IgA Nephropathy in a Patient with Systemic Lupus Eritamatosus

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INTRODUCTION. Autoimmune disorders might develop under the effect of various genetic, immunological, hormonal or environmental factors and they could involve a single organ or multiple organs and tissues. Systemic lupus erythematosus is a multisystem autoimmune disease with kidney involvement. IgA nephropathy is an uncommon cause of proteinuria in lupus nephritis. In the case presented here, IgA nephropathy was observed in the renal biopsy of a patient with SLE.

CASE. During investigation of a 22 year old female patient with complaints of pain in the joints of the knees and hands at internal medicine policlinic was referred to our clinic to determine the cause of proteinuria. The patient's laboratory results were as follows serum urea 14mg/dl, creatinine: 0.7 mg/dL, total protein: 5.6g/dl, albumin: 1.5g/dl, triglycerides: 284mg/dl, LDL-cholesterol: 174 mg/dL, HDL-cholesterol: 44 mg/dl, hemoglobin: 12g/dl, Hct: 36%, WBC 8000/mm3, platelet 393000/mm3 sedimentation: 83mm/h, CRP: 0.3, ANA:(+), antids-DNA(+3), IgG: 2440mg/dl, IgA: 392mg/dl, IgM: 261mg/dl, rheumatoid factor: (-), C3: 79.5mg/dl (79-152), C4: 10.8mg/dl (16-38), HBsAg:(-), Anti-HCV:(-), Anti-HIV:(-), TIT density:1015, protein:(+3), microscopy: 1-2 leukocytes, proteinuria: 8648 mg/L/day. The patient was consulted to the rheumatologists because of malar rash, joint pains and laboratory results and was diagnosed as SLE. . Kidney size and parenchymal thickness were normal on ultrasonographic measurement and renal biopsy was performed due nephrotic proteinuria. The biopsy specimen

included 31 glomeruli and two of them globally have sclerotic changes but the others have no spesific morphological feature. The interstitium and interstitial vessels were almost normal. Mesangial IgA deposits were positive under immunofluorescent microscopy investigation and trace amount of anti C3 ab were also positive but anti C4 ab and anti C1q ab were negative. It was speculated that these findings are more common in IgA nephropathy rather than SLE nephritis. Prednisolone 55 mg/day was prescribed and subsequently the dose was gradually reduced and cyclosporin 200 mg/day was added to the treatment. After the improvement of the patient's clinical and biochemical findings the prednisolone and cyclosporine therapy was discontinued in the second year. The patient has normal blood pressure and no proteinuria in routine follow-up and is using hydroxychloroquine for the joint pain.

DISCUSSION. Typical LN are characterized by "Full House" stain under immunofluorescent microscopy, staining positively for IgG, IgA, IgM, C3, and C1q. Only IgA staining in LN is a rare presentation. The occurrence of IgAN during SLE is also a rare event. A young women presenting with nephrotic syndrome due to IgA nephritis; extrarenal manifestations must be questioned and SLE should be kept in mind for the differential diagnosis.

KEYWORDS: IgA nephropathy, Lupus nephritis, Systemic lupus erythematosus.

Neurogenic Bladder Case Related to Herbal Medicine Use

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INDRODUCTION: Functional causes like neurogenic bladder take place in etiology of obstructive uropathy. A patient with a