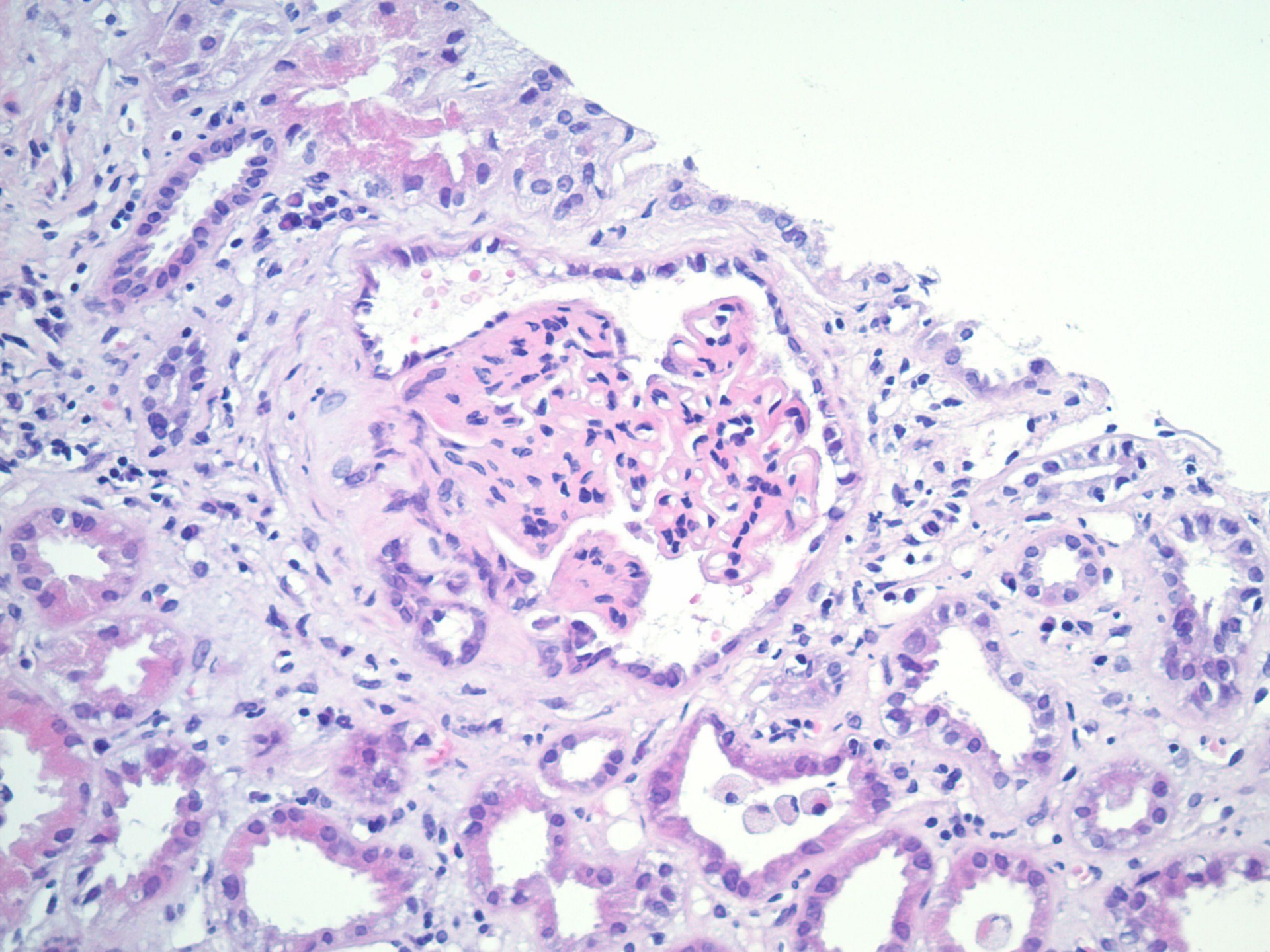
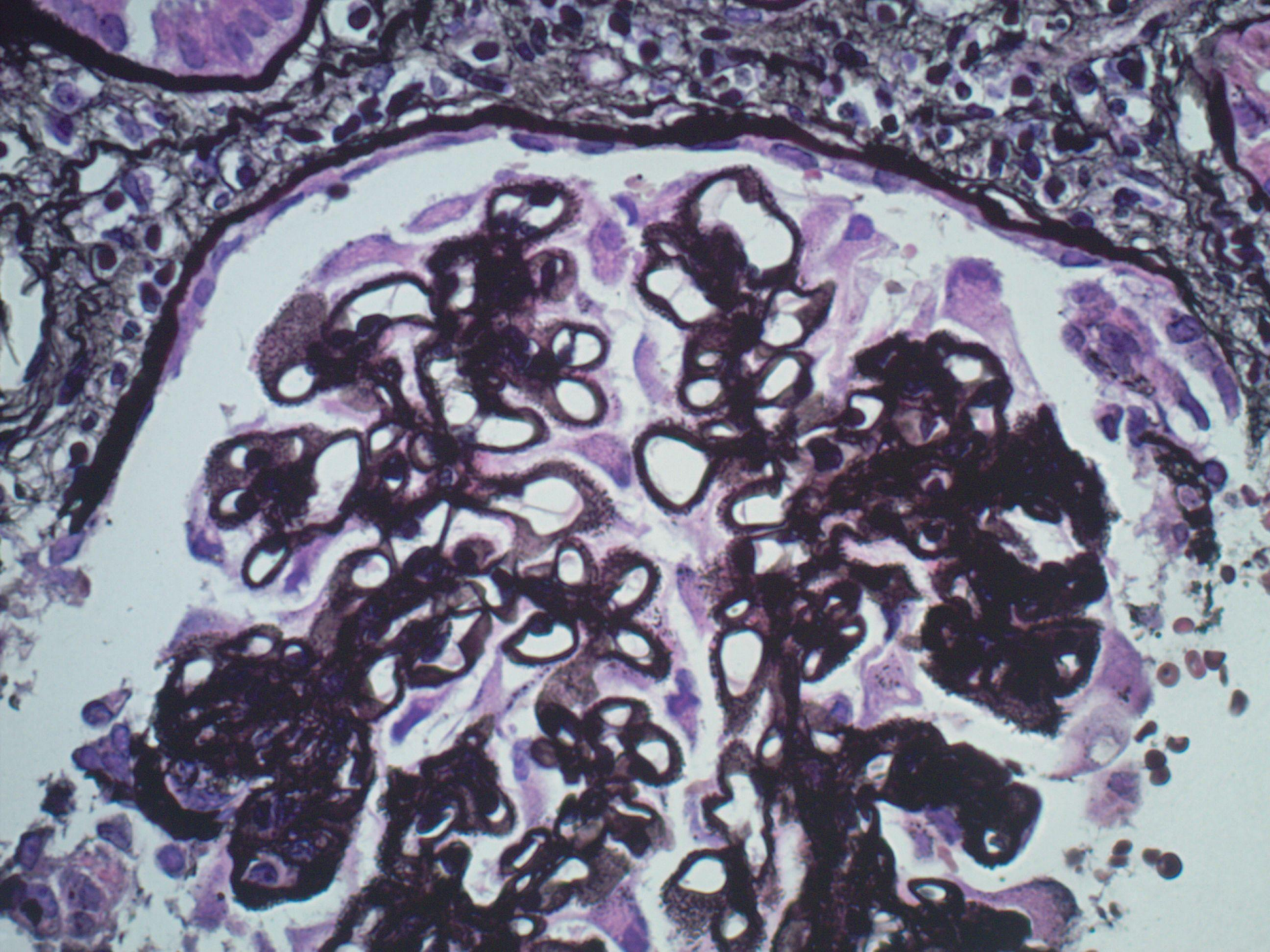
