

COVID ASSOCIATED GLOMERULONEPHRITIS- AN ALARM FOR ATYPICAL INFECTION RELATED GLOMERULONEPHRITIS

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INTRODUCTION

- SARS-CoV-2 is the emerging infection of the 21st century.
- Heterogeneous manifestation involving multiple organs.
- Acute tubular injury was postulated as the predominant form of renal injury.
- Glomerular involvement in covid is relatively rare but were reported from various regions.
- Both proliferative and non-proliferative glomerulonephritis had been reported.
- Collapsing glomerulopathy is the commonest entity.
- Infection-related glomerulonephritis (IRGN) is a typical example of immunological, renal injury due to non-renal infections.

RESULTS

CLINICAL DATA: Atypical IRGN

TYPE OF BIOPSY

post transplant 12%
native 88%

Not only non-renal but one transplant patient too has IRGN (case 8)

CLINICAL PRESENTATION

Childhood onset nephrotic syndrome (PERCENTAGE) 40%
Proteinuria/haematuria high in most of the patients

CATEGORY NAME with renal dysfunction (PERCENTAGE (%))

collapsing GN 100%
CS was not seen in all patients

PATTERN OF INJURY

MPGN (1)
COLLAPSING GN (2)
CRESCENTIC GN (3)
EXUDATIVE & PROLIFERATIVE GN (4)

Proliferative GN leads along component of proliferative nephritis explaining the high grade proteinuria

Immunofluorescence images showing IgA, IgG, IgM, C3a, C3c, Kappa, Lambda

Mainly nonproliferative with significant podocytopathy

Immunofluorescence images showing IgG/C3 deposit suggesting complement activation unlike primary FSGS

Crescentic GN

Aims And Objective

- To identify the **histological** changes in a bunch of patients presenting in hospital OPD during 2nd COVID outbreak with
 - History of mild respiratory illness in recent past and covid antibody positive in absence of vaccine availability
 - Nephrotic range proteinuria with active sediment in urine
 - Renal dysfunction and hypertension suggestive of IRGN like illness
- To follow up the **outcome** of these patients

Materials and methods

Study Design: Single centre prospective study
Place of Study: IPGMEAR and SSKM Hospital, Kolkata

Study Population: 7 males and 1 post-transplant kidney biopsy

Duration: Oct 2020 to April 2021
Follow up: 12th June 2021

Medic: Michel's medium.
Stain: 1) Haematoxylin-eosin (H&E), 2) Masson's trichrome (MT), 3) Periodic acid-Schiff (PAS), 4) Congo red (CR), 5) Silver stain (SS).

The slides examined under immunofluorescence microscope
Intensity of deposit: (-) to (++++)

Control slides were examined simultaneously.

INCLUSION CRITERIA

- All patients are **bleeding** at presentation and with history of mild respiratory tract infection within 4 to 6 weeks
- Temporal association with covid infection: SARS COV2 RT-PCR negative report but on further laboratory investigation **COVID-19 IgG was positive** indicating past infection as vaccine was not available in India in that period.
- Absence** of any systemic infection or autoimmune diseases.

