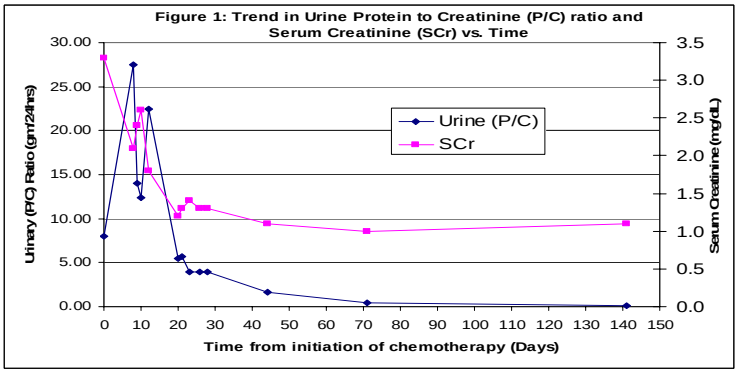
MEMBRANOUS GLOMERULONEPHRITIS IN A PATIENT WITH A CD4+/CD56+ HEMATODERMIC NEOPLASM

Grady M. Wick, Suman Setty, April Brooks, Sujata Gaitonde, Amishi Patel, Christian Sebat, Damiano Rondelli, Jerrold S. Levine, Kalyani Perumal. U. of Illinois at Chicago College of Medicine, Chicago, IL.

Membranous glomerulonephritis (MGN) has many secondary causes. We report an association, previously undescribed, between MGN and a hematodermic neoplasm. Aggressive chemotherapy led to complete remission of the nephrotic syndrome.

A 31 year-old man presented for chemotherapy after being diagnosed with a CD4+/CD56+ hematodermic neoplasm on his left thigh. Upon presentation, he was grossly edematous. Pertinent labs included: BUN 55 mg/dL, serum creatinine (SCr) 3.3 mg/dL, serum albumin <1.0 g/dL, and total cholesterol 394 mg/dL. U/A revealed 3+ protein, moderate blood, 7 RBCs, and 13 WBCs. A urine protein/creatinine (P/C) ratio was 8.0 gm/gm, and 24-hour protein quantification showed 10.9 gm. Immune serologies, including complements, were all normal. He was initiated on a 14-day course of HyperCVAD chemotherapy. After recovery of his blood counts, the patient underwent renal biopsy, which was consistent with MGN. At discharge, his SCr had improved to 1.4 mg/dL and his serum albumin to 1.3 g/dL. Following his 3rd cycle of chemotherapy, his renal function and serum albumin normalized, with a urinary P/C ratio of <0.1 (Figure 1).



In summary, we describe what we believe to be the first case of MGN in association with hematodermic neoplasm.