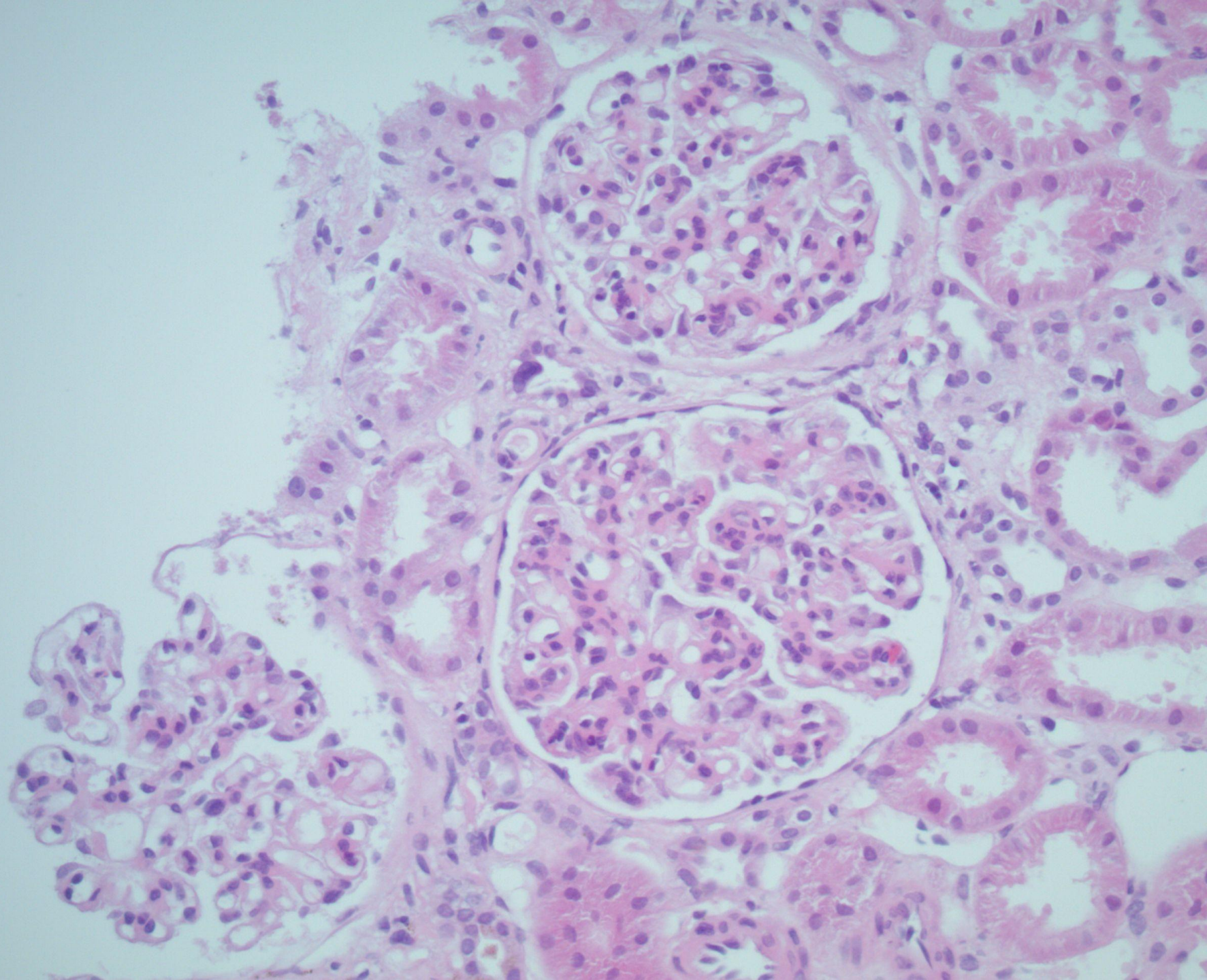
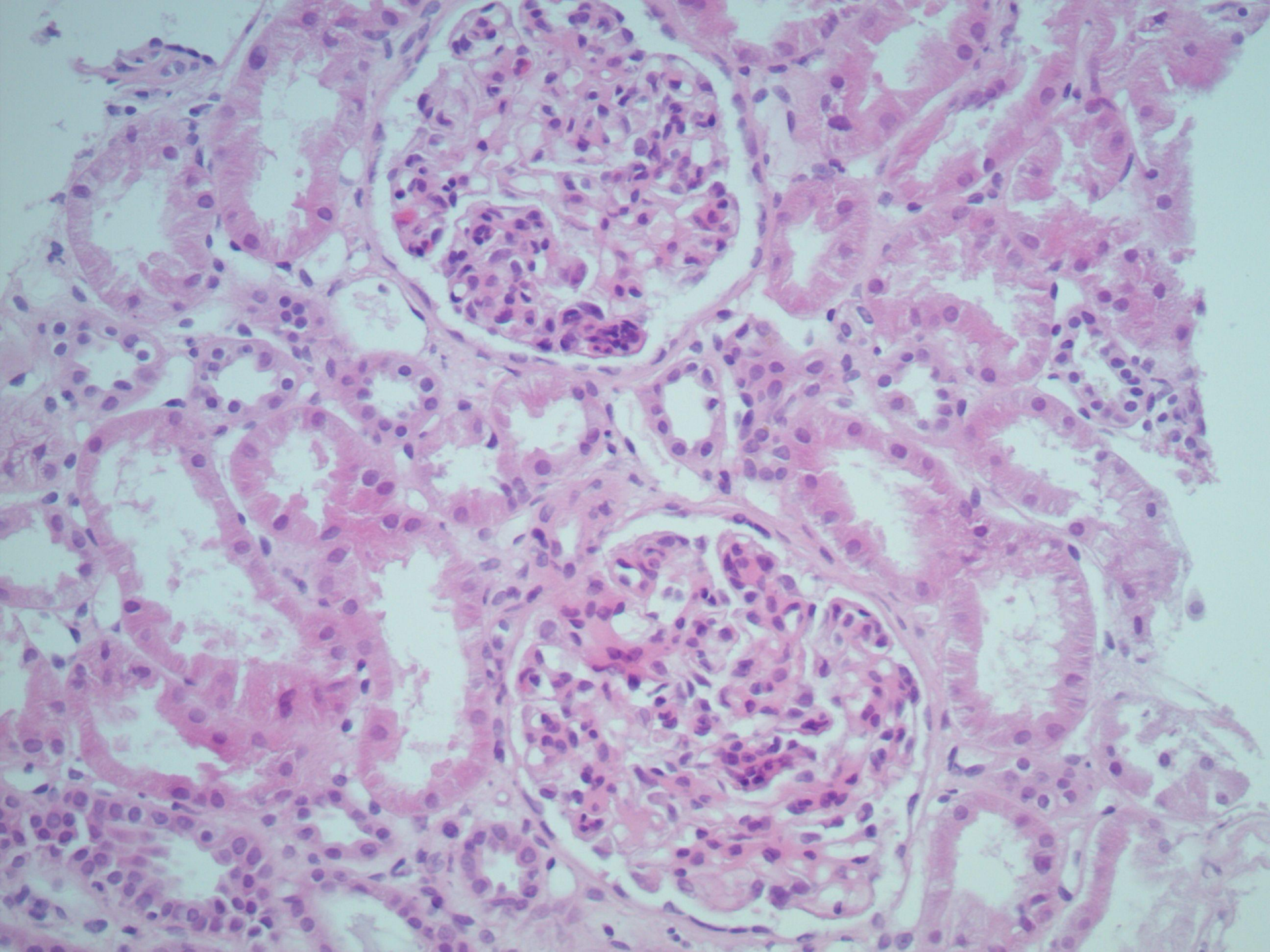
