

Answers to Medical Quiz

K S Ratnakar, MD* Ahmed Al Arrayed, MD**

- A1. The morphological diagnosis is CRESCENTIC GLOMERULONEPHRITIS
- A2. Anti GBM (Anti-Glomerular Basement Membrane) demonstration both in the serum and on the renal biopsy by immunofluorescence.
- A3. The prognosis is based on the number of glomeruli involved, severity of changes such as fibrinoid necrosis etc.
- A4. Anti GBM serum estimations along with Anti TBM (Tubular Basement Membrane) would help in the evaluation of severity and follow up.
- A5. Glomerular crescents are encountered in a host of conditions such as Goodpasture's syndrome, Systemic Lupus erythematosus, Polyarteritis nodosa, Wegener's granulomatosis, Membrano-proliferative glomerulonephritis, Ig A nephropathy, Post infectious glomerulonephritis, Idiopathic crescentic glomerulonephritis etc. But the diagnosis can be made by careful clinical, histological and immunological profile analysis.

The present case is Crescentic glomerulonephritis of Goodpastures syndrome. The pulmonary changes (haemoptysis) associated with pan-glomerular crescentic glomerulonephritis and rise in the titers of Anti-GBM antibodies of 640 $\mu\text{mol/L}$ confirmed the diagnosis.

Goodpasture Syndrome and CGN^{1,2}

The clinical counterpart of Crescentic glomerulonephritis (CGN) is rapidly progressive glomerulonephritis. Amongst various etiologies cited, Goodpasture's syndrome is one of the infrequent disorders. In many cases especially in those presenting with acute renal failure, dialysis dependency, not responding to any immunosuppressants have both high morbidity and mortality. The characteristic feature is linear immunofluorescent staining by anti-glomerular

* Consultant Pathologist &
Assistant Chief Editor
Bahrain Medical Bulletin

** Consultant & Chairman
Nephrology Unit
Salmaniya Medical Complex
State of Bahrain

basement membrane antibodies (IGG). Plasmapheresis has dramatically changed the outcome in some cases with less severe renal dysfunction. However, those with serum creatinine levels more than 600 $\mu\text{mol/L}$ seldom recover.

REFERENCES

1. Cassidy MJD. Rapidly progressive glomerulonephritis in the developing world. *Kidney Forum* 2000;2:5-10.
2. Tipping PG, Kitching AB, Cunningham MA, et al. Immunopathogenic of crescentic glomerulonephritis. *Curr Opin Nephrol Hypertens* 1999;8:281-6.