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A case of IgA nephropathy associated with alcoholic liver cirrhosis

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Introduction: Alcoholic liver cirrhosis is associated with abnormalities of IgA, which lead to mesangial IgA deposits with possible development of secondary IgA nephropathy. There have been few reports regarding the IgA nephropathy in patients with alcoholic liver cirrhosis in Korea. Here, we report a patient with alcoholic cirrhosis who developed IgA nephropathy. **Case:** A 68-year-old man was admitted for evaluation of azotemia. He had a history of alcoholic liver cirrhosis. Laboratory findings are shown in total protein was 6.78 g/dL, albumin was 2.64 g/dL. BUN and creatinine levels were 43 and 5.22mg/dL respectively. Twenty-four hour urinary protein excretion was 5.7 g. Computed tomography showed cirrhotic change of liver with splenomegaly, varices and ascites is noted. Small esophageal varices with a negative red color sign were detected by endoscopy. Renal biopsy was performed to evaluate the cause of azotemia. Light microscopy (LM) was diffuse glomerular endothelial injury pattern, tram-track appearance of glomerular basement membrane (Figure 1A). Immunofluorescence was positive for IgA and C3, predominantly in the mesangium and GBM, while there was no immunostaining for IgG, IgM, C4, and C1q (Figure 1B). Electron microscopy showed many large electron dense deposits without any organized internal structure in the GBM and similar deposits in the mesangium (Figure 1C). **Discussion:** Both IgA nephropathy and alcoholic liver cirrhosis were associated with structural changes or abnormal metabolism of IgA. IgA nephropathy should be considered as a cause of renal dysfunction in patients with alcoholic liver cirrhosis. **Key Words:** IgA nephropathy, Alcoholic Liver cirrhosis, proteinuria.

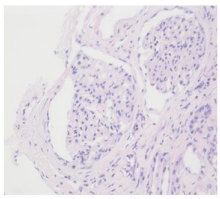

Figure 1A

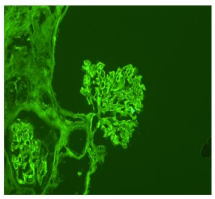

Figure 1B

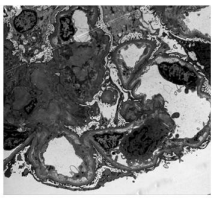

Figure 1C

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Liver cirrhosis caused by chronic HBV after kidney transplantation in an HBsAg (-) recipient

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Introduction: The rate of hepatitis B reactivation after kidney transplantation has not been well defined. Data is limited to few case reports and studies; the incidence of reactivation varies from 0% to 4%. We report a case of liver cirrhosis caused by chronic B hepatitis after kidney transplantation in a patient who did not have HBsAg before. **Case presentation:** A 68-year old man was admitted for abdominal distension for 2 weeks. He had received a deceased-donor renal allograft 3 years previously and had maintained a stable serum creatinine level (1.6-1.8 mg/dL). His original renal disease was IgA nephropathy. He received triple immunosuppression with tacrolimus, MMF and prednisolone. At the time of transplantation, HBsAg and HBsAb were negative in both the donor and the recipient. On admission, he had a temperature of 36.7 ºC, pulse rate of 74 beat/min, blood pressure of 114/71 mmHg, and respiratory rate 20/min. His lower extremities showed grade 1 pretibial pitting edema. Ultrasonography showed favorable perfusion in the transplant kidney. However, chronic hepatitis and moderate ascites were observed on computed tomography. [Figure 1] The blood urea nitrogen and serum creatinine concentrations were 24mg/dL and 1.6mg/dL. His serum AST and ALT were 57U/L and 20U/L. The serology results were HBsAg positive, HBsAb negative, HBV DNA of 25,700 x 103IU/mL. [Table 1] His Child-Pugh score was B with a serum albumin 3.4g/dL and an international normalized ratio of 1.31(reference: 0.85-1.15). His high serum-ascites albumin gradient(2.5g/dL ≥ 1.1 g/dL) and low ascitic total protein (1.2 g/dL<2.5 g/dL) suggested liver cirrhosis. After diagnosis of reactivation of chronic B hepatitis, the patient had received entecavir. **Conclusion:** It is important to monitor HBsAb titers regularly in kidney transplant recipients. If the antibody titer is below 10mL/U, HBV vaccination must be done before kidney transplantation.

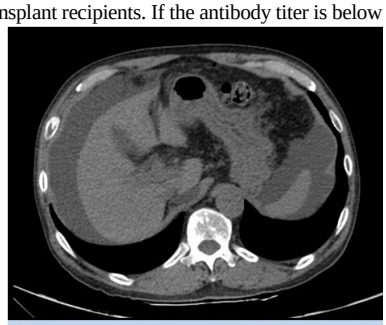

Figure 1] 2017.10.24. Abdomen and Pelvis CT(Nonenhanced)

	2014.06.03	2014.09.20	2017.10.24
HBs Ag	NEGATIVE	NEGATIVE	POSITIVE
HBsAg Rate(S/CO)	0.47	0.23	853.59
HBs Ab	NEGATIVE	NEGATIVE	NEGATIVE
HBsAb Rate(mIU/mL)	2.43	1.78	0.14
HBV DNA PCR(IU/mL)			$25,700 \times 10^3$

Table 1] Patient's serology results