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MALIGNANT HYPERTENSION AND SEVERE CRESCENTIC GLOMERULOPATHY PRESENTING WITH IGA NEPHROPATHY IN A BLACK ADULT

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BACKGROUND Idiopathic IgA nephropathy (IgAN) is a very unusual cause of secondary malignant hypertension in blacks. Although a rapidly progressive nephropathy is known to occur in a few patients, a severe crescentic form of IgAN was found in less than 5% of patients in a large cohort.

METHODS We report the case of a black patient with an unexpected diagnosis of crescentic form of IgAN presenting with malignant hypertension and endstage renal disease.

RESULTS A 51-year-old hypertensive black male was admitted because of malignant hypertension, severe uremia, macroscopic hematuria and nephrotic proteinuria (8.4 g/24 h). He had anaemia (Hb~8,7g/dL), high serum PTH values and his kidneys were 13 cm in size. As HIV and other infections, diabetes, paraproteinemia, cryoglobulins, complement abnormalities and autoantibodies (including antiglomerular membrane and ANCA) were excluded, renal biopsy was performed. Cellular crescents were noted in 3 of 6 glomeruli, the remainder of which were sclerotic. Extensive interstitial fibrosis, tubular atrophy and mesangial co-deposition of IgA, IgM, C3 and C1 were noted in the absence of proliferative endarteritis or fibrinoid necrosis. Pulse methylprednisolone, intravenous cyclophosphamide and oral steroids were started once secondary causes of glomerular deposits of IgA were excluded. Unfortunately, the patient died shortly after due to catheter-related *Staphylococcus aureus* infection.

CONCLUSIONS Although infrequent, crescentic forms of IgAN are associated with poor clinical outcome and rapid decline to end-stage renal disease. Several small trials pointed to stabilization of renal function and reduction of proliferative lesions in these patients with intravenous cyclophosphamide and steroids.

Keyword: IgA nephropathy ,malignant hypertension ,crescentic glomerulopathy