

IMMUNOTACTOID GLOMERULOPATHY IN AN HIV-POSITIVE AND HEPATITIS B AND C NEGATIVE AFRICAN-AMERICAN WOMAN: A CASE REPORT AND REVIEW OF LITERATURE

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Renal disease is not uncommon in those infected with HIV. The African American population presents frequently with HIV-associated nephropathy (HIVAN). Immunotactoid glomerulonephritis (ITG) is a rare disorder found in less than 1% of renal biopsies characterized by organized tubular immune complex deposits, observed more often in Caucasians. ITG tends to occur in an older age group and in some patients has been associated with a hemopoietic malignancy. There has only been one other reported adult case of ITG in a HIV positive, HCV and HBV negative African-American male.

A 68 year old AAW, diagnosed 5 years ago with well controlled HIV infection, HTN, hyperlipidemia and diastolic heart failure presented with costo-chondritic chest pain. Incidentally, microscopic hematuria and proteinuria of 2.87gms/24hrs was discovered. Her physical examination and renal function were unremarkable. Serologic tests for ASO, antiDNAase, HBV, HCV were all negative with normal complement levels. An initial malignancy workup was negative. MRI/MRA of the pelvis revealed normal renal vessels. A percutaneous renal biopsy showed diffuse membranous glomerulopathy, with mild mesangial proliferation and segmental sclerosing lesions on light microscopy. IF revealed mainly IgM, kappa and C3 positive deposits. Electron microscopy confirmed organized subepithelial tubular deposits diagnostic of ITG. There was no evidence of HIVAN.

Out of five reported HIV positive cases and ITG in the literature, 3 were HCV+, 2 were Caucasian and 3 were African American (AA) without detectable hematologic malignancy. Although HIVAN is the most common kidney disease in AA adults, a systematic examination of renal biopsies in these patients may yield other forms of HIV associated immune complex glomerular lesions.