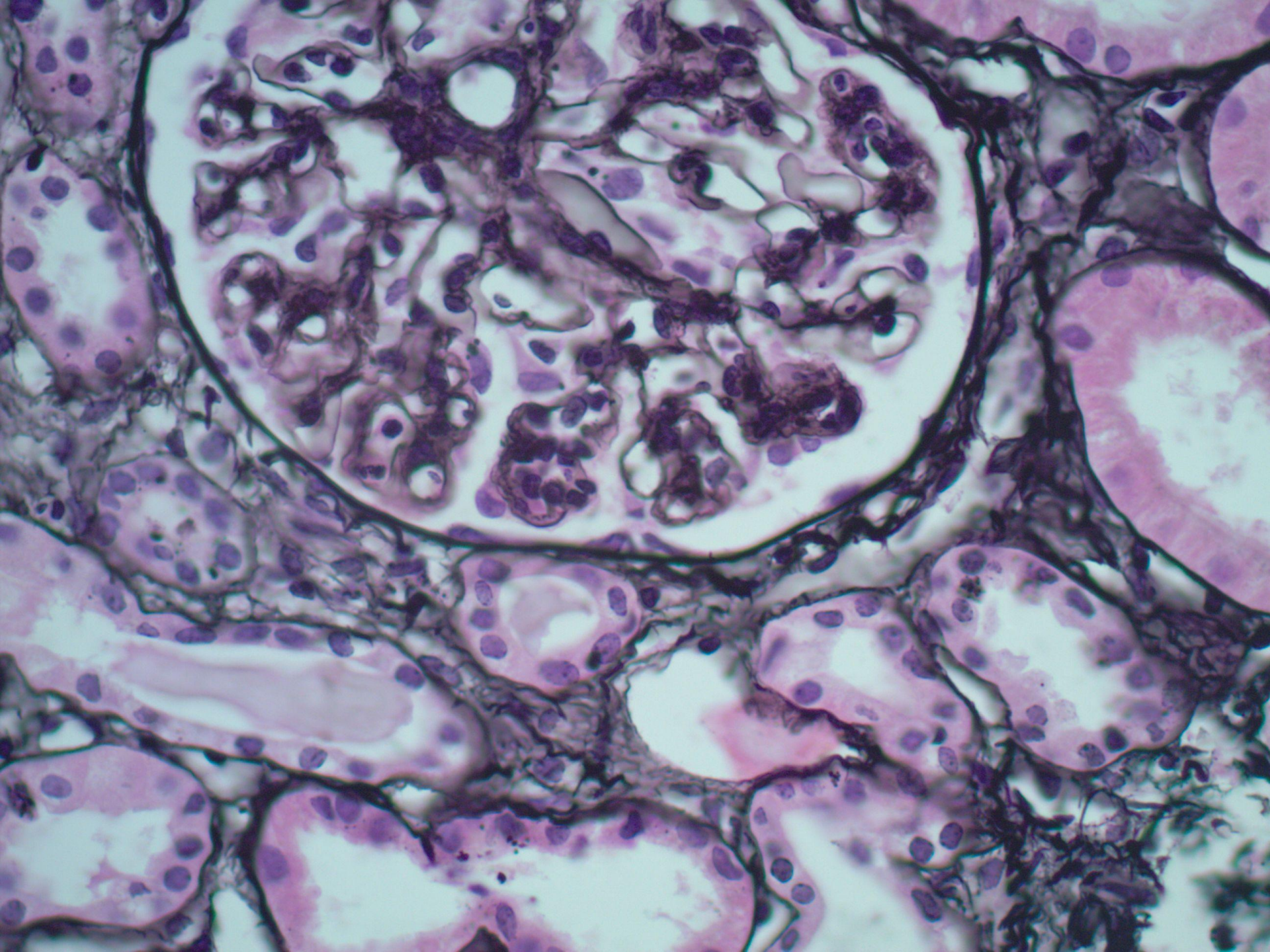


