

A CASE REPORT OF GLOMERULONEPHRITIS WITH LUPUS AND CHRONIC INFLAMMATORY DEMYELINATING POLYNEUROPATHY

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Chronic inflammatory demyelinating polyneuropathy (CIDP) is a rare demyelinating peripheral neuropathy which is characterized by progressive and relapsing course. Etiology of CIDP is mostly idiopathic but it could be associated with vasculitis syndromes, chronic infections, paraproteinemias, Hodgkin's lymphoma, multiple sclerosis, and lupus. It is reported that CIDP can be unusual presentation of lupus and may precede the typical features of lupus by months. Here we present a case of CIDP which preceded the diagnosis of lupus by months and associated with glomerulopathy.

24 years old female who presented with lower extremity weakness, and edema. Her past medical history was is pertinent for Non-specific myopathy 6 months prior to her current presentation which was treated with intra venous immunoglobulin (IVIG) and Azathioprine and resolved completely. At time of admission, she was noted to have nephrotic range proteinuria. Electromyography and muscle biopsies confirmed diagnosis of CIDP. Serology showed positive anti –SM antibodies. Renal biopsy revealed podocytopathy with features of cellular focal segmental sclerosis superimposed on early membranous lupus nephritis class V. She was treated with IVIG and steroids with improvement in neurologic symptoms and proteinuria.

This was a rare case of CIDP and nephrotic syndrome due to primary podocytopathy which lead to the diagnosis of lupus with underlying CIDP. Though there have been few case reports of CIDP associated with glomerulopathy, the scenario in this patient lead to the diagnosis of lupus.