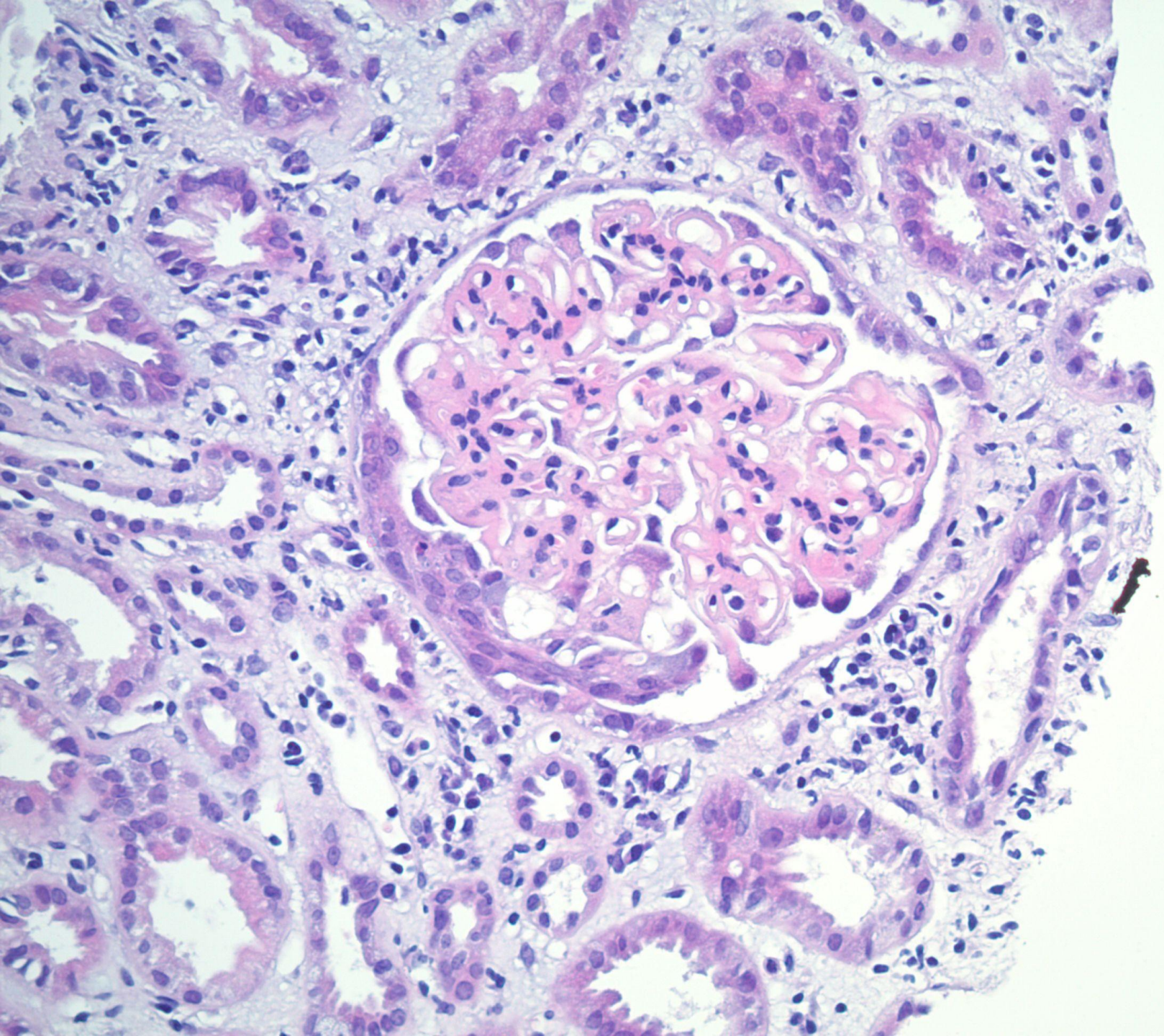


