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c-ANCA positive pauci-immune crescentic glomerulonephritis in a patient with Henoch–Schönlein purpura (HSP)

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Case Study: A 44-years-old woman visited nephrology department for evaluation of serum creatinine of 2.35 mg/dL. She noted both lower leg edema with pain and Left lower leg purpura. She was already diagnosed with Henoch–Schönlein purpura (HSP) about 20 years ago and had normal renal function in recent years. We collected serum and urine samples and performed renal biopsy for evaluation of acute kidney injury. Urine analysis showed Hematuria and non-nephrotic range proteinuria. serology test showed c-ANCA positive in a high titer 1:640. Renal biopsy revealed a pauci-immune crescentic glomerulonephritis.

The detection of c-ANCA in HSP patients is unusual. Furthermore overlapping of c-ANCA positive pauci-immune crescentic glomerulonephritis and HSP is very unusual. We report a rare case of biopsy proven c-ANCA Positive pauci-immune crescentic glomerulonephritis in a patient with preexisting HSP.

Figure 1: Purpura on the lower legs



Figure 2: Renal biopsy (A) The light microscopic findings show diffuse (4/4) cellular crescent formation. (PAS x100) (B-C) The immunofluorescence study reveals trace deposits of IgG(B) & C3(C) in periphery and Bowman's capsule, significance-uncertain. (x200) No significant IgA deposit is not determined.

