Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care
KSN 2026 SEOUL, KOREA
The 46th Annual Meeting of the Korean Society of Nephrology
THE KOREAN SOCIETY OF NEPHROLOGY
Jun 11 (Thu) – 14 (Sun), 2026
COEX, Seoul, Korea

Lecture Code : CPC01-S4
Session Name : CPC
Session Topic : CPC
Date & Time, Place : June 11 (Thu) / 15:00-17:00 / Room 1 (GBR 101), 1F

Case 2: Clinical

Jaeyoung Kim
National Health Insurance Service Ilsan Hospital, Republic of Korea

A 78-year-old male with a 10-year history of well-controlled type 2 diabetes and hypertension presented to the clinic with an abrupt onset of generalized pitting edema persisting for three weeks. The onset of edema preceded his recent administration of moxifloxacin for suspected pneumonia and non-steroidal anti-inflammatory drugs (NSAIDs) for a fall-related injury. Initial laboratory evaluations revealed nephrotic-range proteinuria (urine protein-to-creatinine ratio 12,231.5 mg/g), hematuria, hypoalbuminemia (serum albumin 2.4 g/dL), and a mildly decreased estimated glomerular filtration rate (57.8 ml/min/1.73m²). Subsequent follow-up immunological testing yielded normal complement levels and a negative antinuclear antibody (ANA) titer, but positive results for anti-dsDNA and anti-cardiolipin IgM antibodies. There were no distinct clinical manifestations suggesting a systemic autoimmune disease. Consequently, a kidney biopsy was performed to establish the pathological diagnosis and guide the differential diagnosis.

Keywords: glomerulonephritis, nephrotic syndrome, kidney biopsy