

# CASE OF FORTNIGHT

## **CASEHISTORY:**

51-year-old female who is a known hypertensive and dyslipidemia presented with bilateral lower limb swelling for 1 month, rise in creatinine level and sub-nephrotic range proteinuria.

## **LABPARAMETERS:**

Serum Creatinine: 2.16mg/dl,

Serum Albumin:3.8mg/dl,

24hr urine protein:1673mg,

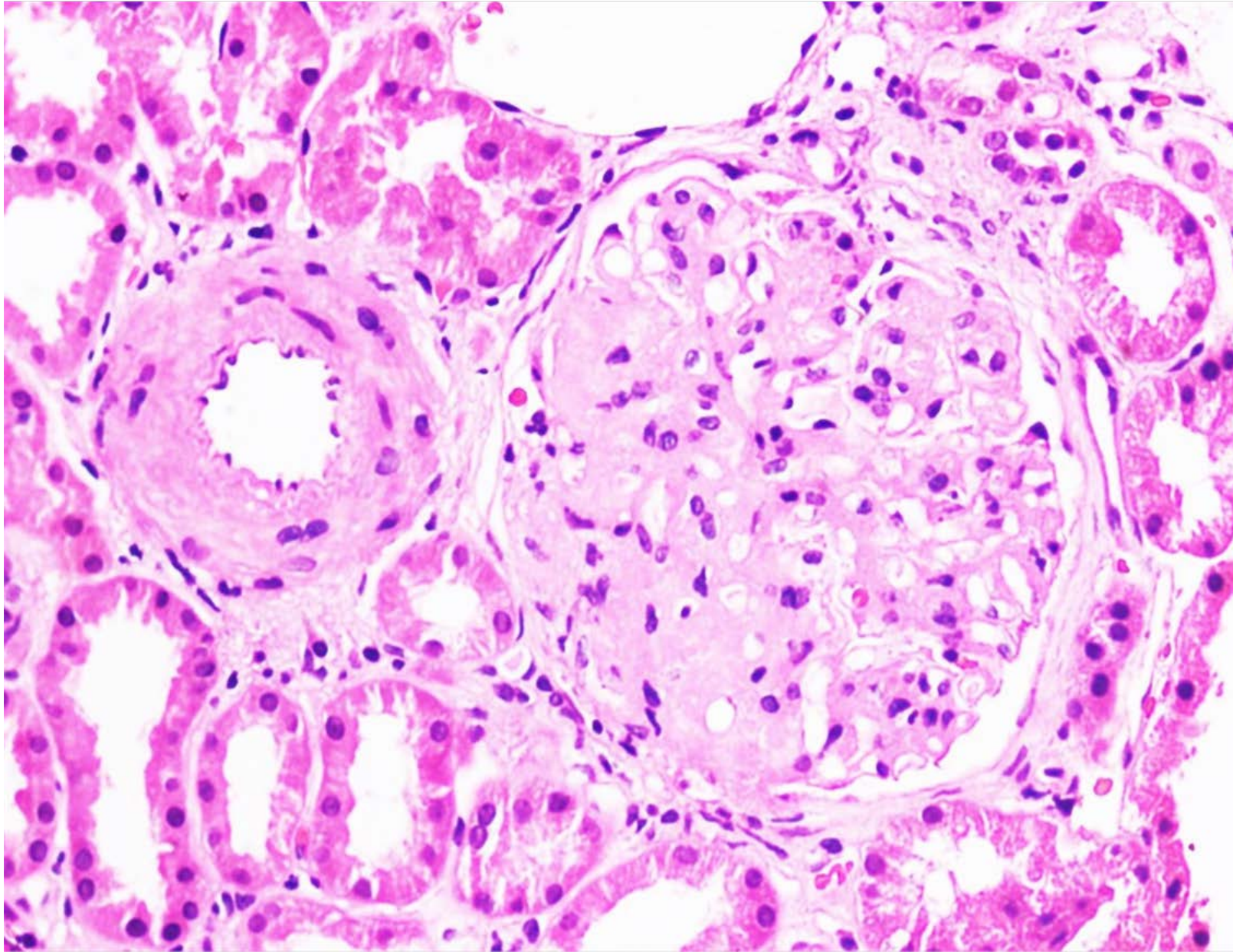
Urine examination: RBC:4-5 /hpf, WBC:4-5 /hpf,

Serum Complements: within normal limits.