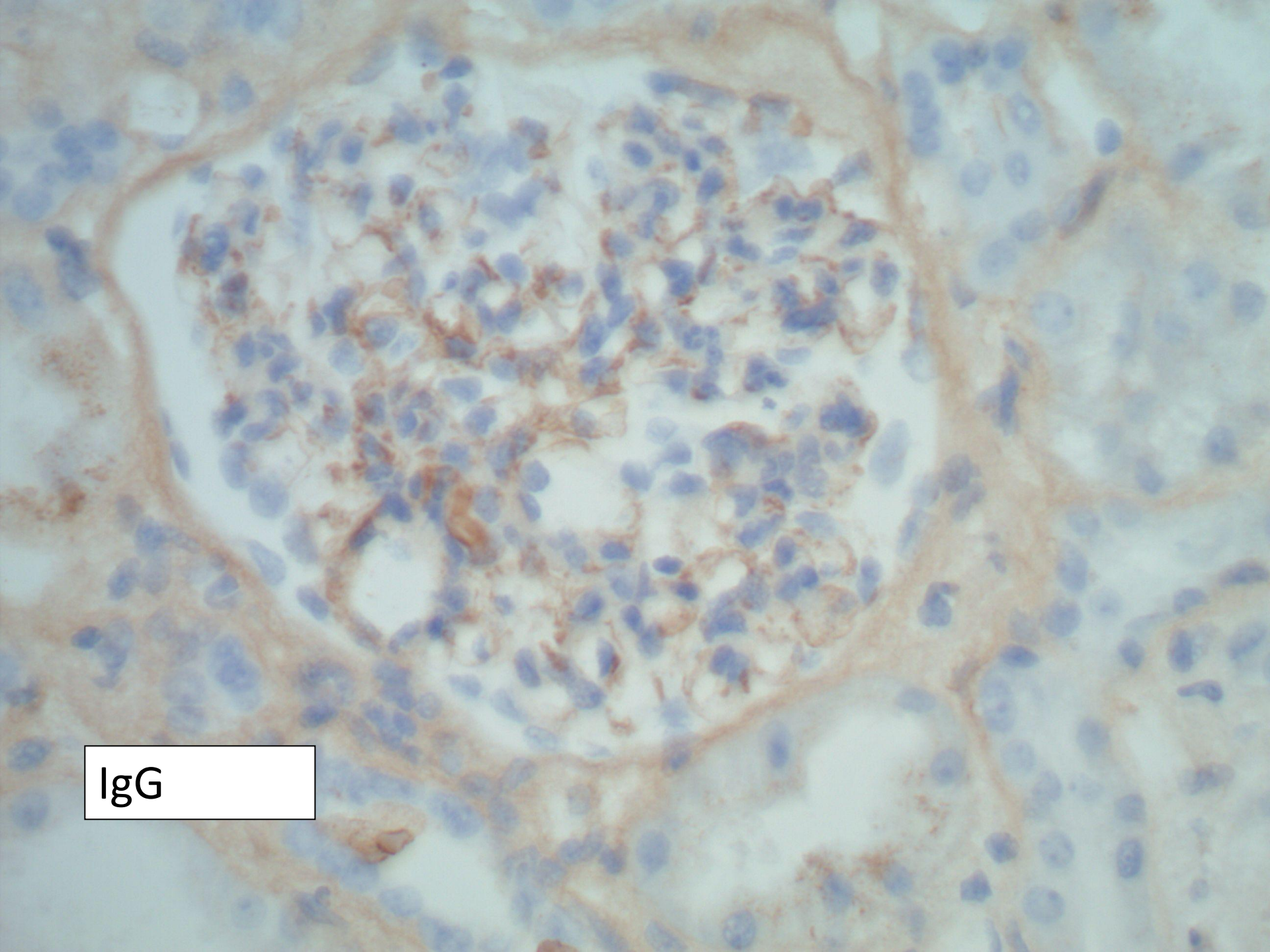
# Case 8

- Male aged 41.
- Haematoproteinuria.
- Rising creatinine.

