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Abdullah Ozkok, Burcu Makbule Sirin, Omer Celal Elcioglu, Ali Bakan & Ali Riza Odabas

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LETTER TO THE EDITOR

Crescentic glomerulonephritis due to IgA nephropathy or propylthiouracil-induced Mpo-Anca positive vasculitis?

A 48-year-old male patient with hyperthyroidism who had been treated with propylthiouracil (PTU) 400 mg/day presented with nausea and vomiting. Since serum creatinine was found 4.51 mg/dL and urinalysis revealed hematuria and 7.8 g/day proteinuria, renal biopsy was performed which showed IgA nephropathy and crescentic glomerulonephritis. Myeloperoxidase-antineutrophil cytoplasmic antibody (MPO-ANCA) was also found to be positive in high titers. PTU was withdrawn promptly and pulse methyl-prednisolone 1 g/day for 3 days and cyclophosphamide 600 mg was started intravenously. Afterwards oral maintenance treatment with methyl-prednisolone was administered in tapering doses. Currently the patient is followed in our Nephrology outpatient clinics with serum creatinine levels of 2 mg/dL without complaints.

PTU, which is a common drug used for the treatment of hyperthyroidism, has several severe complications such as granulocytopenia, hepatitis and vasculitis. ANCA-positive crescentic glomerulonephritis due to PTU has also been well documented.[1,2] However IgA nephropathy together with PTU-induced ANCA-positive crescentic glomerulonephritis has been reported only once in the literature.[3] There are multiple possible explanations for the etiology of crescentic glomerulonephritis in our case; patient may have had previously subclinical IgA nephropathy unrelated to PTU use with the present clinical picture being an ANCA-positive glomerulonephritis secondary to PTU therapy or he may have had rapidly progressive IgA nephropathy only and PTU-induced ANCA positivity was only an incidental finding. Alternatively it may be hypothesized that these two cases represent a novel overlap syndrome of PTU-induced IgA nephropathy and ANCA-positive crescentic glomerulonephritis.

Abdullah Ozkok, Burcu Makbule Sirin, Omer Celal Elcioglu, Ali Bakan, and Ali Riza Odabas

Department of Internal Medicine and Nephrology, Goztepe Training and Research Hospital, Istanbul Medeniyet University, Kadikoy, Istanbul, Turkey

E-mail: abdullahozkok@yahoo.com

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