**CRYOGLOBULINEMIC VASCULITIS MIMIC AS RAPIDLY PROGRESSIVE GLOMERULONEPHRITIS: A CASE REPORT**

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Abstract

Introduction

Cryoglobulinemic vasculitis involves small to medium vessels in the skin, joints, nerves and kidney due to cryoglobulin containing immune complexes. Cryoglobulins are immunoglobulins in the serum that precipitate at temperatures below 37C. They were classified into three groups. Type Ⅰ are monoclonal whereas type Ⅱ and Ⅲ cryoglobulins are mixed. Isolated proteinuria and hematuria are the common renal manifestations than acute kidney injury. Here we describe a rare case of cryoglobulinemic vasculitis mimic as rapidly progressive glomerulonephritis.

Case presentation

A 35-year-old man presented with generalized body swelling, frothy urine and purpura involving both extremities. He had no associated skin ulcers or gangrene, arthritis and peripheral neuropathy. His investigations revealed creatinine went up to 8.3 from baseline of 1.3, UPCR- 3.13, UFR- red cells 15-20 and complements revealed very low C4 of 0.5, C3-55.2. Renal biopsy revealed eosinophilic, deeply PAS positive globules in capillary loops resembles cryoglobulin deposits along with membranoproliferative pattern but no crescents. Immunofluorescence revealed both IgG and IgM are moderate staining (2+). Qualitative assay for cryoglobulins become positive. His ANA and Rheumatoid factor were positive. HBsAg and HCVAb non-reactive. He underwent 5 cycles of plasma exchange every other day along with four hemodialysis. Intensive immunosuppression including methylprednisolone, rituximab and intravenous immunoglobulin were given. His renal function was gradually improved.

Conclusion

Obliteration of the glomerular capillary lumen by cryoglobulin causes the acute kidney injury which necessitates dialysis. Early recognition of disease severity is important to initiate plasma exchange. limited evidence suggests clinical improvement with plasma exchange.

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