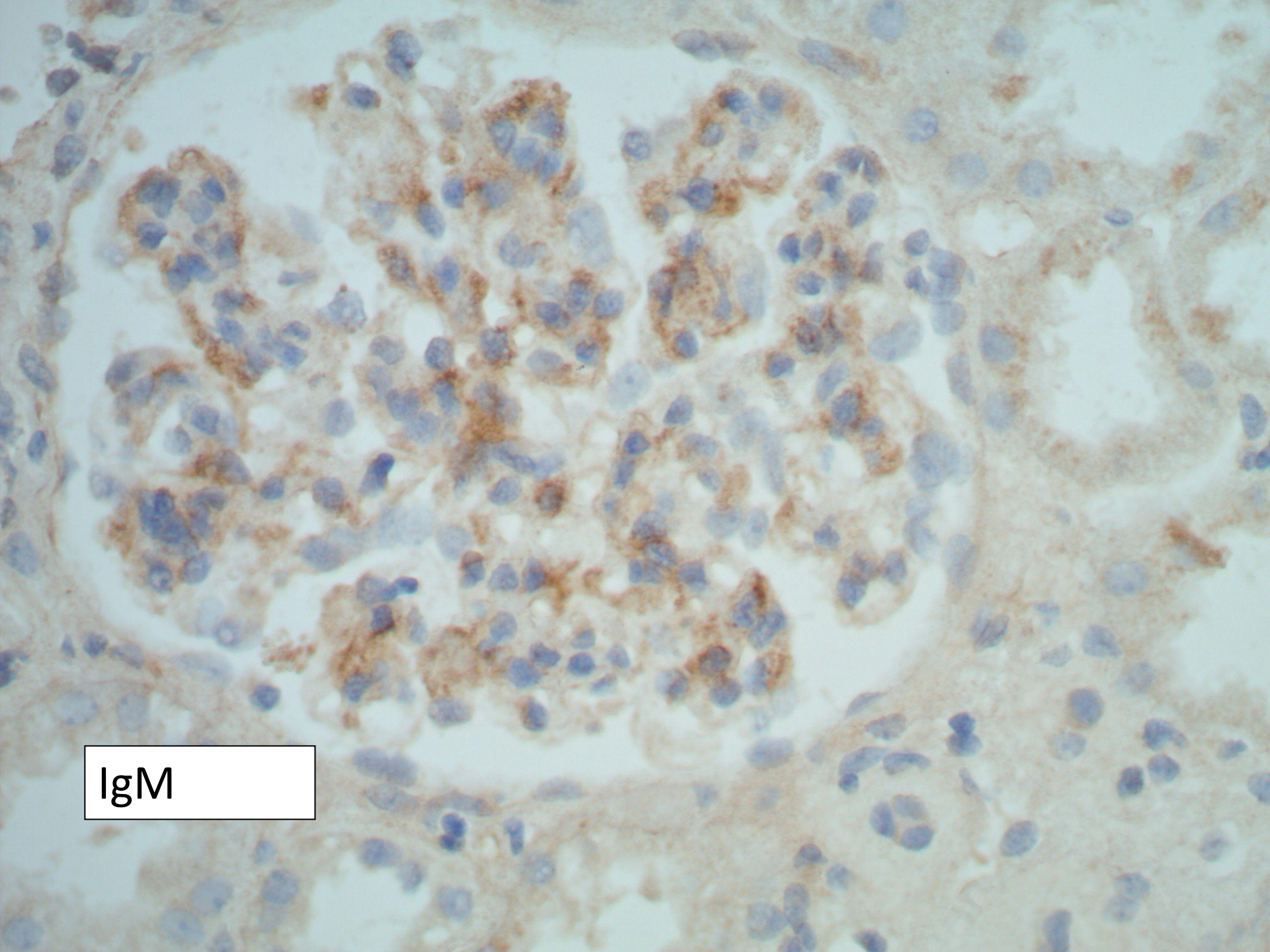




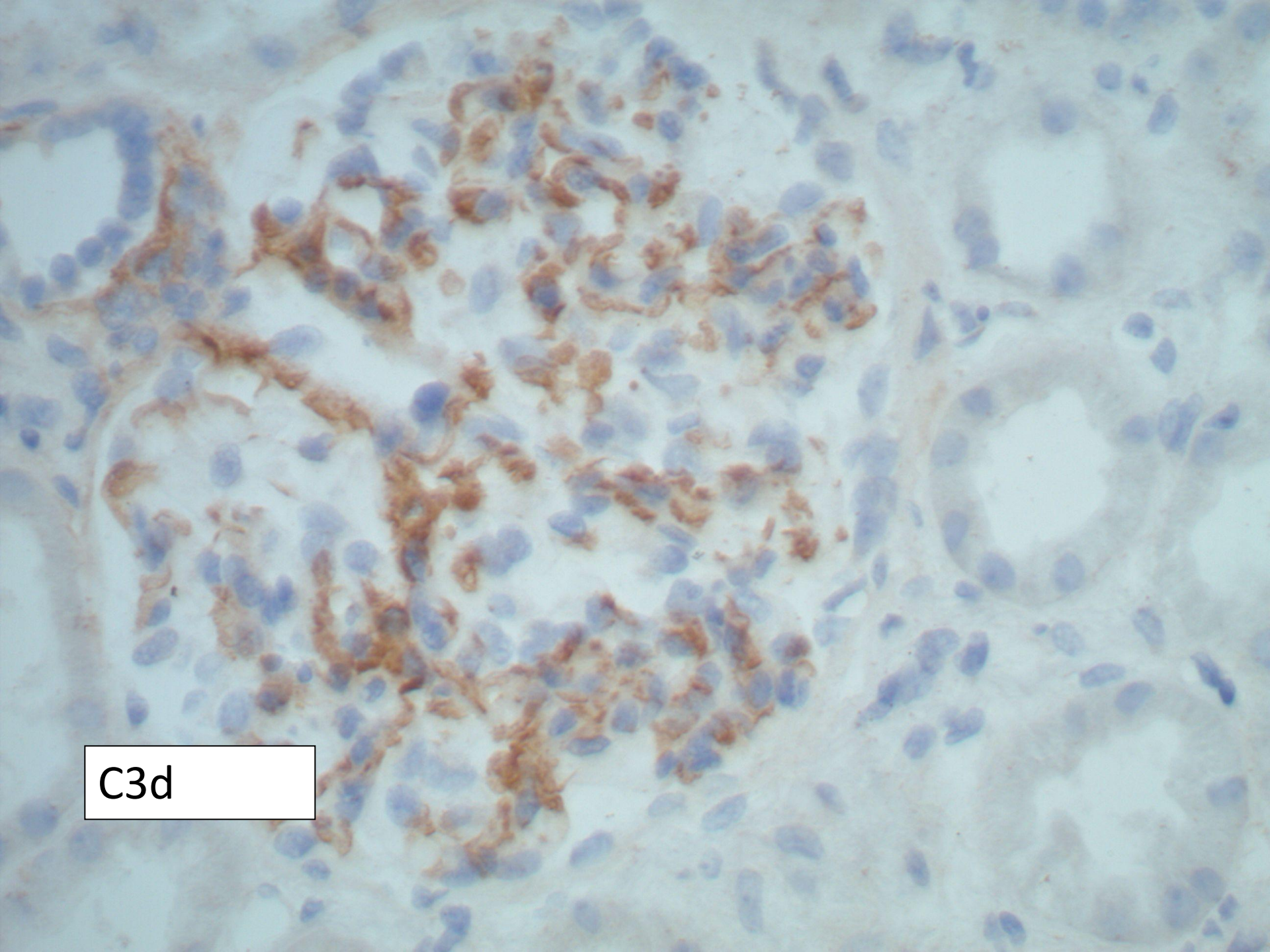




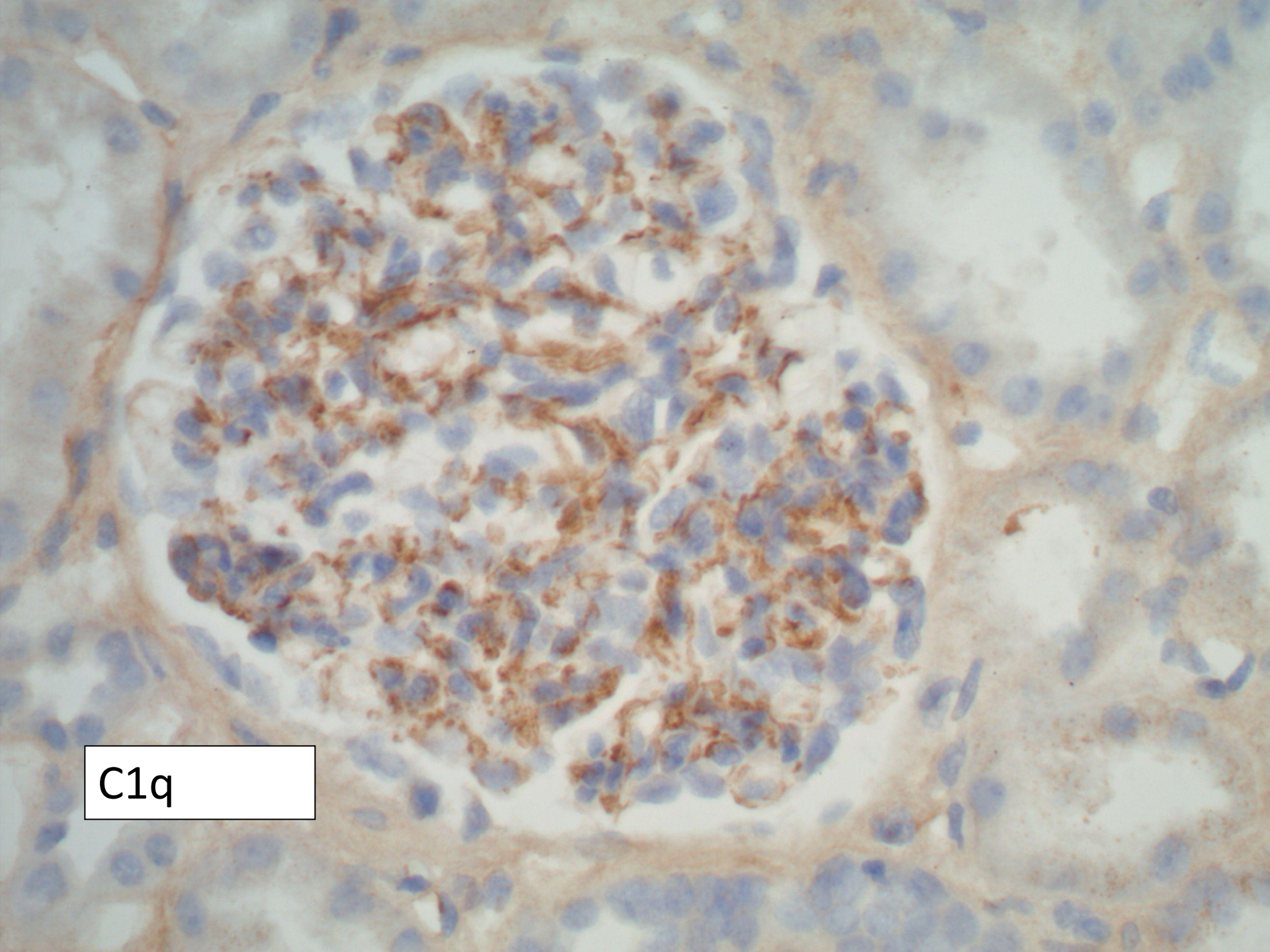
IgG



IgM

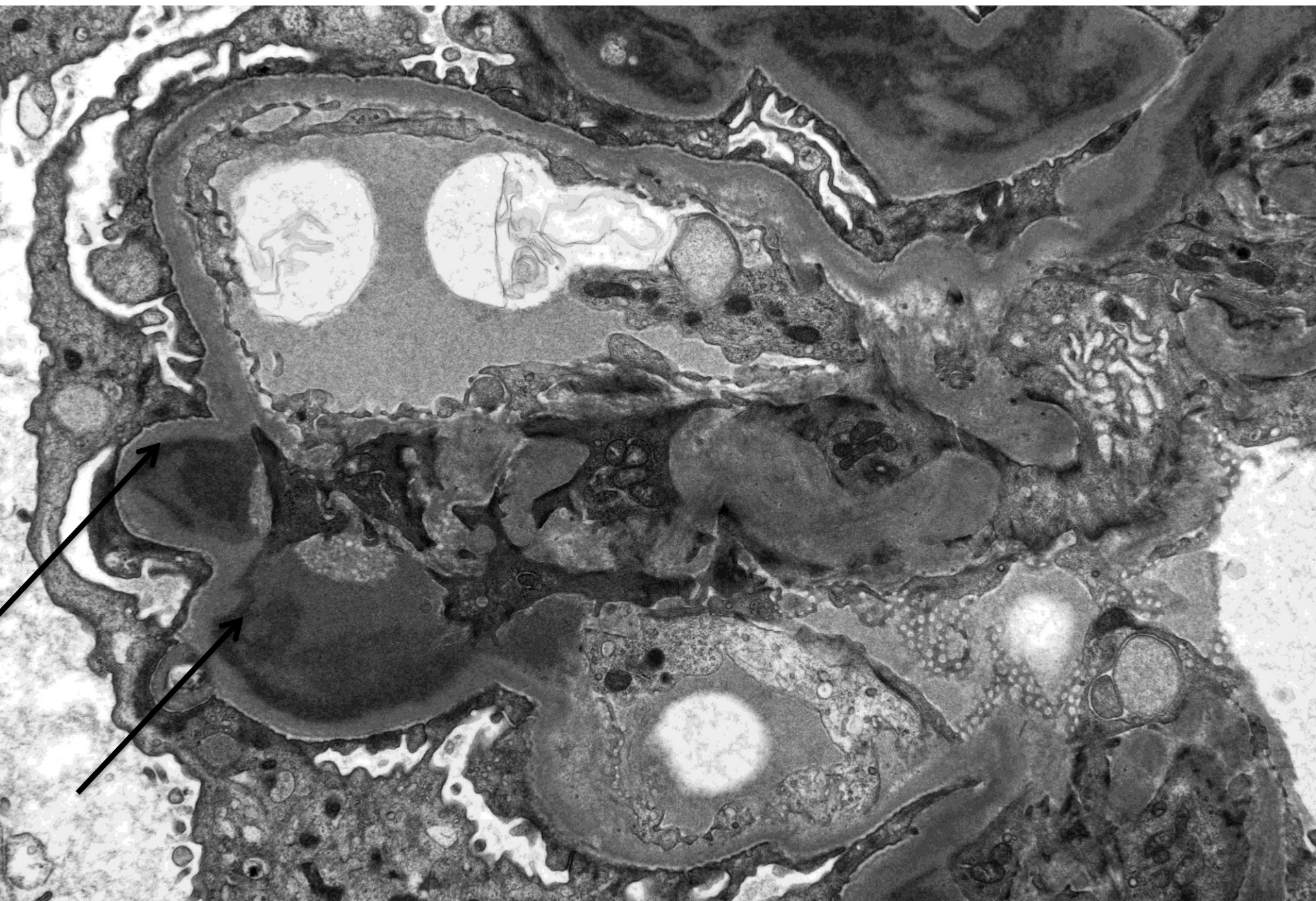


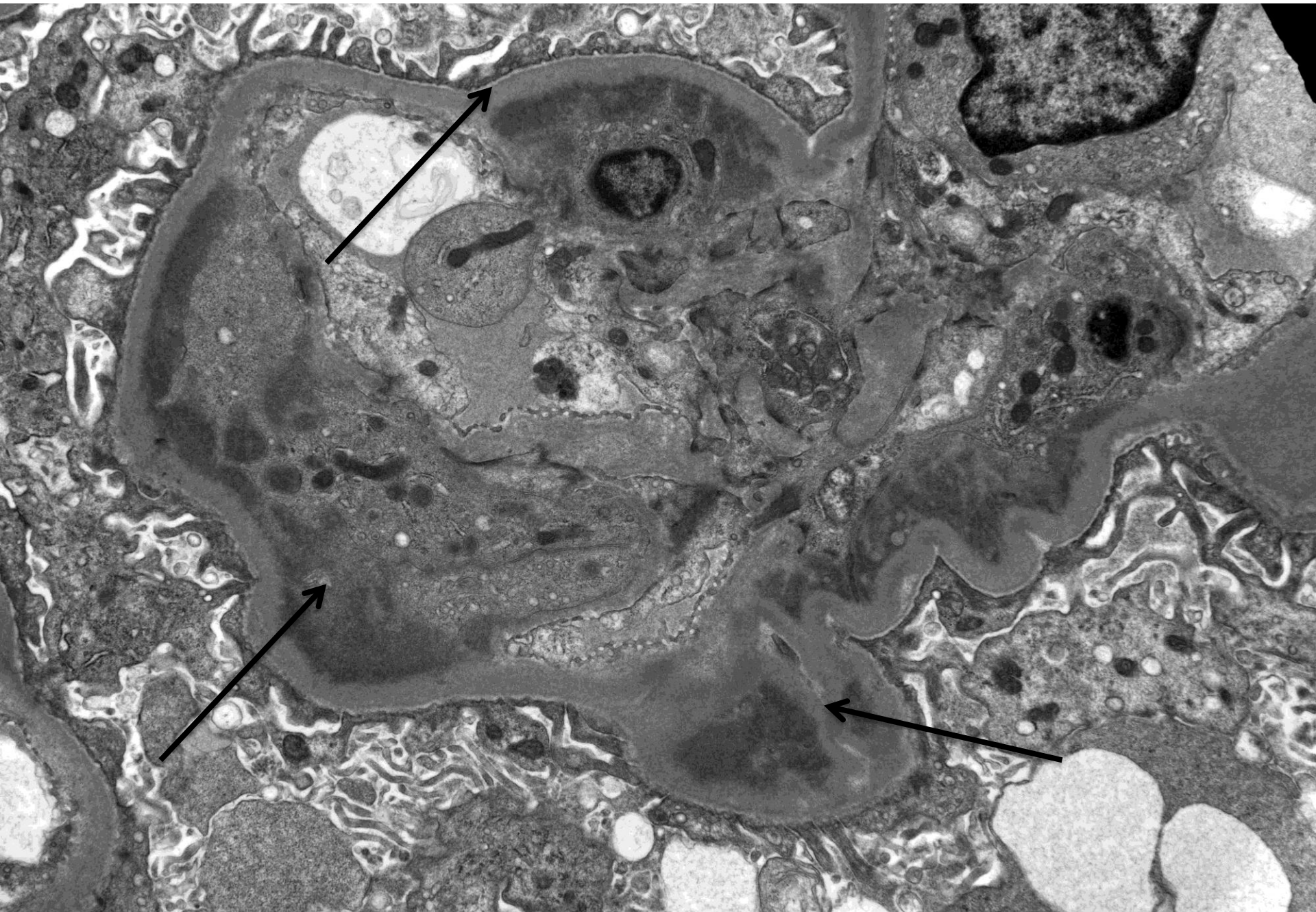
C3d



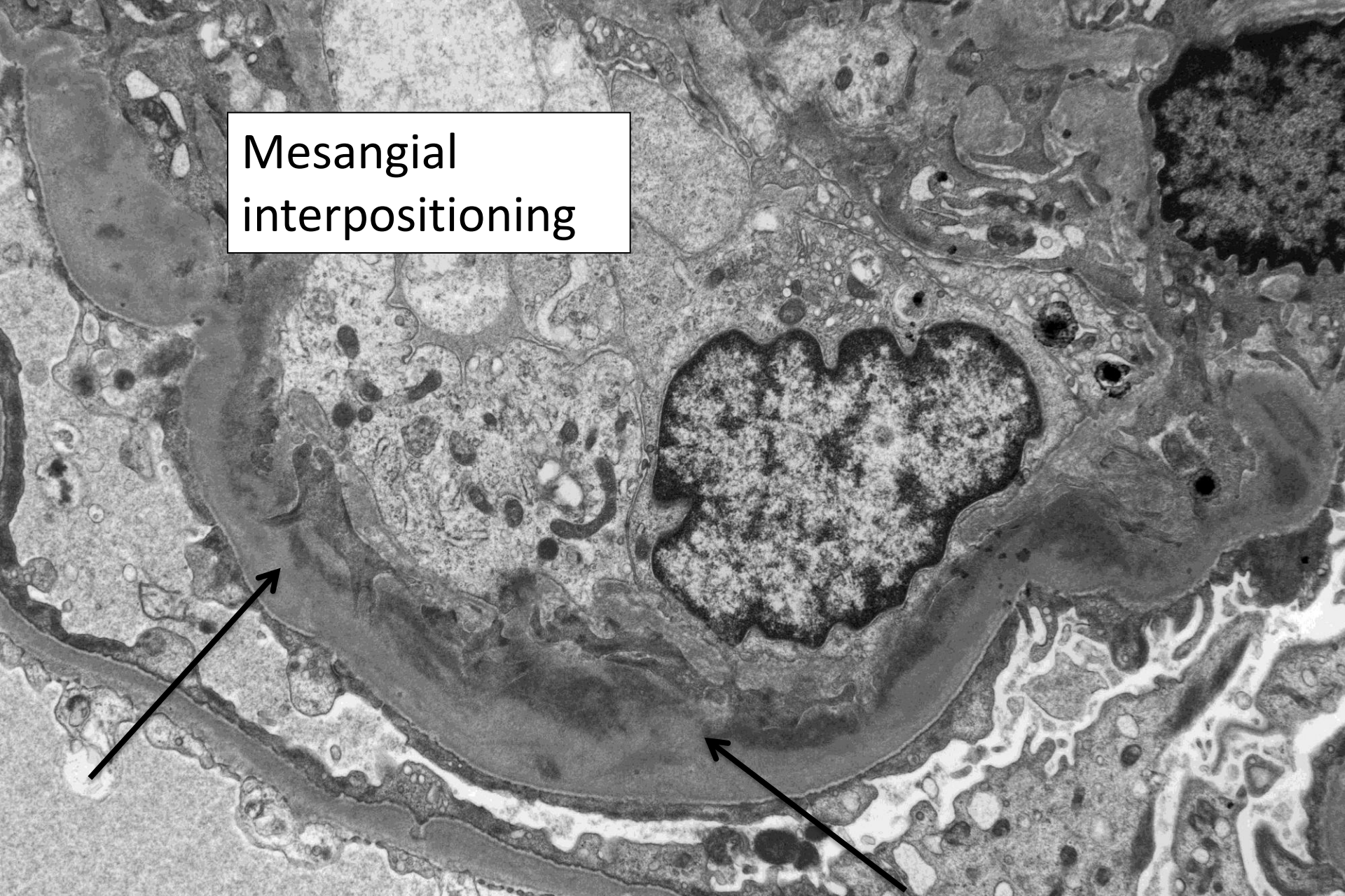
