12 C3 GLOMERULOPATHY IN A PATIENT WITH ULCERATIVE COLITIS – A RARE ASSOCIATION

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Case Report: A 75 years old male with ulcerative proctocolitis (UC) presented with new onset of normocytic anemia, unintentional weight loss (6kg in 6 months) and pruritus. Since the diagnosis, 6 years earlier, he had been paucisymptomatic on oral (800mg 3id) and rectal (on demand) mesalamine. He was also medicated with nifedipine, captopril, simvastatin and ticlopidin. On an out-patient basis, upper endoscopy and colonoscopy were performed revealing only chronic gastritis and mild sigmoid UC endoscopic activity respectively. Upon admission the patient presented with hypertension (BP:190/85 mmHg) and obvious cachexia. The blood analysis showed normocytic anemia with an iron study suggestive of inflammatory/chronic disease and a marked decrease in kidney function (Creatinine arising from 0,8 to 4,6 mg/dL Urea:158 mg/dL). Summary urinalysis exhibited haematoproteinuria. On ultrasound renal cortical hyperechogenicity was the only finding. A 24h-urine analysis showed mild proteinuria (408,7 mg/dL) and eosinophyluria (1%). Interstitial nephritis to mesalamine was suspected and the drug was promptly discontinued. Infectious, metabolic and neoplastic causes were excluded. Autoimmune study was normal, despite low levels of C3 complement indicating consumption. Renal biopsy was then preformed unveiling glomerular mesangial proliferation with exuberant C3 deposits but no tubulointerstitial damage. The findings were consistent with C3 glomerulopathy causing rapidly progressive kidney failure. During admission the patient exhibit an UC flare with sacroiliitis. Prednisolone 40 mg/daily was administered resulting in progressive reduction of symptoms and slight improvement of kidney function. The patient was discharged to outpatient clinics on corticosteroids titration. Two weeks later he was readmitted with massive bilateral pneumococcal pneumonia and ARDS and ultimately died on ICU care. **Justification/Conclusions**: Kidney disease is a known extraintestinal manifestation of inflammatory bowel disease. IgA nephropathy and tubulointerstitial nephritis are the best described conditions. To our knowledge this is the first description of a C3 glomerulopathy in a patient with Inflammatory Bowel Disease.

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