

GBM Disease: A Rare Case presenting as a rare cause of FUO

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Abstract

Acute glomerulonephritis due to anti-GBM antibody disease is rare, estimated to occur in fewer than one case per million population. Patients usually present with acute renal failure with urinalysis showing proteinuria not in nephrotic range and a nephritic sediment characterized by dysmorphic red cells. Systemic signs and signs, such as malaise, weight loss, fever, or arthralgia, are typically absent.

In this case study, a 38yo Chinese woman presented to us with a cough and fever for 3 months with a background history of treated latent pulmonary tuberculosis 2 years ago.

Positive findings for her on examination were fever with cough and sputum, weightloss of 5 kg and basic blood screening, she had iron deficiency anemia of haemoglobin 7.1, renal impairment(Cr194umol/L) and ESR >140 Sputum for acid fast bacilli, bronchoscopy, bone marrow aspirate and biopsy, ultrasound abdomen, auto immune screening were all negative including ANA, DsDNA, C3,c4,ANCA. Her anti GBM antibody was negative. Renal biopsy showed necrotizing and crescentic glomerulonephritis with inconclusive immunofluorescence studies.

Subsequent anti MPO and anti-GBM ELIZA was positive.

She was eventually treated with high dose IV methylprednisolone and plasma exchange which showed resolution of her persistent fevers and improvement in her renal function.

Publications

Asian Society of Cardiovascular Imaging 2017; Ebstein Anomaly and VT in an adolescent

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Caribbean Cardiac Society Journal 2013; July 24-27, 2013; Page 47; Paradoxical Bradycardia During Dobutamine Stress Echocardiography Poster Presentation

Caribbean Cardiac Society Journal 2013; July 24-27, 2013; Page 48; Ruptured Sinus of Valsalva – A Rare Clinical Entity and Echocardiographic Finding Poster Presentation.

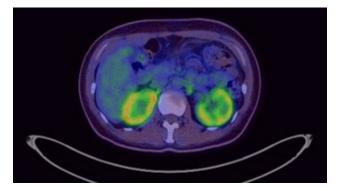


Fig1. FDG PET CT showing atypically diffuse and symmetrically increased FDG uptake in the renal cortices bilaterally

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