

AN UNUSUAL CASE OF NON-CRESCENTRIC IGA NEPHROPATHY (IgAN) WITH ANTI-NEUTROPHIL CYTOPLASMIC ANTIBODIES (ANCA). A CASE REPORT AND REVIEW OF LITERATURE. Manish Gera¹, R. Jeevan¹, S. Dhar¹, C.L. Phillips². Int. Med. Nephrology Inc. Terre Haute, IN¹. I. U. Pathology, Indianapolis, IN²

ANCA [Myeloperoxidase (MPO) or proteinase 3 (PR3)] when detected in a symptomatic patient, using immunofluorescence and ELISA, have sensitivity (95%) & specificity (98%) for diagnosis of vasculitis. Their presence in an asymptomatic patient is rare and has unclear significance. We report a case of non- crescentric IgAN with high titres of IgG MPO-ANCA (1:80).

A 67-year-old male presented with asymptomatic hematuria for 15 years and non-nephrotic range proteinuria (<1 gm/24 hr). Serum Creatinine was 1.5 mg/dl and had been stable for a year. A routine glomerulonephritis work up yielded MPO-ANCA. Renal biopsy showed mesangial IgA, segmental mesangial sclerosis and 54% glomerular obsolescence without cellular crescents or acute necrotizing lesions. In 2 months follow up patient remained asymptomatic with no decline of renal function.

1. ANCA has been reported with HSP and rarely with IgAN (3 cases) **2.** Moreover, the reported cases were associated with RPGN and none with non-crescentric, regular IgAN. **3.** The association of IgAN and ANCA positivity could be a coincidence or overlap or a new entity. **4.** Whether this patient develops full-blown vasculitis and was detected early in the course of the disease remains to be seen. **5.** Treatment also remains unclear.