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DISSIMILAR CLINICAL COURSES CONCERNING PATIENTS WITH CRESCENTIC GLOMERULONEPHRITIS WITH APPARENTLY IDENTICAL HISTOLOGICAL LESIONS: ANALYSIS OF TWO CASES

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Introduction. Histopathological appearance of extracapillary proliferation with crescents is most frequently associated with a rapidly progressive glomerulonephritis (RPGN) – renal failure develops in this type of GN within days or weeks.
Aim. To present two cases of patients with advanced RPGN with apparently identical renal histopathology (advanced crescentic GN), but dissimilar outcomes after treatment.
Materials and methods. Analysis of patients' medical records and histopathological tests. The study group comprised two males (27 and 28 years of age) who underwent renal biopsy.
Case study. Both patients were admitted with almost identical clinical presentations (arterial hypertension, advanced kidney failure – serum creatinine of 2 mg/dL and eGFR (MDRD) less than 40 mL/min/1.73 m^2, renal scarring on kidney ultrasound, altogether suggesting advanced renal failure). ANA and ANCA antibodies were negative. Patient A was characterized with subnephrotic, although significant, proteinuria (daily urinary protein loss of 2.7 g/ 24 h), whereas patient B was nephrotic at the time of biopsy (daily urinary protein loss of 5.4 g/ 24 h) and had erytocyturia. Both patients underwent kidney biopsy; the results revealed in both cases a largely

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similar appearance of advanced crescentic GN with crescents involving more than 50% of glomeruli. Despite the advanced stage of this pathology, in both cases immunosuppresive therapy was attempted considering the dynamic course of the disease, its short history and young ages of both patients. Patients were treated according to the standardized protocol, with three 500 mg pulses of methylprednisolone followed by oral methylprednisolone, combined with IV cyclophosphamide (doses adjusted to renal function).

Results and discussion. In patient A a continuous deterioration of renal function was observed which prompted us to discontinue treatment after the third cyclophosphamide dose and to begin renal replacement therapy. In patient B after 6 dozes of cyclophosphamide an excellent clinical outcome was observed with a complete remission of proteinuria and stabilization of renal function. In both cases immunosuppresive therapy was well tolerated.

Conclusions. An analysis of our two cases suggests that it is beneficial to implement the immunosuppressive treatment even in advanced crescentic GN with an apparently poor prognosis. It also indicates that renal biopsy – although of paramount clinical importance – does not always predict renal outcome in RPGN.