COURSE OF ACTION: On further work-up Rheumatoid factor came to be strongly positive, Serum C4 Low and C3 Normal. Serum Cryoglobulin test was not done. Within a month the patient developed lower limb vasculitis with pulmonary hemorrhage and eventually died.

DIFFERENTIAL DIAGNOSIS: Fibrillary GN, Amyloid, Immunotactoid glomerulopathy, Diabetic nephropathy with KW lesion.

DISCUSSION AND CONCLUSION:

We present a complicated case of membranous nephropathy, systemic cryoglobulinemic vasculitis with renal involvement with underlying chronic active rheumatoid arthritis.

Cryoglobulinemic glomerulonephritis (GN) is caused by intracapillary, capillary wall (often subendothelial), and mesangial cryoglobulin deposits, giving a membranoproliferative pattern of injury. Patients have nephritic/nephrotic syndrome with various levels of kidney function. Purpura and arthralgia occur in about one-third, with vasculitis affecting skin and kidneys less commonly.

Cryoglobulinemia associated glomerulonephritis (GN) is a multifactorial disease which is important to recognize for clinical practice, associated with B cell lymphoma, Hepatitis C, chronic infection and systemic autoimmune diseases.

Cryoglobulinemic GN is a rare form of GN. The morphology is an important hint for the diagnosis in many patients. Since, cryoglobulins are rarely tested prior to kidney biopsy, pathologists must have a high level of suspicion and communicate the possibility of this rare type of GN in appropriate cases.