

AN UNUSUAL PRESENTATION OF PRIMARY ANTIPHOSPHOLIPID SYNDROME WITH MEMBRANOUS GLOMERULONEPHRITIS, CHOREA AND ENDOCARDITIS

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Background: Renal involvement of primary antiphospholipid syndrome (APS) usually presents with thrombotic microangiopathy, focal cortical atrophy and fibrous intimal hyperplasia. We present a case of mixed membranous and focal proliferative glomerulonephritis in a patient with primary APS. Case: A 23 year old male presented with chorea and anemia of 2-4 months duration. Examination revealed normal blood pressure and choreiform movements bilaterally. Lab studies showed Hb 9.4 gm/dl, Platelets 113000/mm³, BUN 18 mg/dl, creat 0.99mg/dl, PTT 45 seconds, ESR 66mm/hr, and urine protein 3.71 gm/24 hours with no casts on urine analysis. The ANA, ANCA and HIV were negative. The Lupus anticoagulants, B2-GPI IgG/IgM, Anticardiolipin antibody IgG were all positive. C3 was 80(79-152mg/dl) and C4 was 7(16-38 mg/dl). Neuroimaging and CSF analyses were unremarkable. Echocardiogram revealed mitral regurgitation with vegetations. Blood cultures were negative. Renal biopsy revealed mixed membranous and focal proliferative glomerulonephritis. In view of the above findings patient was started on Mycophenolate, prednisone and anticoagulation. Conclusion: This distinction between renal inflammation and micro vascular thrombosis could help determine appropriate treatment for APS patients with renal involvement.