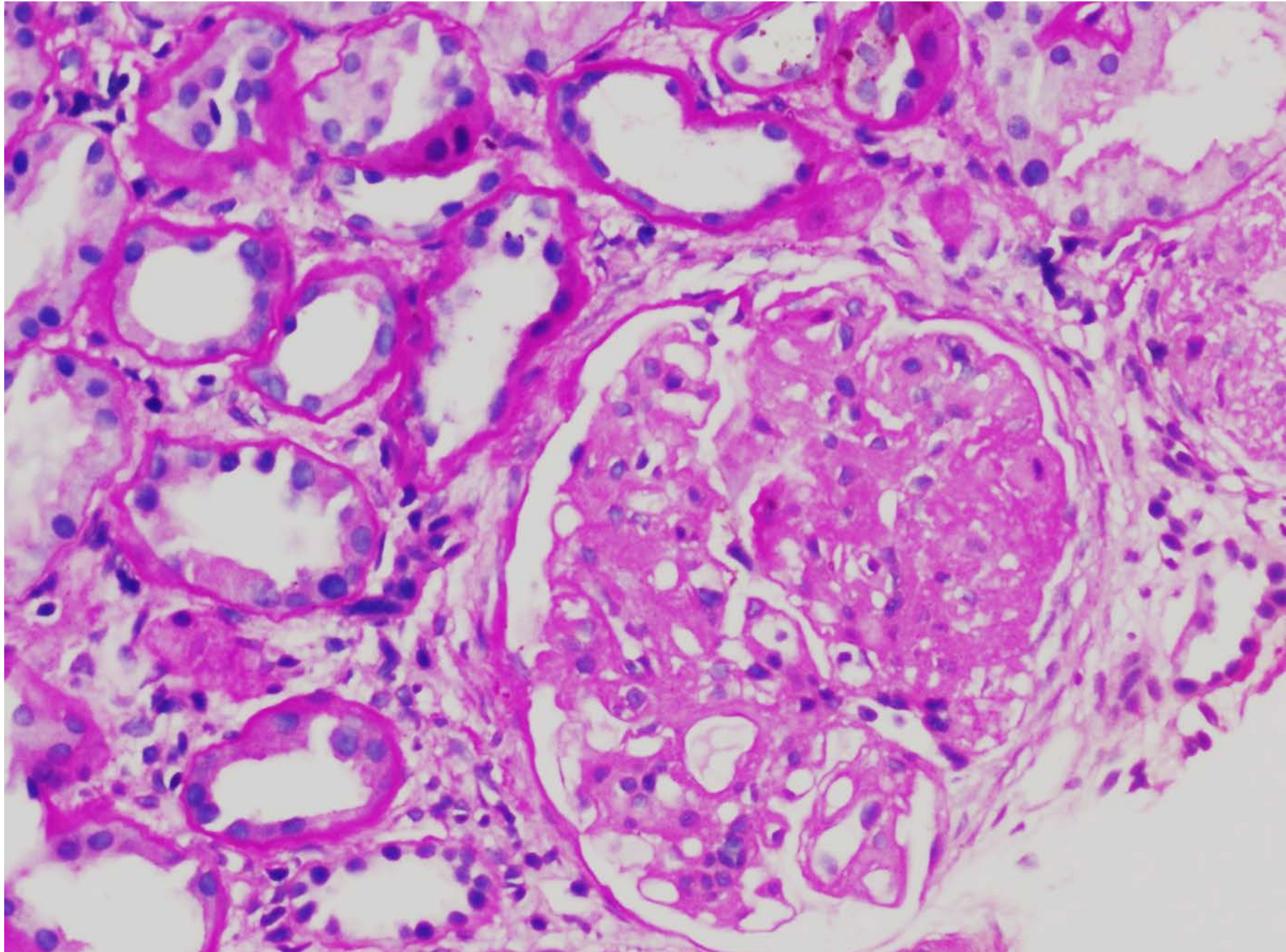
ANA: Negative,

Hepatitis B, C, HIV screen- Negative.