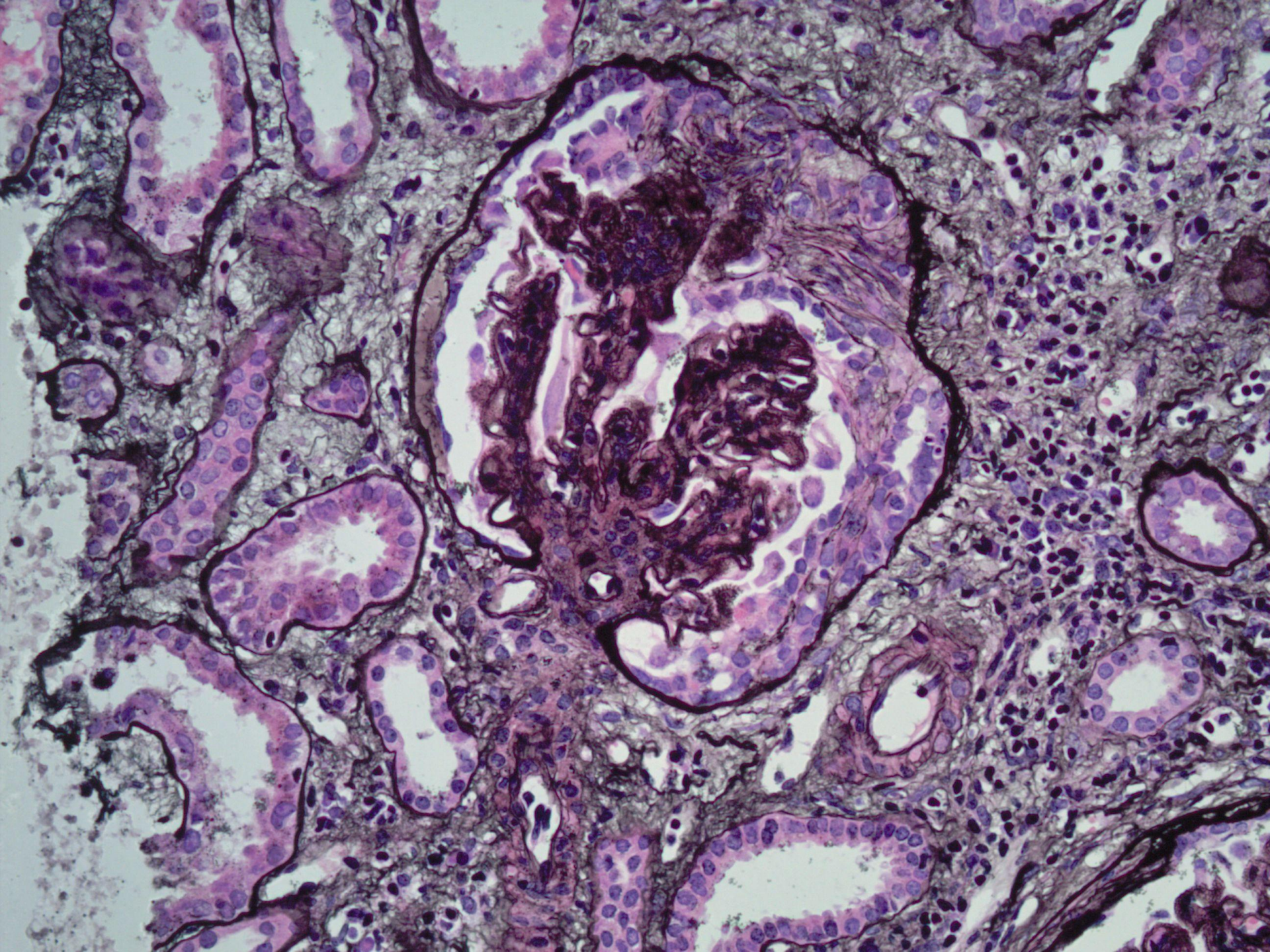
# Case 6

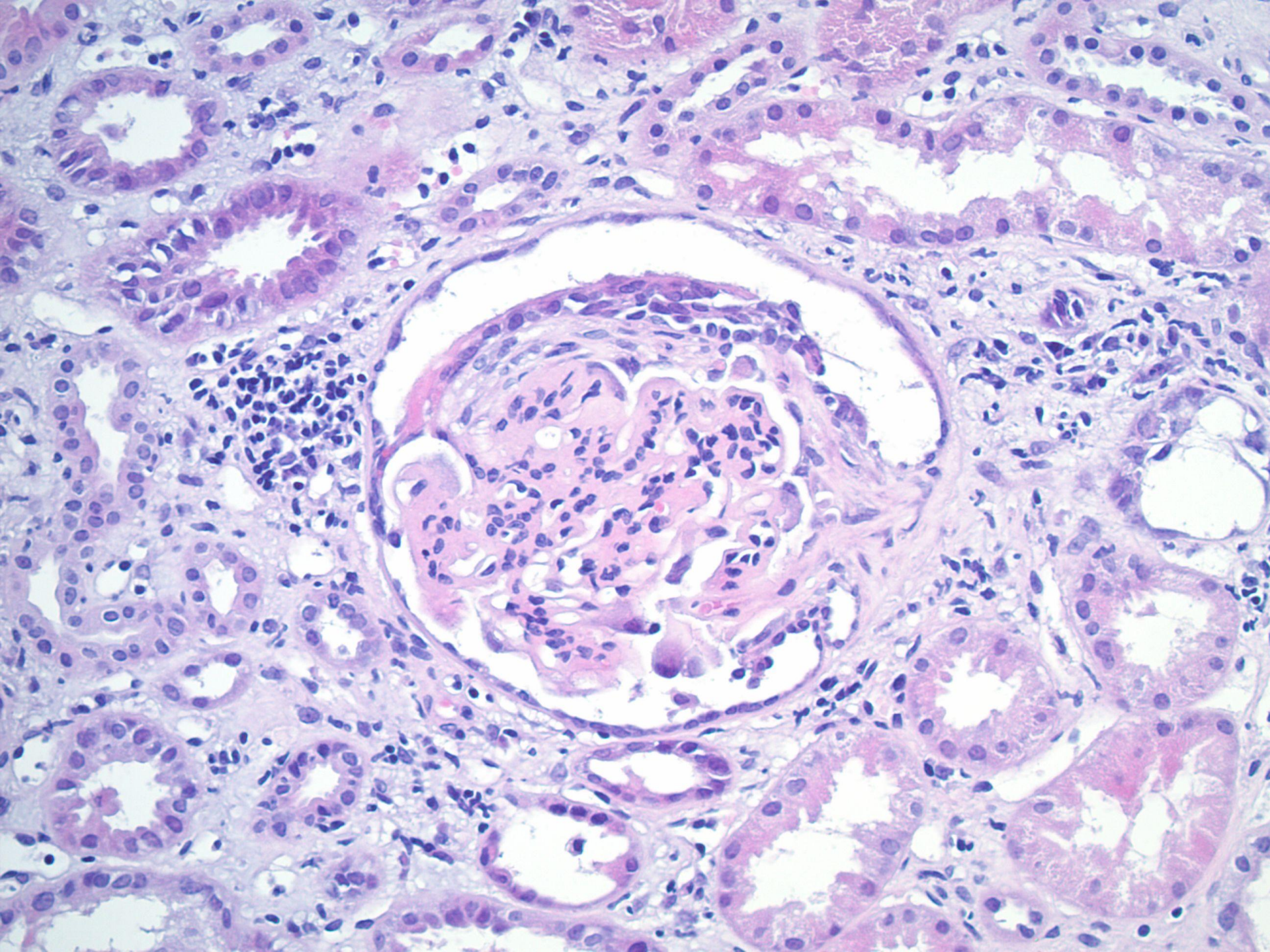
- Female aged 15.
- Persistent heavy proteinuria.
- Impaired renal function.

