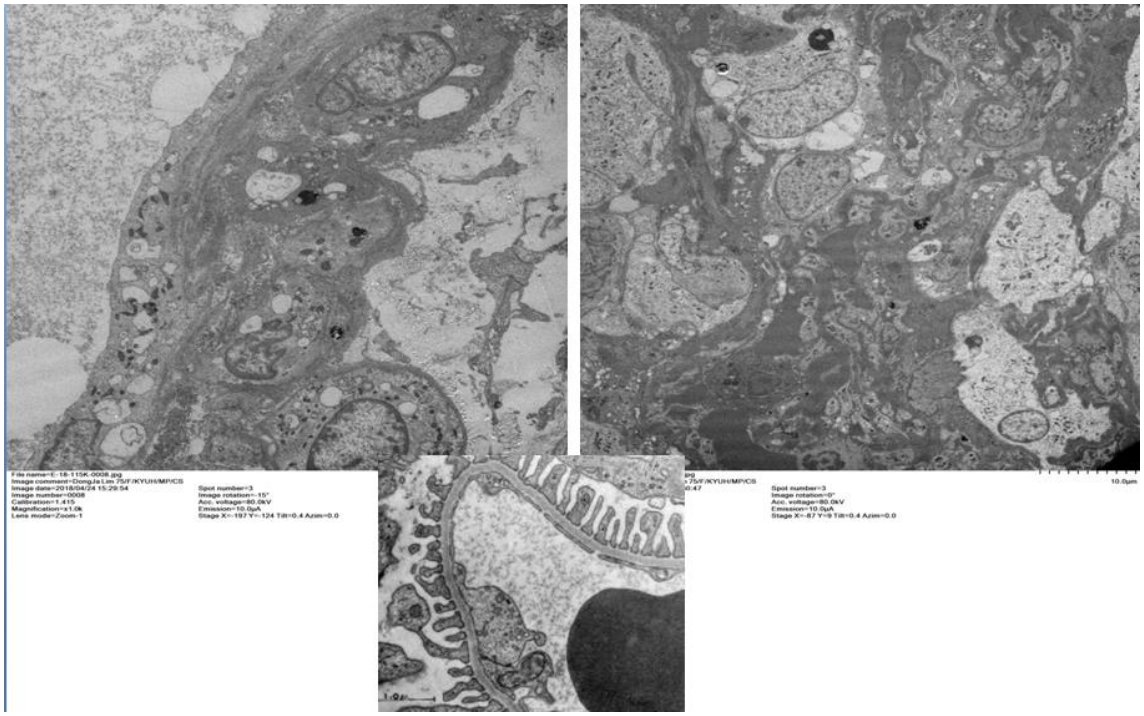


Figure 2. Renal biopsy (Electron microscopy)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