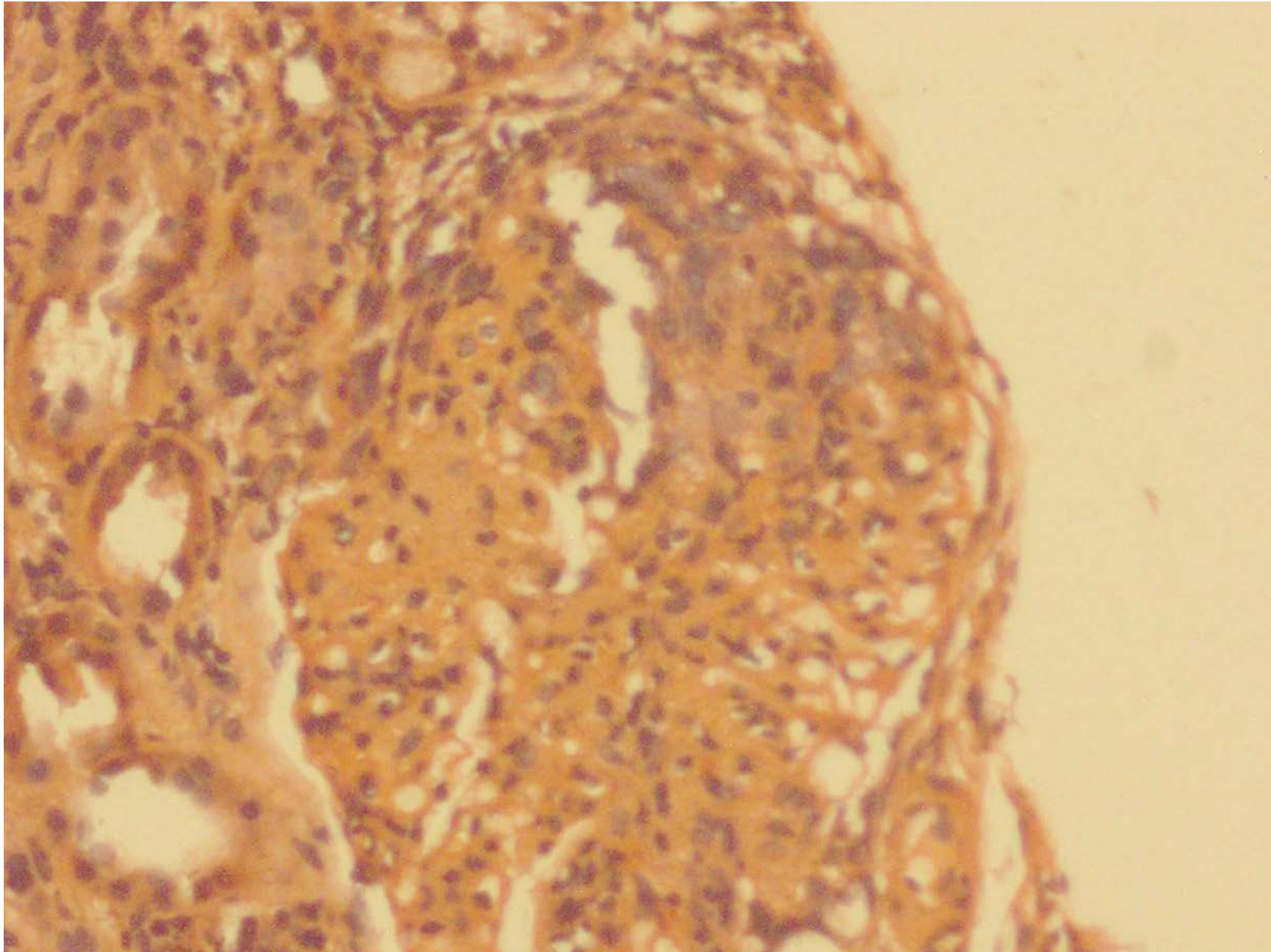
**Light microscopy:** Glomerulus with marked mesangial expansion by eosinophilic homogenous deposits along with mild mesangial hypercellularity. Adjacent arteriole shows moderate intimal sclerosis.



