CASE 040

CŌRE DIAGNOSTICS™

FIBRILLARY GLOMERULOPATHY

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45 year male known case of hypertension for last 8 year presented with nephrotic syndrome. Urine routine microscopy showed 3+ protein. 24 hour urine protein was 5gm. Patient had similar episode of nephrotic syndrome 3 years back. Kidney biopsy performed in 2015 was reported as Membranous Glomerulopathy. Patient received immunosuppressive therapy in form of cyclosporine and endoxan, however there was persistent minimal proteinuria. There was progressive rise in serum creatinine from 1.4mgdl to 1.9mg/dl.

PATHOLOGIC FINDINGS

Light Microscopy (LM): Kidney biopsy in single linear core revealed 15 glomeruli of which 7 glomeruli are globally sclerosed (Fig.1a). All the non-sclerosed glomeruli show lobular accentuation with moderate mesangial matrix expansion and non-uniform thickening of the glomerular capillary wall due to deposition of amorphous weakly PAS positive and silver positive material (Fig.1b,c,d). No endocapillary or extracapillary proliferation seen. No extraglomerular deposits identified. Congo Red stain show no definite congophilia thereby excluding possibility of amyloidosis. Tubulointerstitial compartment show moderate tubular atrophy with interstitial fibrosis occupying 30-35% of the sampled renal cortex. Few interstitial foam cells are seen suggesting significant proteinuria. Vascular compartment showed hypertensive changes in form of moderate medial thickening with mild intimal sclerosis. Majority of the arterioles show non-circumferential hyalinosis.