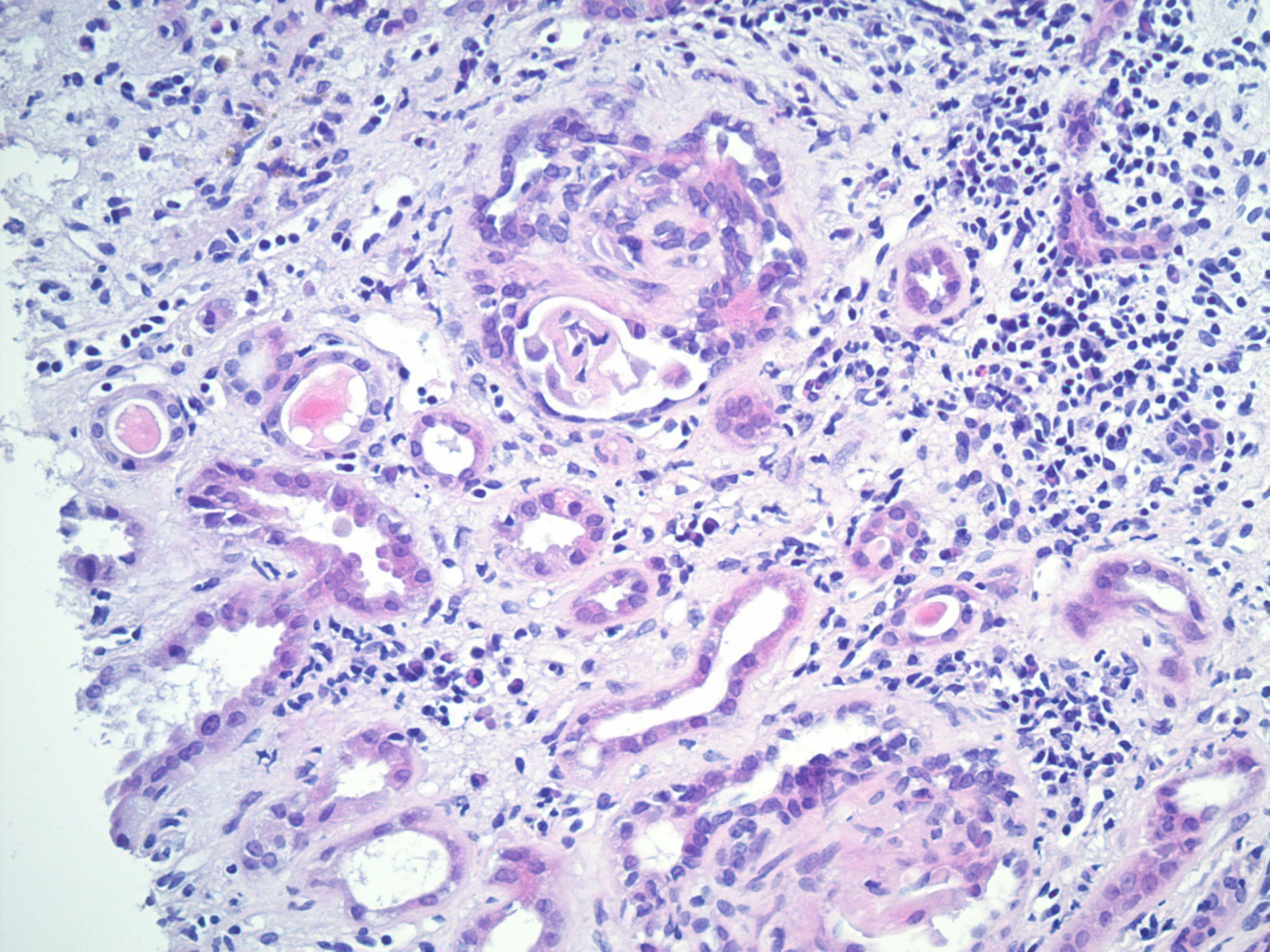




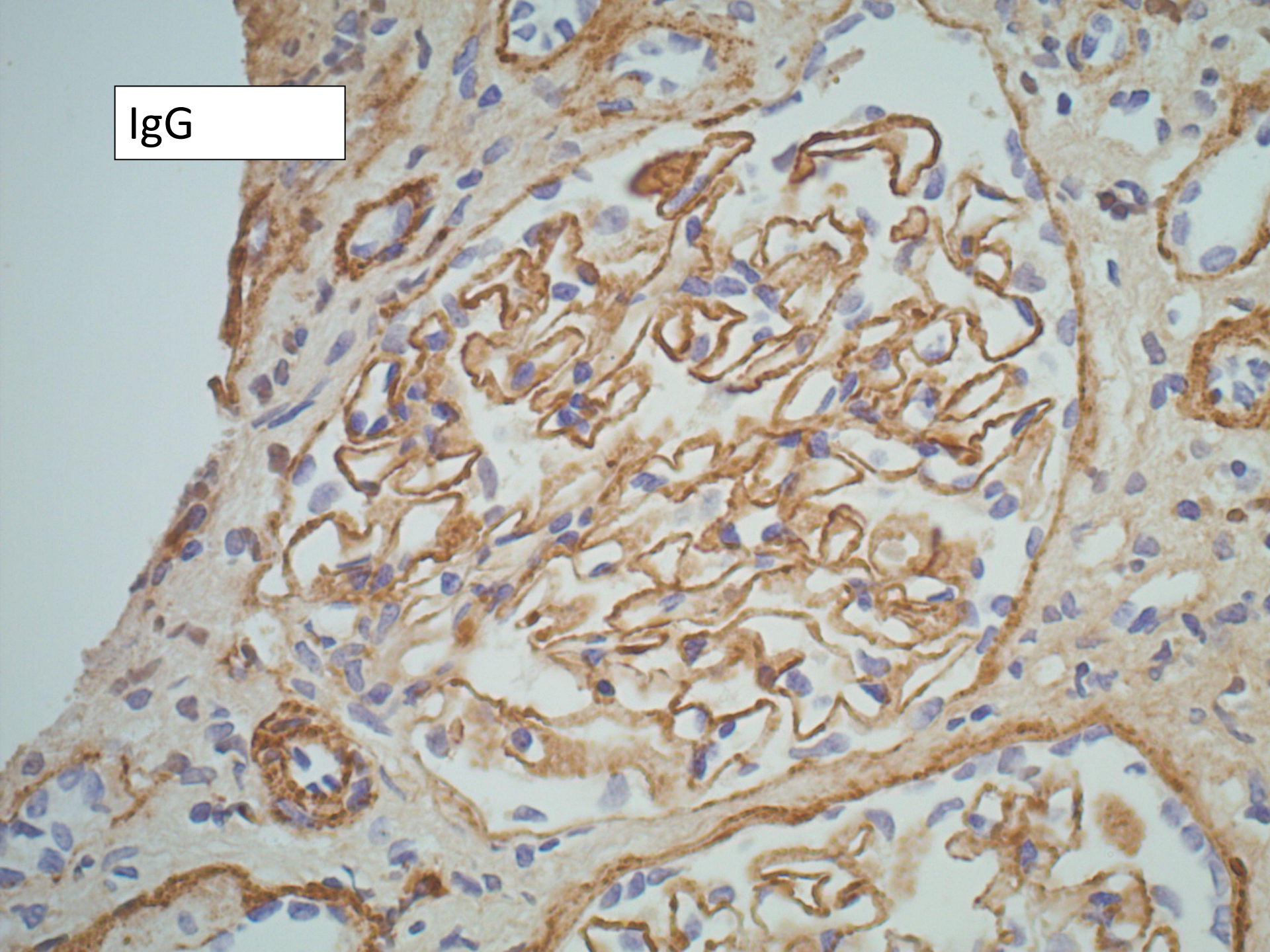


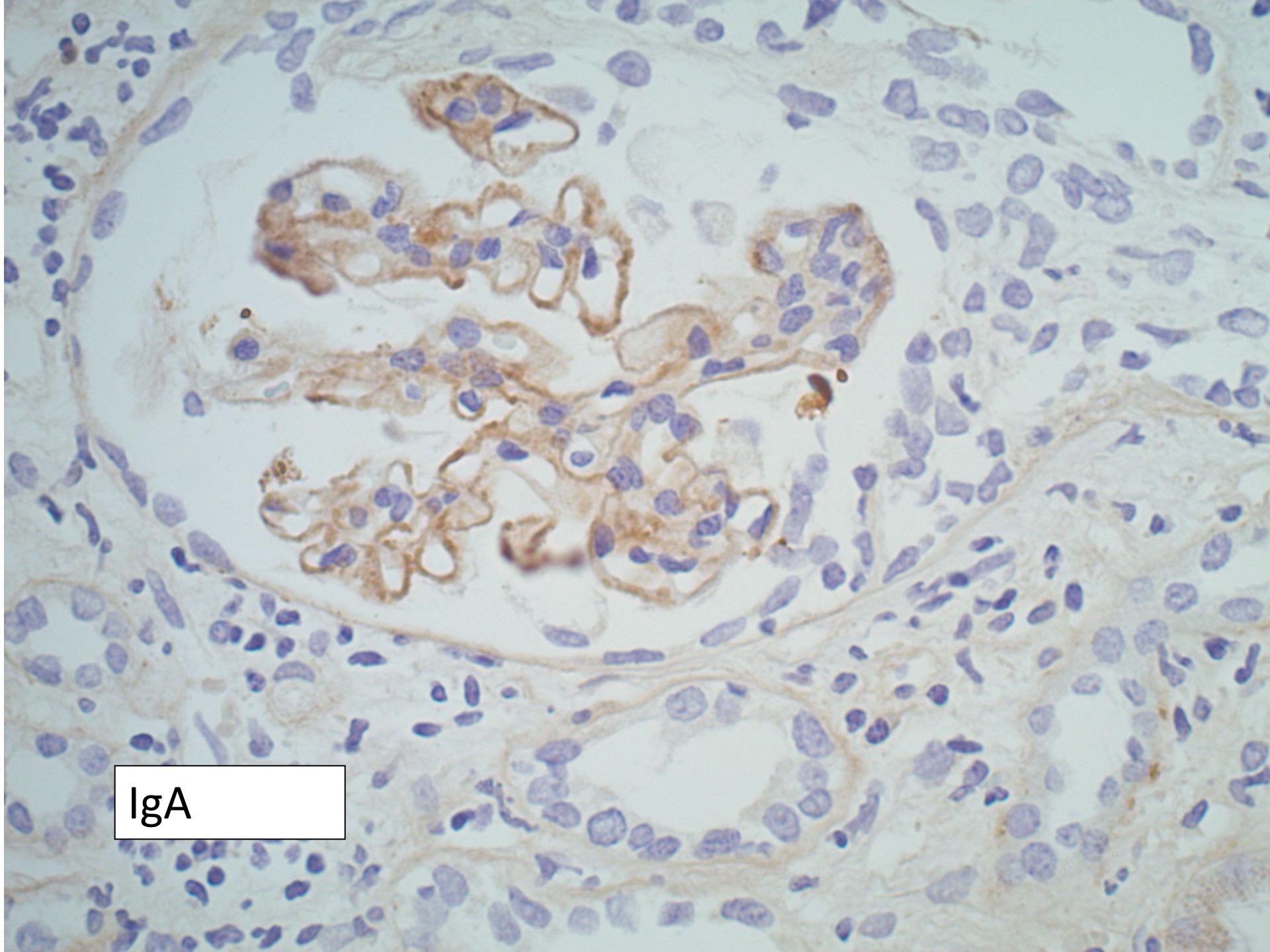




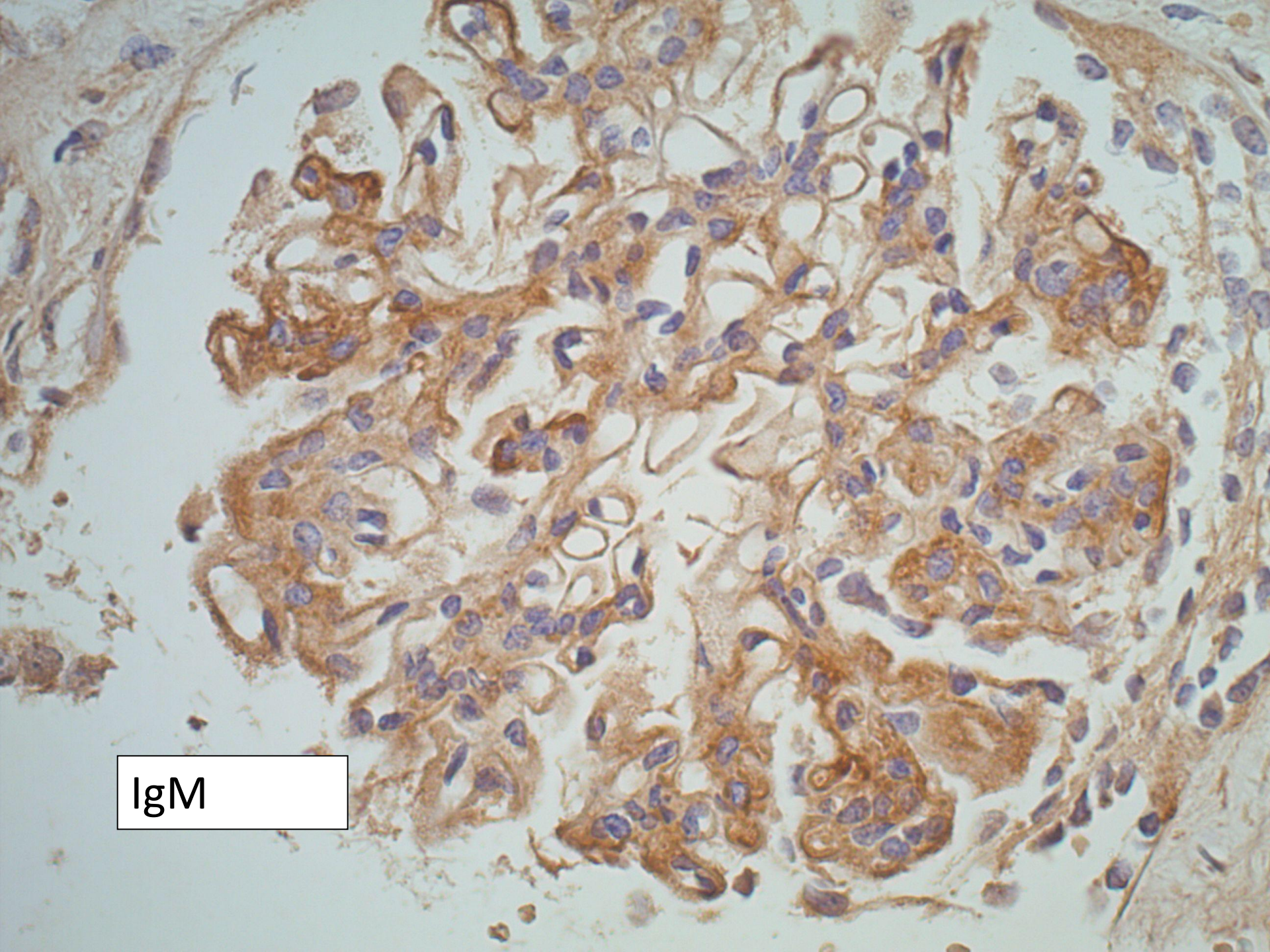


IgG



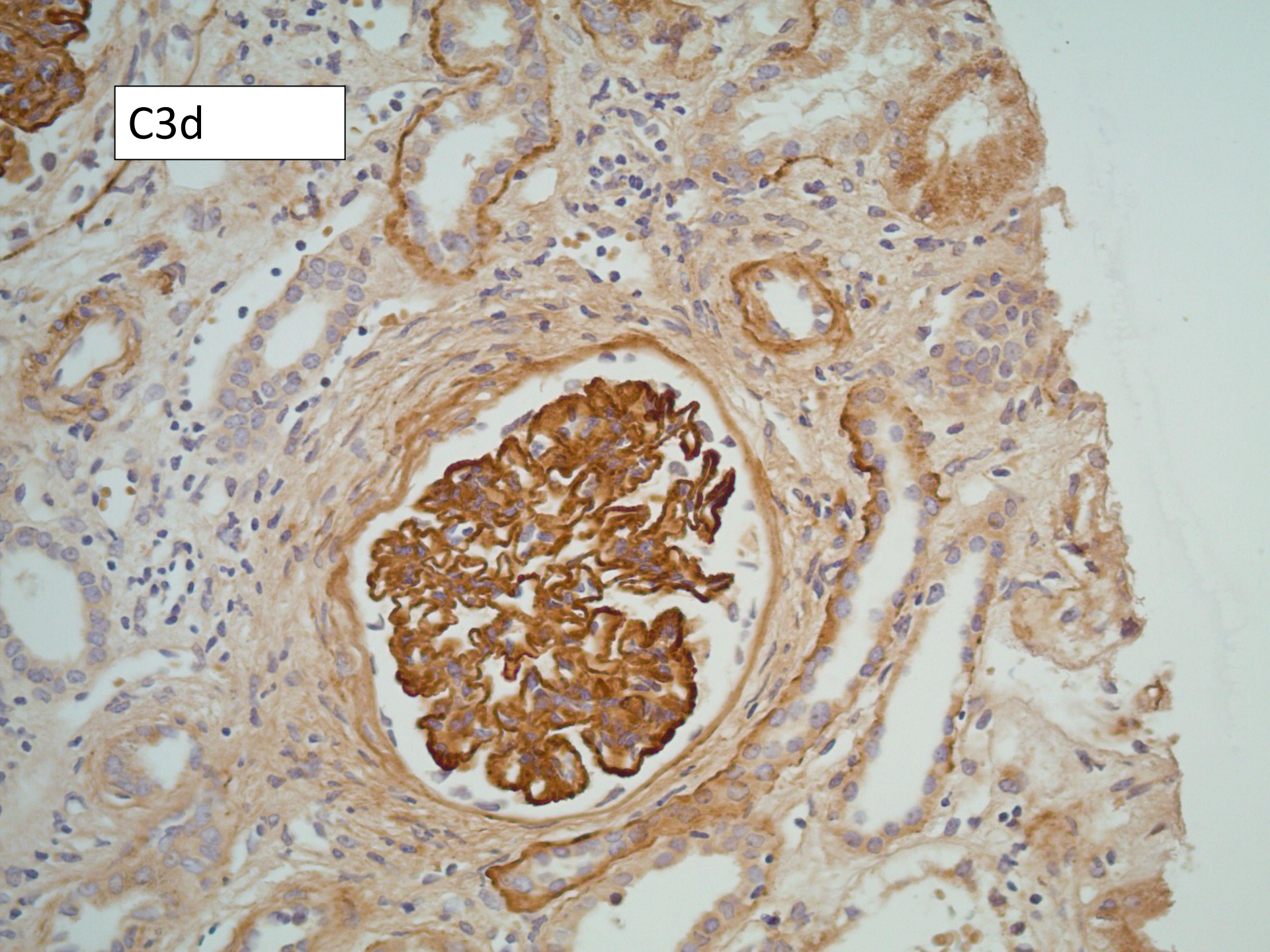


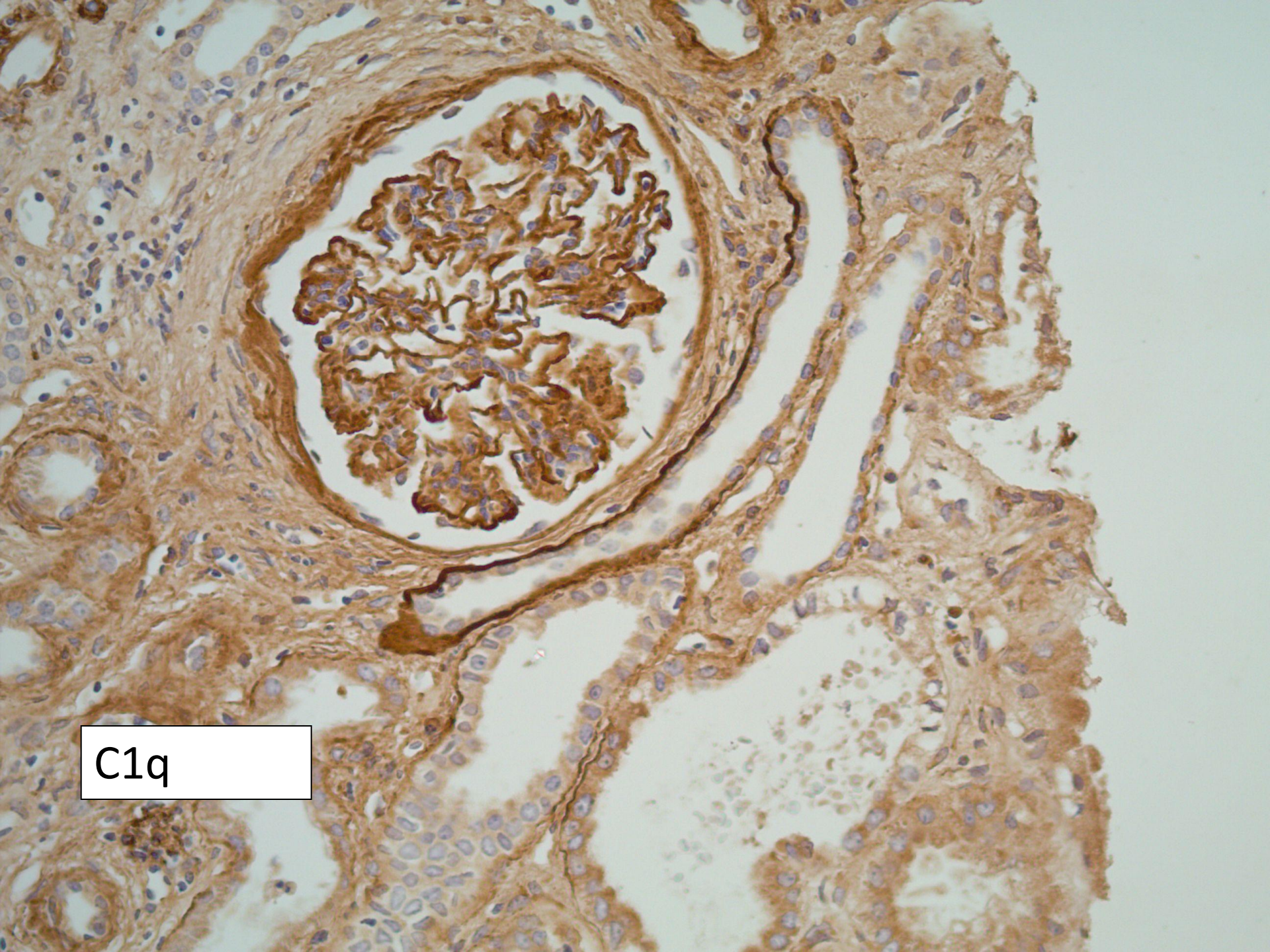
IgA



IgM

C3d





C1q

- What is the diagnosis?
