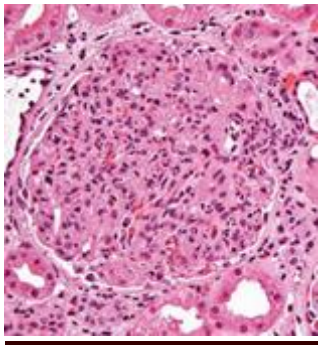
Nephropath Teaching point-6;

Distinction between IgA dominant post infectious glomerulonephritis and IgA nephropathy



The last nephropath teaching point question pertained to the distinction between IgA dominant post infectious glomerulonephritis (PIGN) and IgA nephropathy (IgAN). Majority of participants (62.5%) agreed that lambda light chain dominance in DIF studies was not a feature of IgA dominant post infectious glomerulonephritis and favoured a diagnosis of IgA nephropathy. IgA dominant PIGN is a relatively recently recognized entity (Nasr SH et al 2003) and it is important to distinguish it from IgAN, with which it can easily be confused. Initially thought to be associated with staphylococcal infections in diabetics, it is now known to occur in more diverse clinical subgroups.

Features favoring IgA-dominant PIGN over IgA nephropathy

Clinical features

Intercurrent culture-documented staphylococcal infection

Hypocomplementemia

Presentation in older age

History of diabetes mellitus

Acute renal failure at presentation

Pathologic features

Endocapillary proliferation with neutrophil infiltration on LM

Stronger staining for C3 than IgA on IF

'Starry sky' pattern on IF

Subepithelial 'humps' on EM

Lack of lambda light chain dominance (common in IgAN)

An excellent article describing the pathology and clinical features of IgA dominant PIGN (Nasr SH and D'Agati V) published in Nephron Clinical Practice is a must read. A good case with images and detailed discussion can be seen in UPMC case archives and also in the COW 3 in this forum.

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