



# Klīniskais gadījums

PSKUS 5. gada rezidente nefroloģijā  
Anete Granovska



# Klīniskais gadījums

- Vīrietis
- Dzimis 1969. gadā.
- Hroniska nieru slimība (HNS) zināma no 1986. gada.
- 2016. gadā vēršas pie nefrologa:
  - HNS IV-V, veikta nieres punkcijas biopsija.
  - Sekundāra arteriāla hipertensija, sekundāra hiperparatireoze, erozīvs gastrīts, žultsakmeņu slimība, kreisās nieres solitāras cistas.

Final pathology diagnosis:

**Native kidney biopsy: IgA nephropathy, advanced and focally active, with sclerosing and mesangioproliferative glomerular lesions (see note).**

Note:

The histologic and immunofluorescence findings are best interpreted as IgA nephropathy. However, possible overlap with ANCA disease should be considered and tested (a cellular crescent is found in one glomerulus).

Gross description:

2 biopsy cores of total 32 mm length, received in formalin.  
1 mm sample of cortex tissue submitted for electron microscopy.

Microscopic description:

The sample contains renal cortex and medulla, fourteen (14) glomeruli (4 of them globally sclerosed).

M1 - Mesangial hypercellularity: more than half glomeruli have more than 3 cells in a mesangial area

S1 - Segmental glomerulosclerosis present in glomeruli

E1 - Endocapillary hypercellularity present in one glomerulus, with a small epithelial crescent

T2 - Tubular atrophy/interstitial fibrosis over 50%

The interstitium is focally expanded with mononuclear cell infiltrates occupying approx 10% of cortical area.

Focal microcalcifications in the stroma.

Tubular atrophy or interstitial fibrosis represents 60% of cortical area (T2).

Arteries reveal severe fibrosis of the intima.

No PAS positive hyaline deposition in arterioles.

Congo red stain for amyloid was not performed.

Immunofluorescence description:

Results of immunofluorescence performed on paraffin sections (up to 14 glomeruli in the sections):

IgA(+++/4+) - positive in mesangium.

IgG(-/4+) - negative in the glomeruli.

IgM(+/4+) - positive in mesangium.

Ig kappa (-/4+) - negative in mesangium.

Ig lambda (++)/4+) - positive in mesangium.

Complement C3(++/4+) - in the mesangium.

Complement C1q(-/4+) - negative.

- Peritoneālā dialīze no 2017. gada 17. marta.
- 2017. gada 3. decembrī veic nieres transplantāciju no miruša donora
- Transplantāta funkcija primāra
- Indukcija ar Simulect 20 mg - 0. un 4. dienā
- Bāzes imūnsupresijā:
  - Takrolims (Advagraf) 7 mg
  - MMF (Cell-cept) 500 mg x4
  - Prednizolons 15 mg x1
- Papildus saņem - Bisoprolols 5 mg, moksonidīns 0,4 mg, trimetoprimis/sulfametoksazols 480 mg, omeprazol 20 mg

# Nieres transplantāta protokola biopsija 2018. gada aprīlī

## Final pathology diagnosis:

### **Renal allograft protocol biopsy (after 4 months):**

**Minor histologic changes: focal global glomerulosclerosis (3/12), without evidence of active rejection.**

## Gross description:

Tyrimui gautas 1 biopsinis stulpelis, kurio ilgis 16 mm, formaline.

## Microscopic description:

The sample contains renal cortex and medulla, with 12 glomeruli (3 of them globally sclerosed) and arteries.

### Specimen adequacy:

Adequate (10 or more glomeruli with at least two arteries)

g0 No glomerulitis

cg0 No glomerulopathy, no double contours.

mm0 No mesangial matrix increase

t0 No mononuclear cells in tubules

i0 No or trivial interstitial inflammation (<10% of unscarred parenchyma)

ptc0 No significant cortical ptc.

ci0 Interstitial fibrosis tissue in up to 5% of cortical area

ct0 No tubular atrophy

v0 No arteritis

cv0 No chronic vascular changes

ah0 No PAS-positive hyaline thickening

## Immunohistochemical description:

Results of immunohistochemistry for complement C4d deposition:

Renal cortex and medulla in the sample.

Number of glomeruli: 12.

Number of globally sclerosed glomeruli: 3.

C4d0 - negative (0% peritubular capillaries in cortex and/or medulla).

2020. gada februārī stacionēts ar progresējošu proteīnūriju, eritrocitūriju.

Kreatinīns mkmol/l	125
Urea mmol/l	7,0
Kālijs mmol/l	4,3
Takrolima līmenis ng/ml	6,9
Urīnā:	
Diennakts proteīnūrija	1,2 g
Eritrocīti	263
Dismorfiskie eritrocīti %	0
Urīna citoloģijā:	«Decoy» šūnas nav atrastas

- Olbaltumelektroforēze – bez nozīmīgām izmaiņām

seroloģija	
ANA	negatīvs
ENA	Negatīvs
AV pret dubultspirāles DNS U/ml	<9,8
AV pret MPO IU/ml	0,96
AV pret PR3 IU/ml	<0,6
AV pret GBM CU	<2,9
C3 g/l	1,21
C4 g/l	0,18

# Nieres transplantāta biopsija 2020. gada februārī

## Final pathology diagnosis:

**Renal allograft biopsy: IgA nephropathy.**

## Gross description:

2 biopsy cores of total 25 mm length, received in formalin.