- What other diagnoses are possible?
- What do you want to do to investigate further?

# Investigations

- Presented in 2009 aged 13 with psychosis
- PCR 110, normal renal function
- Positive ANA, dsDNA, anti-Ro, SmAb, RNP Ab
- Diagnosed as cerebral SLE
- Now has end stage renal disease (and many other systemic problems)

# Lupus nephritis

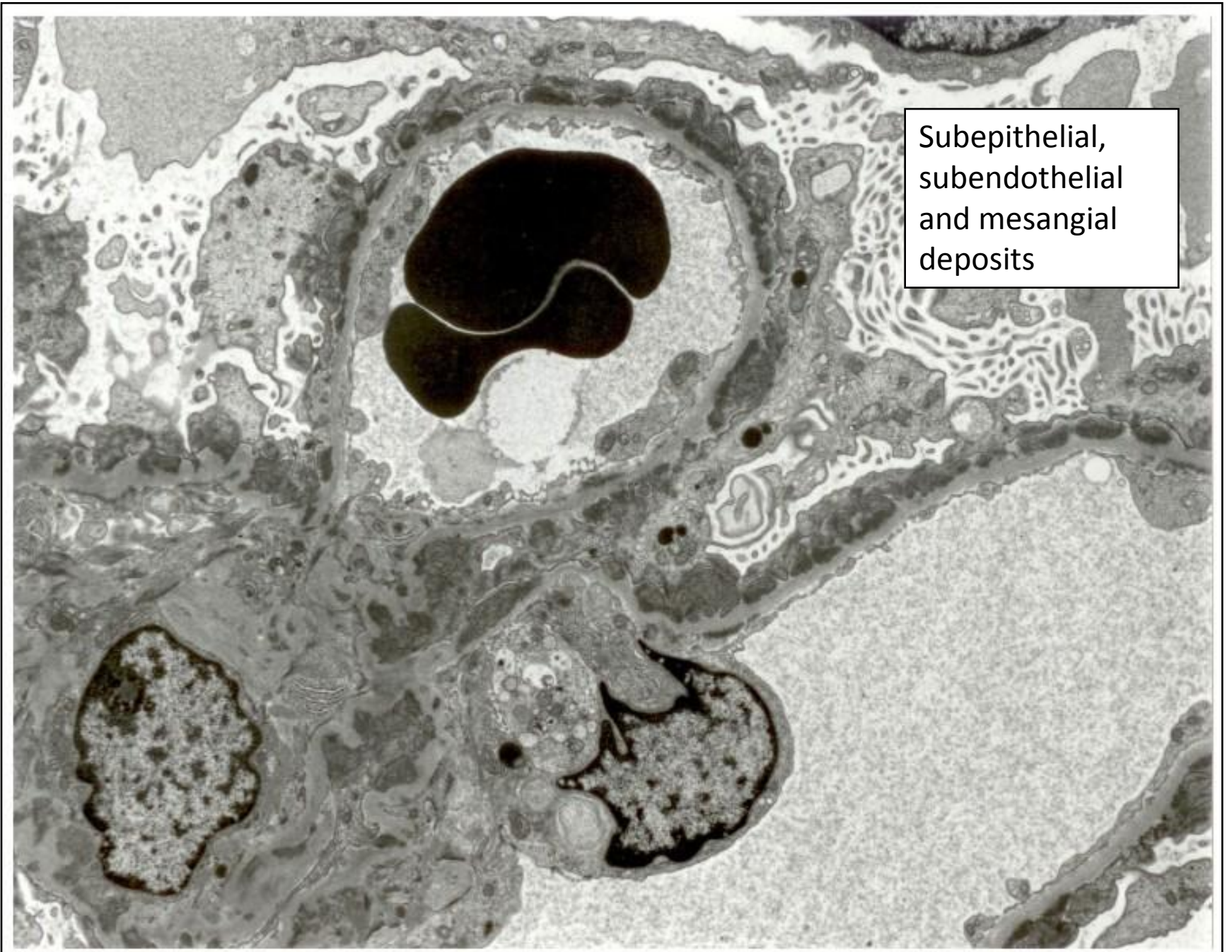
- wide range of histological findings – patterns
- mesangial – cellularity, increased matrix
- endothelial – endocapillary proliferation and / or inflammation
- ISN/RPS classification J Am Soc Nephrol 2004; 15: 241-250

# Classification of lupus nephritis

- class I – minimal mesangial
- class II – mesangial proliferative
- class III – focal – active/chronic
- class IV – diffuse – active/chronic A/C,  
global/segmental G/S
- class V – membranous
- class VI – advanced sclerosis

# Lupus nephritis

- IF/IP – ‘full house’ pattern – IgG, IgA, IgM
- usually also C3 and C1q (and C4)
- EM – mirrors IF
- deposits mesangium, subendothelial and subepithelial
- may have substructure – fingerprint eg
- tubuloreticular inclusions - endothelium



Subepithelial,  
subendothelial  
and mesangial  
deposits

Fingerprint  
pattern

