TYPE 1 MEMBRANOPROLIFERATIVE GLOMERULONEPHRITIS (MPGN) IN HIV WITHOUT HEPATITIS C (HEP C) CO INFECTION WITH RAPID REMISSION WITH STEROIDS AND ANGIOTENSIN CONVERTING ENZYME INHIBITORS (ACEI) WITHOUT HIGHLY ACTIVE ANTI RETROVIRAL THERAPY (HAART)

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We report a 36 year old Black female with history of Hypertension on ACEI who was evaluated for new onset anasarca and foamy urine. Review of symptoms was negative for rash, abdominal pain, alopecia, arthralgias or mouth ulcer. Denies IV drug abuse or multiple sexual partners. Physical examination revealed BP of 160/100mmHg with periorbital edema and 4+ lower extremity edema. Lab tests showed Hb 8.4, Serum Cr 2.8mg/dl, Albumin 0.9g/dl, total cholesterol 313, LDL 212, triglycerides 264 and normal liver enzymes. Labs 5 months prior showed normal Hb and Cr. Urinalysis showed 4+ proteinuria, 10-20 RBCs/HPF. 24 hour urine collection showed protein of 11.41gm/24 hr. Antinuclear antibody, Rheumatoid factor, Anti-neutrophil cytoplasmic antibody, anti-Glomerular basement membrane antibodies, RPR, Hepatitis panel and cryoglobulins were negative. C3 reduced at 73 and C4 normal at 31. Renal biopsy showed Type1 MPGN with segmental mesangial and subendothelial deposits and abundant tubuloreticular inclusions. Immunoflourescence staining showed positivity for C3 and IgM. Prednisone 60mg Qdaily and statins were started and ACEI maximized for proteinuria. After 8 weeks of high dose Prednisone, the edema resolved and 24 hour urinary protein decreased to 1.86 gm/24hr and Cr to 0.8mg/dl and albumin increased to 3.3. Steroids were tapered. Subsequent HIV testing was positive with CD4 count < 20 and viral load at 95000copies/ml. HAART was started and ACEI continued.

Type 1 MPGN associated with HIV infection has been reported almost exclusively with HepC coinfection. Treatment remains elusive. We report a case of MPGN characterized by severe nephrotic syndrome associated with HIV without Hep C coinfection. Our patient achieved a rapid remission with high dose of oral steroids and ACEI without HAART. Recognition of the MPGN lesion in HIV infection devoid of Hep C coinfection and early use of steroids must be considered.