Simultaneous presentation of ANCA-associated vasculitis and lung cancer

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Anti-neutrophil cytoplasmic antibody associated vasculitis (AAV) is associated with increased risk of malignancy. Malignancy is frequently diagnosed after the treatment of AAV and cytotoxic agent is considered as cause of cancer development. However, simultaneous presentation of AAV and lung cancer is very rare. A 68-year-old woman referred with fever and general weakness. Serum creatinine (SCr) was 1.9 mg/dl, and increased to 3.3 mg/dl within 2 weeks. Proteinuria (1.4 g/day), hematuria, MPO-ANCA (>600EU) and ANA (1:640) were detected. Kidney biopsy showed pauci-immune crescentic glomerulonephritis (Fig. A). At the same time, a 2.6 cm sized nodule on right upper lung was detected, and it was confirmed as adenocarcinoma (T2N0M0, stage Ib) (Fig. B). She was treated with high dose corticosteroid with plasmapheresis. Azotemia was progressed and hemodialysis was maintained for 4 weeks. CMV pneumonia was developed, and she was treated with ganciclovir. After the AAV and ganciclovir treatment, SCr was improved to 2.83 mg/dl. The size of lung nodule was not increased significantly on follow-up CT scan. Lobectomy was done, and pathologic staging was pT1bN1M0. However, she died after surgery due to pneumonia septic shock. Although lung involvement is a common clinical feature of AAV, malignancy should be considered in patients with lung nodule at the diagnosis of AAV. And, decision about treatment priority might be critical to determine the prognosis in patients with simultaneous presentation of AAV and lung cancer.

Clinical Outcome of nephrotic syndrome in IgA nephropathy

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Introduction & Aim: - IgA nephropathy can be complicated by the nephrotic syndrome in rare cases. - Although, steroid therapy should be recommended in such cases, the response to steroid treatment has been variable and spontaneous remission without steroid therapy has been reported in some cases. - Therefore, studies on clinical outcomes and the treatment of nephrotic syndrome in IgA nephropathy are needed. Methods: - 18 Patients on steroid therapy received oral prednisolone 40-60mg/day for 4 or 8 weeks before the dose was slowly tapered. - In contrast, the 15 patients in the supportive care group did not receive any steroids and only received supportive treatment including medications for blood pressure control and RAAS blockade, as well as a low-protein and salt diet - A reduction of proteinuria to less than 1.0 g/day was designated as a response, and the complete correction of the lab findings, including absence of proteinuria was considered as CR. PR was defined as the reduction in proteinuria by >50% from baseline and <3.5 g/day - Relapse of the nephrotic syndrome was defined as the recurrence of significant proteinuria - Patients on renal replacement therapy were defined as having ESRD. Results: - The mean follow-up duration was 62±45 months in 33 patients. There were no significant differences in the mean levels of serum hb, BUN, GFR, and 24h urine protein between the two groups - There were statistically significant differences in serum albumin (p = 0.02) and cholesterol (p = 0.04) levels between the two groups. - Complete remission occurred in 10 steroid-users and 2 steroid-nonusers. Partial remission occurred in 7 steroid-users, and 8 steroid-nonusers - During follow-up, 6 patients showed progressive deterioration of renal function. Conclusions: - Among the IgA nephropathy patients with nephrotic syndrome, 36% and 45% of patients had complete and partial remission, respectively. - Large-scale studies may be necessary in the future.