C1q


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





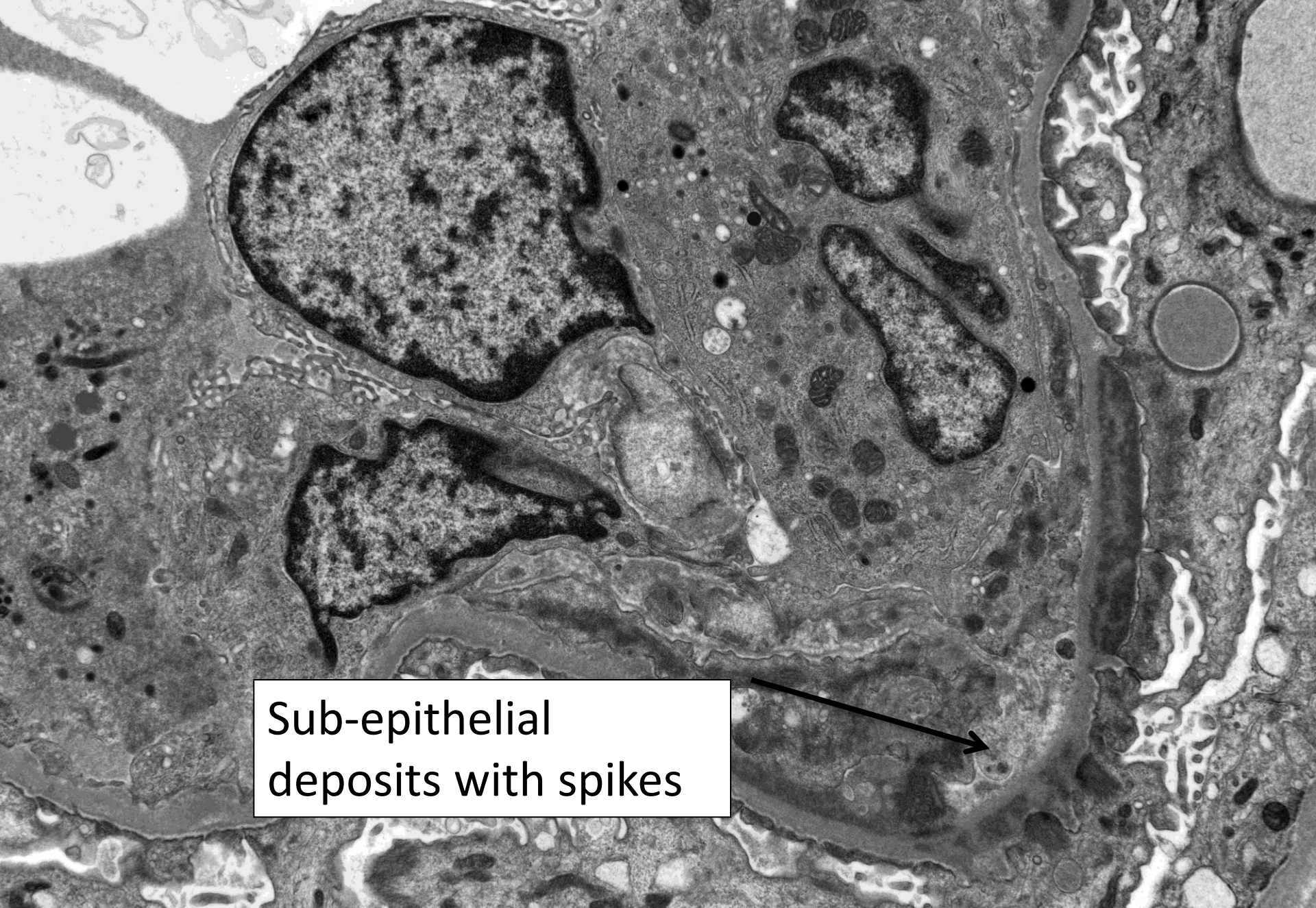
Mesangial  
interpositioning





Moth-eaten  
deposits

This transmission electron micrograph shows a large, electron-dense deposit with a characteristic 'moth-eaten' appearance, characterized by numerous small, clear holes or lacunae. The deposit is situated within the subendothelial space of a glomerular capillary wall. The surrounding cytoplasm of the endothelial cell contains various organelles, including mitochondria and vesicles.



Sub-epithelial  
deposits with spikes

# Mesangiocapillary glomerulonephritis

- Americans – membranoproliferative
- Type I = classical
- Type II = dense deposit disease (partial lipodystrophy)
- Type III = ?just a variant of Type I (Type I with subepithelial deposits?)

# Mesangiocapillary glomerulonephritis Type I

- lobular architecture enhanced
- thickened capillary walls – double contours on silver stains
- IF – C3, granular, peripheral +/- Igs, usually IgG
- EM – subendothelial deposits – mesangial interposition - new BM material