Abstract Type : Poster exhibition
Abstract Submission No.: A-0050
Abstract Topic : Glomerular and Tubulointerstitial Disorders

From Rash to Renal Ruin: A Case Report on Rapidly Progressive Glomerulonephritis Secondary to Immunoglobulin A Vasculitis in an Elderly Female

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Case Study : Immunoglobulin A nephropathy (IgAN) is a common cause of glomerulonephritis that can progress to end-stage renal disease (ESRD). IgA vasculitis, a systemic small vessel vasculitis, is a recognized secondary cause of IgAN. Although rare, rapidly progressive glomerulonephritis (RPGN) can occur in the context of IgA vasculitis, with drug-induced immune responses implicated in some cases. A 74-year-old Filipino female with no known comorbidities initially presented with flu-like symptoms two weeks prior to admission. She later developed hypogastric pain and dysuria, for which she was treated with cefuroxime 500 mg tablet twice daily for two days for urinary tract infection (UTI). Despite treatment, her symptoms worsened, progressing to generalized abdominal pain and vomiting, prompting admission. She was treated with ceftriaxone 2 g intravenously daily and was referred to nephrology for elevated creatinine (2.4 mg/dL, eGFR 21 mL/min/1.73 m^2). Two days later, she developed non-blanching, non-palpable, non-pruritic, painless petechial and macular lesions on her lower extremities, accompanied with arthralgia and altered sensorium. Laboratory results revealed progressive renal dysfunction (creatinine 5.15 mg/dL, eGFR 8 mL/min/1.73 m^2), proteinuria, hematuria, and oliguria, raising suspicion for RPGN. Ceftriaxone was discontinued, renal replacement therapy was initiated, and pulse methylprednisolone therapy followed by oral prednisone was given. A skin punch biopsy with direct immunofluorescence confirmed IgA vasculitis that was possibly exacerbated by cephalosporin use. This case illustrates an exceptionally rare presentation of RPGN secondary to IgA vasculitis in an elderly patient, with atypical non-palpable skin lesions rather than the characteristic palpable purpura. The temporal association with cephalosporin use raises the possibility of a drug-induced immune response, complicating the diagnostic process. Despite timely intervention, the patient remains hemodialysis-dependent to date. Although rare, IgA vasculitis can progress to severe life-altering RPGN. Early intervention is critical to prevent irreversible renal damage and to improve long-term outcomes.

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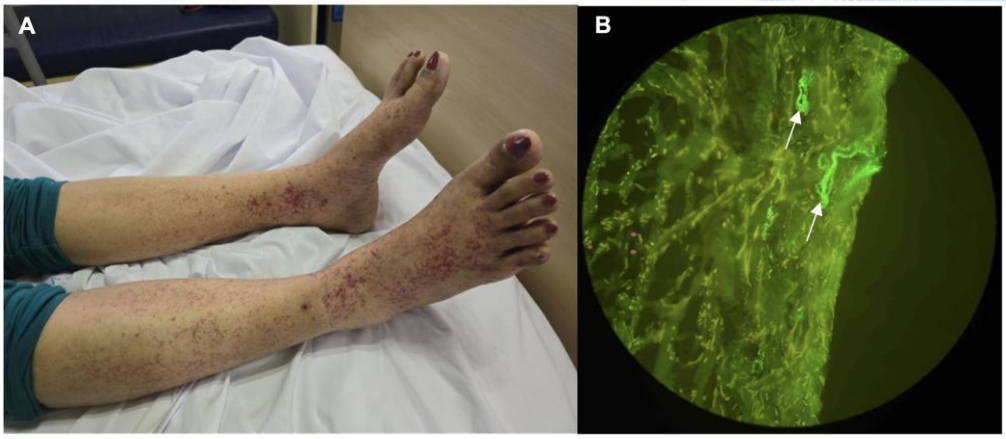

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