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Concurrent Anti Glomerular Basement Membrane Disease And Immunoglobulin Nephropathy: A Retrospective Study From A Tertiary Care Centre In India.

Leelavathi Venkatesh¹, Sujatha Siddappa², Sai Sushma Priya Mana³

¹Department of Internal Medicine-Nephrology, Institute of Nephrourology, Victoria Hospital Campus., India

²Department of Pathology, Institute of Nephrourology, Victoria Hospital Campus., India

³Department of Pharmacology, TVM college of pharmacy, India

Objectives : Concurrent Anti-Glomerular Basement Membrane (Anti-GBM) disease and Immunoglobulin A (IgA) Nephropathy represent a rare dual-mediated glomerular injury with limited data from India. This study describes the clinical, histopathological, immunological characteristics and renal outcomes of biopsy-proven dual-positive cases.

Methods : This retrospective observational study was conducted at the Institute of Nephro-Urology, Bangalore, between 2019 and 2025. Among 70 Anti-GBM cases, 19 (27.1%) patients demonstrated biopsy-confirmed coexistence of Anti-GBM disease and IgA nephropathy. Clinical features, laboratory parameters, immunofluorescence patterns, histopathology, treatment, and outcomes were analysed.

Results : Of the 19 patients, 12 (63%) were female with a mean age of 36 years. Rapidly Progressive Glomerulo-Nephritis (RPGN) was the most common presentation among 11 (58%) patients. On light microscopy, crescents were observed in 16 (84%) patients of which 9 (47.3%) patients shown fibro cellular crescent. Interstitial Fibrosis and Tubular Atrophy (IFTA[NR1]) >50% was noted in 7 (37%) patients. All patients showed mesangial IgA deposition and linear Immunoglobulin G (IgG) along the GBM, with C3 Co-deposition. Anti-GBM titers were positive in only 3 (15.7%) patients. Majority of the patients received steroid-based regimens, with varying use of Cyclophosphamide and Plasmapheresis. Overall, 8 (42%) patient achieved dialysis independence, while 9 (47%) remained dialysis-dependent. Mortality was observed in 4 (21%) patients. The prognostic triad of Oliguria, Creatinine (≥ 10 mg/dL) and Crescent Burden (>50%) strongly correlated with poor renal recovery. [NR1]Write the full form and short form in brackets

Conclusions : This Six-year series represents, one of the largest Indian cohorts of concurrent Anti-GBM disease and IgA Nephropathy. Baseline renal function, Crescent burden and IFTA[NR1] >50% emerged as key predictors of the outcome. Early recognition of high-risk patients is crucial to optimize therapeutic interventions and improve renal prognosis. [NR1]Write the full form and short form in brackets

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Table 1. Demographic, Clinical and Comorbidity Profile (n = 19)

Category	Variable	n (%)
Demographics	Total Patients	19 (100)
	Female	12 (63)
	Male	7 (37)
Clinical Symptoms	Edema	17 (89)
	Hematuria	14 (74)
	Oliguria	12 (63)
	Fever	4 (21)
	Cough	1 (5)
Clinical Presentation	Rapidly Progressive GN	11 (58)
	Chronic GN	4 (21)
	Acute Nephritic Syndrome	2 (11)
	Nephrotic Syndrome	1 (5)
	Advanced Renal Failure	1 (5)
Comorbidities	Hypertension (secondary)	16 (84)
	Diabetes Mellitus	4 (21)

Table 2. Laboratory, Radiological and Histopathological Profile (n = 19)

Parameter	Category	n (%)
Proteinuria	3+	9 (47)
	2+	9 (47)
	Trace	1 (5)
Serum Creatinine	≥10 mg/dL	8 (42)
	5–9.9 mg/dL	7 (37)
	<5 mg/dL	4 (21)
Anemia	Hb <8 g/dL	4 (21)
	Hb 8–10 g/dL	11 (58)
Chest Imaging	Normal	14 (79)
	Consolidation	2 (11)
	GGO	3 (11)
Light Microscopy	Crescents present	16 (84)
	No crescents	2 (11)
	Only medulla	1 (5)
Crescent Pattern	Pure Cellular	5 (26.3)
	Fibrocellular	9 (47.3)
Immunofluorescence	Mesangial IgA	19 (100)
	Linear IgG (GBM)	19 (100)
	C3 co-deposition	19 (100)
IFTA Severity	>50%	7 (37)
	≤50%	6 (32)
Anti GBM Titer	Positive	3 (15.7)
	Negative	16 (84.2)

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Table 3. Treatment, Outcomes and Prognostic Triads (n = 19)

Treatment Regimens

Treatment	n (%)
Steroids only	5 (26)
Steroids + Cyclophosphamide	5 (26)
Steroids + CYP + Plasmapheresis	2 (11)
Steroids + Plasmapheresis	1 (5)
Steroids + Rituximab+ Plasmapheresis	1 (5)
No Immunosuppression	4 (21)
DAMA(Discharge against medical advise)	1 (5)

Renal Outcomes

Outcome	n (%)
Dialysis dependent (long-term)	9 (47)
Dialysis independent	8 (42)
Became dialysis dependent after 1 year	1 (5)
HD free >3 years	1 (5)
Renal Transplantation	2 (11)
Complete Remission	1 (5)
Partial Remission	5 (26)
No Remission	13 (68)
Death	4 (21)