



Submission No.: PG08-9328

Session : Postgraduate Course 8 (Pathology)

Date & Time, Place : November 16 (Thu), 13:00-14:30, Room 5F-2

Session Title : Interesting Biopsy Cases

Case 3

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Patient: 54 years old female Clinical history: At the 39 years of age, she had leg edema and renal dysfunction. She admitted in a local hospital and renal biopsy was performed. Histological diagnosis was membranoproliferative glomerulonephritis (MPGN) with possible features of diabetic nephropathy (biopsy specimens were unavailable). The causes of MPGN pattern of glomerular injury was unknown. Oral administration of corticosteroid and mizoribine was initiated, but the renal function gradually deteriorated. Afterward, she was diagnosed with steroid-induced diabetes mellitus. At the age of 52, peritoneal dialysis was introduced. One year later, she was referred to our hospital to underwent renal transplantation from her husband. Laboratory data at the time of admission for renal transplantation revealed cryoglobulin and hypocomplementemia. One-hour biopsy was histologically unremarkable. Immunofluorescence studies showed slight IgM and C1q staining in the glomerulus. Post-transplant clinical course had no episodes of acute rejection. Mild proteinuria (0.5-1.0g/gCr) was observed after transplantation, and cryoglobulin was persistently positive. At 3 months post-transplant period, protocol biopsy was performed. Laboratory data showed increased serum creatinine (1.4mg.dl), occult blood (1+), and proteinuria (1+). Donor specific antibodies were negative.