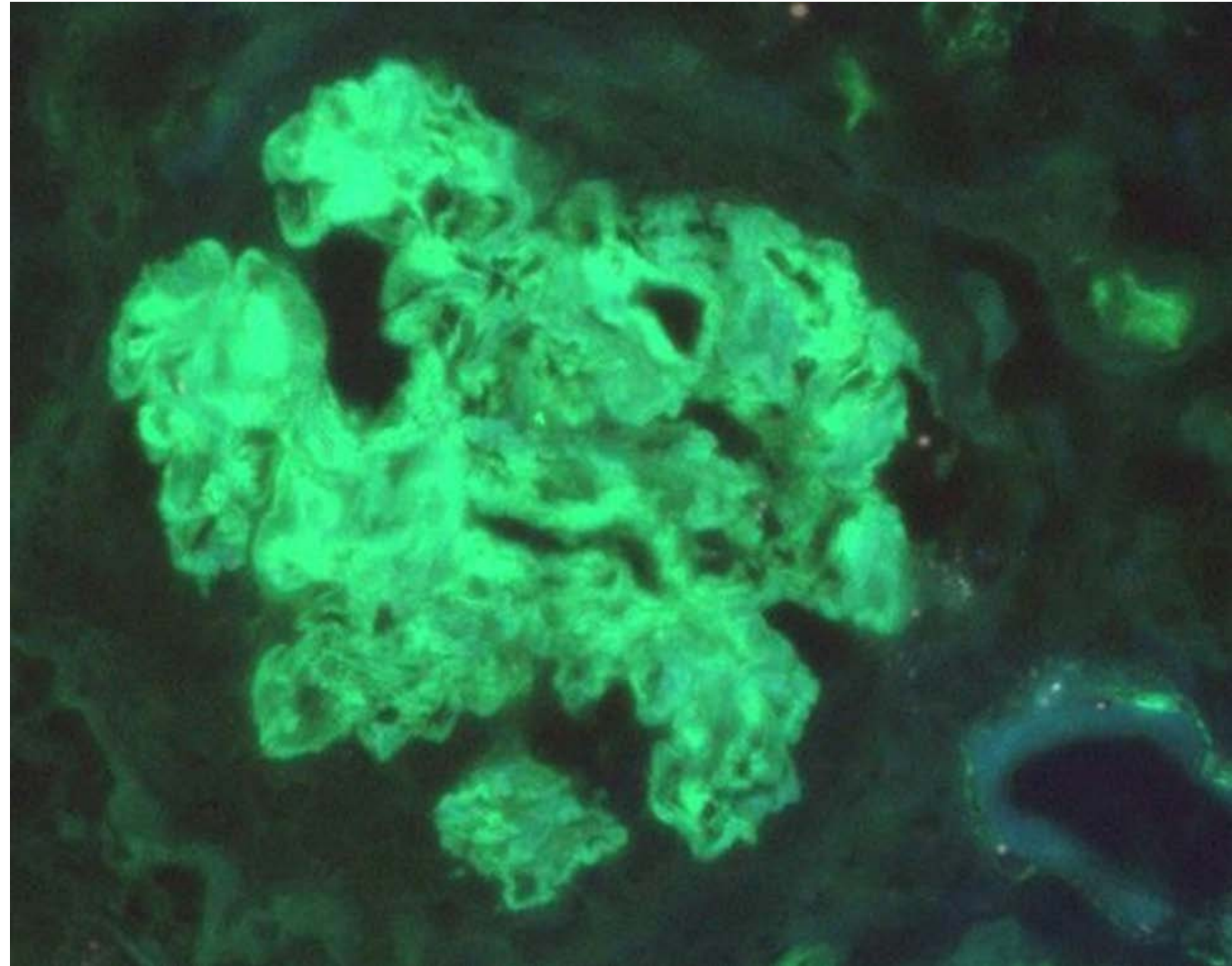
**PAS stain:** Glomerulus show deposits which are PAS (positive)



**CONGO RED stain:** The Mesangial deposits do not demonstrate any apple green birefringence with polarized light



**Immunofluorescence microscopy:** The photomicrograph shows strong smudgy glomerular mesangial and segmental capillary wall staining for IgG (4+ intensity). There was also staining for C3 (1+), IgM (segmental trace), Kappa (segmental trace) and Lambda (1+). C1q and IgA were negative.



**Electron microscopy:** Marked mesangial expansion with presence of thick randomly arranged fibrils (small arrows) (~10-14 nm in diameter)

