

GBM disease: A rare case presenting as a rare cause of FUO

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Abstract

Acute glomerulonephritis due to anti-GBM antibody disease is rare, estimated to occur in fewer than one case per million population. Patients usually present with acute renal failure with urinalysis showing proteinuria not in nephrotic range and nephritic sediment characterized by dysmorphic red cells.

Systemic signs and signs, such as malaise, weight loss, fever, or arthralgia, are typically absent.

In this case study, a 38yo Chinese woman presented to us with a cough and fever for 3 months with a background history of treated latent pulmonary tuberculosis 2 years ago.

Positive findings for her on examination were fever with cough and sputum, weight loss of 5 kg and basic blood screening, she had iron deficiency anemia of haemoglobin 7.1, renal impairment(Cr194umol/L) and ESR >140 Sputum for acid fast bacilli, bronchoscopy, bone marrow aspirate and biopsy, ultrasound abdomen, auto immune screening were all negative including ANA, DsDNA, C3,c4,ANCA. Her anti GBM antibody was negative. Renal biopsy showed necrotizing and crescentic glomerulonephritis with inconclusive immunofluorescence studies. Subsequent anti MPO and anti-GBM ELIZA was positive. She was subsequently treated with High dose IV methylprednisolone and plasma exchange which showed resolution of her persistent fevers and improvement in her renal function.

Advanced Internal Medicine Senior Residency Program, Singapore in July 2019.



Speaker Publications:

1. "P-18 Continuous quality improvement to increase ACP visibility in inpatient wards"; September 2015Supportive and Palliative Care 5(Suppl 2):A48.2-A48
2. "P-103 Honouring patients' advance care plan – a post-death audit review"; September 2015Supportive and Palliative Care 5(Suppl 2):A75.3-A76
3. "Advance care planning as a dynamic process: a descriptive 1 year review of changes in acp plans in tan tock seng hospital"; June 2013Supportive and Palliative Care 3(2):278
4. "Perceptions of benefits and barriers in conducting advance care planning: a cross-sectional survey of trained advance care planning facilitators"; June 2013Supportive and Palliative Care 3(2):279
5. "Starting pilots in advance care planning in a tertiary hospital in singapore: 1 year review"; June 2013Supportive and Palliative Care 3(2):279

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Biography:

Dr Ronald Chong was born in Trinidad, West Indies and graduated from the University of the West Indies with his MBBS in 2008. He went on to obtain his MRCP(UK) in 2013 and decided to explore The asian medical world. He entered the SingHealth Internal Medicine Residency Program, Singapore from 2016 to 2019 and then joined the National Health Group