

**CRESCENTERIC TRANSFORMATION WITH ANTI GLOMERULAR  
BASEMENT MEMBRANE (GBM) ANTIBODIES ARISING FROM  
IDIOPATHIC MEMBRANOUS GLOMERULOPATHY**

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Rapidly progressive glomerulonephritis (RPGN) is a well known cause of acute renal failure. A successful outcome in treating this transformation may further define prognosis and treatment strategy. A 73 year old male presented with fatigue, pedal edema and normal renal function with proteinuria in the nephrotic range. Biopsy confirmed membranous glomerulopathy with crescentic glomerulonephritis. 1 week later he presented with hematuria and renal failure and he was put on steroids, plasmapheresis and hemodialysis. When anti GBM antibodies returned strongly positive, cyclophosphamide was started. He was taken off hemodialysis in 1 month after renal function improved. Plasmapheresis was continued until anti GBM antibodies were undetectable on repeated occasions. His kidney function is now stable. The case illustrates the uncommon association of nephrotic syndrome with nephritic features. Severity appears linked to anti-GBM antibody titer. Treatment should target removal of antibody.