

AN UNUSUAL CAUSE OF ACUTE RENAL FAILURE IN A YOUNG ADULT FEMALE.

Manju Alex MD, Division of nephrology and hypertension-University of Miami Miller School of medicine, Miami.

Mesangioproliferative glomerulonephritis consists 10% of the total renal biopsies of glomerulonephritis. It is characterized by proliferations of mesangial cells with increase in mesangial matrix and or deposits in the mesangial region.

We report a case of a young female with mesangioproliferative glomerulonephritis who presented with acute renal failure requiring renal replacement therapy. Her symptoms were anorexia and nausea of 2-3 weeks duration and oliguria of 2-3 days duration. Laboratory data showed the patient to be in renal failure with blood urea nitrogen of 84, creatinine of 12.8, potassium of 7.1 and co2 of 12. Urinalysis showed 15 WBC,s, 18 RBC,s heavy proteinuria. Proteinuria was quantified to 6.8 gm/24hr. Emergent dialysis was initiated. Serological studies including ANCA, ANA, Hepatitis, HIV profile were normal. On detailed history patient was having photosensitivity for last 2-3 weeks, diffuse arthralgias and edema of face and feet. She used to binge on health drinks and green powder a herbal product bought from health food store. A renal biopsy showed

Mesangial expansion with increase in cellularity in majority of glomeruli by light microscopy. None of the glomeruli were globally sclerotic. Immunofluorescence studies showed mesangial staining with IgM and C3. Electron microscopy showed foot process fusion with no thickening of capillary loops. No immune complexes were seen. Patient was treated with prednisone at 1mg/kg dose with good clinical response. She was off dialysis after a week and proteinuria has resolved with normalization of creatinine.

Mesangioproliferative glomerulonephritis is an important cause of nephrotic syndrome among young adults and we propose that it should be included in the causes of nephrotic syndrome among young adults. Even though it is common MesPGN presenting with renal failure requiring dialysis is a rare entity. If renal biopsy shows focal mesangial proliferations in minimal change glomerulonephritis (MCGN) it should be diagnosed as focal mesPGN than MCGN because these cases show recurrences.