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**MORPHOLOGICAL CHARACTERISTICS AND CLINICAL SYNDROMES
IN CRESCENTIC GLOMERULONEPHRITIS**

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Introduction. Crescentic Glomerulonephritis (GN) is a form of glomerulonephritis characterized by the destruction of the renal glomeruli that often lead to end-stage renal disease, characterized morphologically by extensive crescent formation and is classified pathologically into three categories, as follows: anti-glomerular basement membrane (GBM) antibody disease, immune complex disease, pauci-immune disease. Crescentic GN accounts for less than 10%. More often it is characterized by a rapidly progressive decline in renal function. However, some cases may be characterized by acute renal failure, nephritic or nephrotic syndrome, or a combination of both.

The aim of the study was to compare the morphological features in kidney biopsies and clinical syndromes among group of patients with crescentic glomerulonephritis.

Material and methods. One hundred and thirty kidney biopsies were analyzed using various staining techniques (H&E, PAS, Masson trichrome, Congo red, Jones silver) and evaluated on light microscopy. Clinical data were obtained from referral charts. Immunofluorescence (IF) staining was performed on paraffin sections to detect the presence of IgG, IgA, IgM, C3c, C1q, fibrinogen, κ and λ light chains. All biopsies showed glomeruli with crescents.

Results and discussion. A detailed histopathological study was conducted on 130 patients, there were 75 (57.7%) females and 55 (42.3%) males (F:M=1,4:1) aged between 18 to 75 years old. GN with crescents can develop different clinical syndromes and morphological characteristics as 40.7% (53 cases) were diagnosed with IgA nephritis [2% Rapidly Progressive GN (RPGN); 32% Minimal Urinary Syndrome; 47% Nephritic Syndrome; 19% mixed syndromes]. 22.3% (29 cases) were diagnosed with Pauci Immune GN [55% RPGN; 10% Nephritic Syndrome; 4% Acute renal failure; 31% mixed syndromes]. 20.8 % (27cases) with Systemic Lupus Nephritis (SLE) [7% RPGN; 30% Minimal Urinary Syndrome; 15% Nephritic Syndrome; 4% Nephrotic Syndrome; 44% mixed syndromes]. 7.7% (10 cases) were diagnosed with IgA Vasculitis [10% RPGN; 20% Minimal Urinary Syndrome; 40% Nephritic Syndrome; 30% mixed syndromes]. 7.0% (9 cases) were diagnosed with Membrano-proliferative glomerulonephritis (MPGN) [33.3% Nephritic Syndrome; 11.1% Minimal Urinary Syndrome; 55.6% mixed syndromes]. 1.5% (2 cases) were diagnosed with Anti GBM GN [50% RPGN; 50% Acute renal failure]. Out of 130 cases, 63.1% (82 cases) with Arterial Hypertension, 59.2% (77 cases) with Nephritic Syndrome, 17.7% (23 cases) with Nephrotic Syndrome ($p=0.335$), 12.3% (16 cases) with Acute Renal Failure, 16.2% (21 cases) with Chronic Renal Failure ($p=0.738$), 17.7 % (23 cases) with RPGN, 20 % (26 cases) with Minimal Urinary Syndrome ($p=0.777$).

Conclusion. As a result of the study, it was revealed that GN with crescents develops 1.4 times more often in women than in men. RPGN is more often observed in anti-GBM and pauci-immune GN (55% and 50% respectively). For IgA GN and IgA vasculitis, the most common syndrome was nephritic syndrome (47% and 40% respectively). Acute renal failure was more often diagnosed in Anti GBM GN (50%).