C3 Glomerulopathy

**Presentation**
- Proteinuria/ Microscopic hematuria
- Retinal drusen
- Lipodystrophy

**Histology**
- Mesangial proliferative, membrano-proliferative, endocapillary proliferative pattern with or without crescents
- Dominant C3 deposition ≥2 orders of magnitude over other immune reactants
- C3GN: Amorphous mesangial ± subendothelial and subepithelial deposits
- DDD: Dense osmiophilic mesangial and intramembranous deposits

**Treatment**
- Optimal blood pressure control with ACE inhibitors/ARBs
- Corticosteroids and mycophenolate mofetil in moderate to severe disease
- Eculizumab - doubtful role

**Natural Course**
- 30-50% of adults reach kidney failure within 10 years of diagnosis
- Allograft failure within 10 years in 50% of recurrences
- Histological recurrence as high as 90%

ACEi: Angiotensin Converting Enzyme Inhibitor; ARB: Angiotensin Receptor Blocker; C3GN: C3 Glomerulonephritis; DDD: Dense Deposit Disease

For funding and support information, see: https://www.isn.org/initiatives/toolkits/complement-mediated-kidney-disease-toolkit/#Support