## Microscopic description:

The sample contains renal cortex and medulla, with 6 glomeruli (1 of them globally sclerosed) and arteries.

g0 No glomerulitis

cg0 No glomerulopathy, double contours in <10% of peripheral capillary loops in most severely affected glomerulus

mm2 Up to 26-50% of nonsclerotic glomeruli affected (at least moderate matrix increase)

t0 No mononuclear cells in tubules

i0 No or trivial interstitial inflammation (<10% of unscarred parenchyma)

ptc0 No significant cortical ptc, or <10% of PTCs with inflammation

ci0 Interstitial fibrosis tissue in up to 5% of cortical area

ct0 No tubular atrophy

v0 No arteritis (3 profiles)

cv0 No chronic vascular changes

ah0 No PAS-positive hyaline thickening

Congo red stain for amyloid was not performed.

## Immunohistochemical description:

Results of immunohistochemistry for complement C4d deposition:

C4d0 - negative (0% peritubular capillaries in cortex and/or medulla).

## Immunofluorescence description:

Results of immunofluorescence performed on paraffin sections (up to 20 glomeruli in the sections):

IgA(++/4+) - positive in mesangium.

IgG(-/4+) - negative.

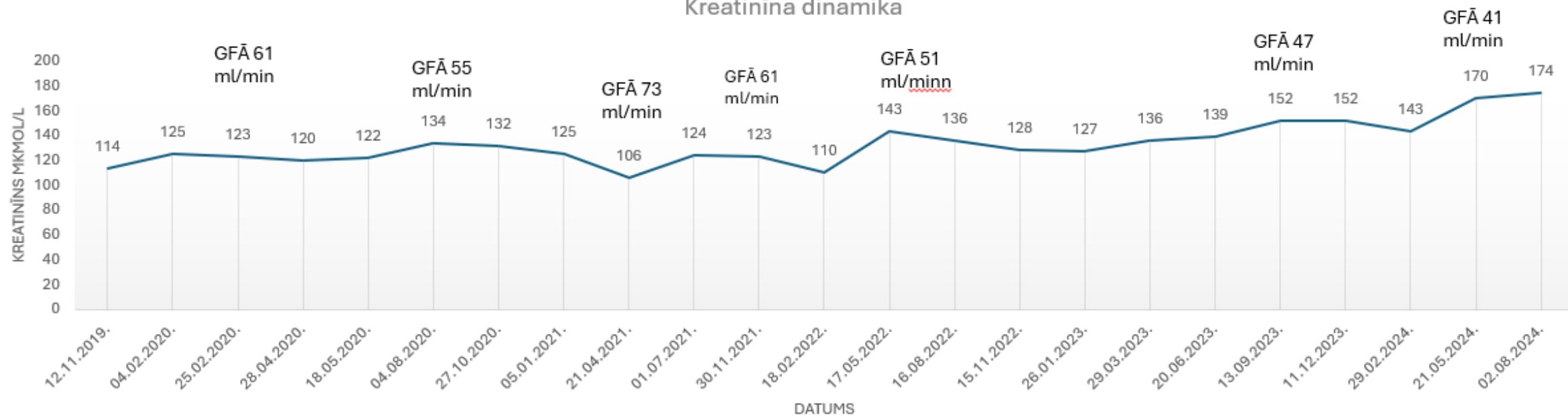
IgM(-/4+) - negative.

Complement C3(++/4+) - positive in mesangium.

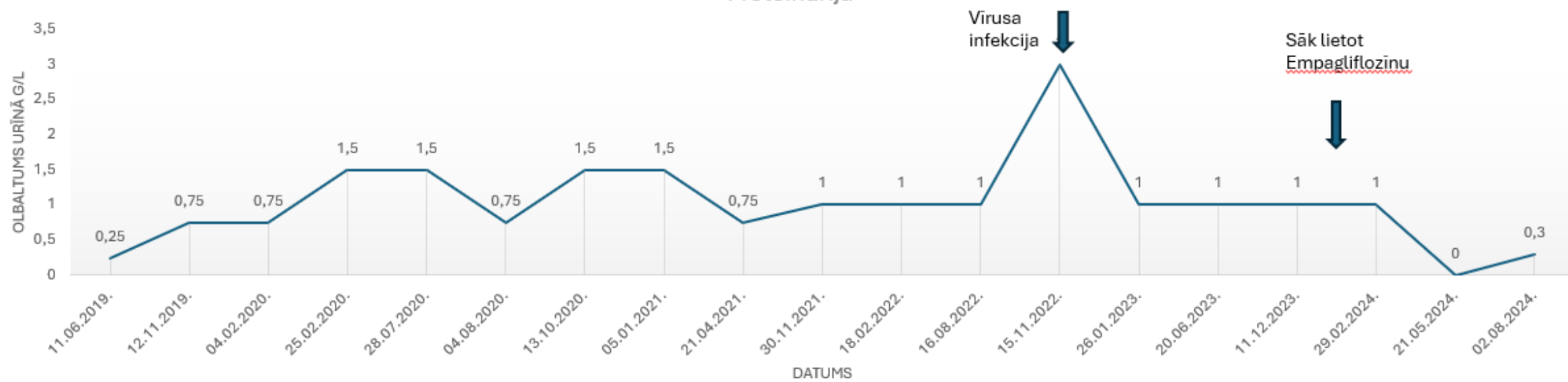


- Terapijā:
  - Prednisolone 7,5 mg
  - Advagraf 5,5 mg
  - Cell-cept 500 mg x2
  - Bisoprolol 5 mg
  - Moxonidin 0,4 mg
  - Magne B6, Vigantol 6 pil./dn
- Vēlāk pievieno:
  - Atorvastatin 10 mg
  - Perindopril 5 mg → 10 mg
  - Alfacalcidol 0,25 mkg
- 12.2023. pievieno terapijā Empagliflozinum 10 mg x1

### Kreatinīna dinamika



### Proteinūrija





PAULA STRADIŅA  
KLĪNISKĀ UNIVERSITĀTES  
SLIMNĪCA

# Paldies!