EXCLUSION CRITERIA

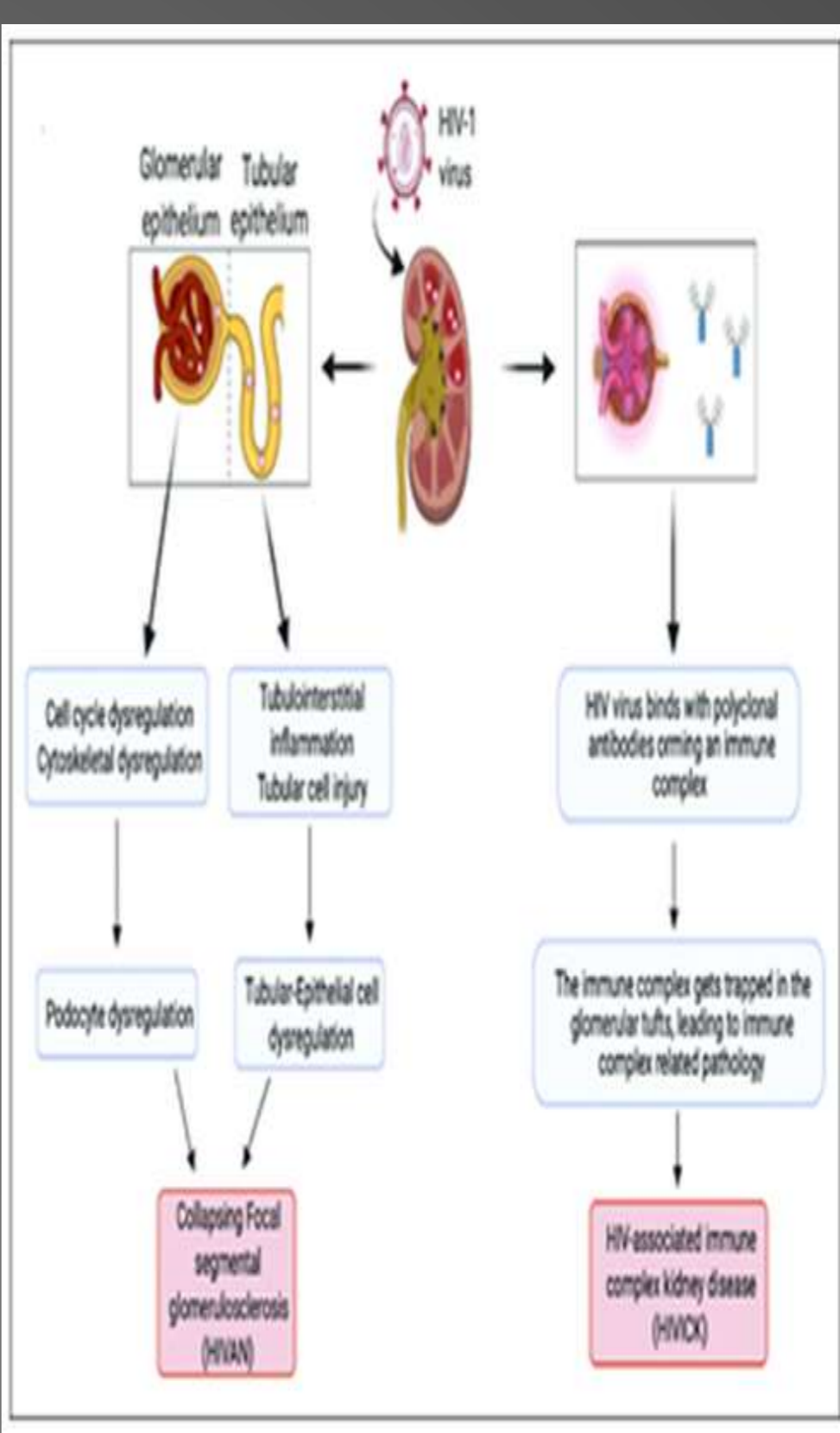
- Patient with known autoimmune diseases
- Chronic kidney diseases

Clustering of IRGN following 2nd covid outbreak: Temporal Association with Covid illness

DIRECT IMMUNOFLUORESCENCE

Typical IgG deposition without C3: Infection triggered AntiGBM

Immunofluorescence images showing IgA, IgG, IgM, C3a, C3c, Kappa, Lambda



COVAN is the new HIVAN: the re-emergence of collapsing glomerulopathy with COVID-19

COVICK

Histological images (4a, 4b, 4c, 4d) showing glomerular changes.

SURVIVAL

Survival of Data 1: Survival proportions

No spontaneous resolution as expected in IRGN
Steroid treatment initiated observing non-resolving high grade proteinuria and persistent renal dysfunction
2 patients died, 2 became dialysis dependent

FOLLOW UP DATA

High rise of proteinuria
Falling albumin level
Along with rising creatinine during follow up in both patterns of glomerular injury

DISCUSSION

Progressive renal disease observed in 1st COVID era International Registry

COVID POSITIVE HOSPITALISED

Acute Kidney Injury

COVID 19 IN PREEXISTING KIDNEY DISEASE

POST COVID GLOMERULAR CHANGES

	Our study	Shetty et al, 2021	Magoon et al, 2020	Kudose et al, 2020	Liu et al, 2020	Izzidine et al, 2020
1. Country	India	United States	England	United States	China	France
2. Number of cases	8	6	2	17	36 trials out of 6395	2
3. Mean age	36.87 years (range 12 to 61)	56 years	42 years	54 years	Not mentioned	43.5
4. Male:female ratio	7:1	1:1	1:1	2:1	Not mentioned	All female
5. Most common clinical presentation	New onset hypertension	Fever	New onset proteinuria	Nephrotic range proteinuria	AKI and CKD	Nephrotic range proteinuria
6. Pattern of glomerular injury	Exudative and proliferative glomerulonephritis with variable number of crescents, along with	Collapsing GN	Collapsing variant of FSGS	podocytopathy, five patients with collapsing glomerulopathy and one patient with minimal change disease)	Not mentioned	Collapsing glomerulopathy

CONCLUSION

- We reported a case series with varied form of glomerular injury.
- Prognosis is **worse** both in collapsing GN and exudative proliferative disease.
- 50% patients progressed to **end stage renal** diseases with death among two of them.
- We conclude infection related glomerular disease and immune mediated injury with covid aetiology had worse outcome : It should be an alarm to the clinician

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