**Clinical pathologic conference**

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|---|---|---|---|
| Patient profile： | Presented by： | 腎臟科 | 賴彬卿 醫師 |
| 年齡：46 | | 泌尿科 | 王敘涵 醫師 |
| 性別：男 | | | |
| 國籍：台灣 | Discussed by： | 影像診斷科 | 林吉晉 醫師 |
| 種族：台灣 | | 風濕免疫科 | 蔡秉翰 醫師 |
| 婚姻：已婚 | | | |
| 職業：服務業 | Moderator： | 病理科 | 簡惠萍 醫師 |

**First visit: 13 Jan 2000**

**Chief complaint:**

Persistent proteinuria with progressive general edema for three weeks

**Present illness:**

This 46-year-old man had end stage renal disease of unknown cause and received hemodialysis from 1995 to 2003. He had a cadaveric renal transplantation on July/2003. Post transplantation his graft function was good with excellent life quality. He was able to back to work and supported his family. His serum creatinine was kept around 1-2mg/dL during 2003 to 2010. Progressive proteinuria and general edema developed for weeks before admission and was not improved by immunosuppressive regimen adjustments. Data showed negative for CMV and BKV infection. Renal biopsy was arranged and done on June/2010.The initial result showed membranous glomerulonephritis and chronic transplanted glomerulopathy.

**Past history:**

End stage renal disease, Hypertension, Hyperuricemia, Chronic C hepatitis, Osteoporosis

**Personal history:**

No food or drug allergy history, smoking (-), alcohol (-), betel nuts (-)

**Family history:**

No diabetes mellitus, hypertension or cancer

**Physical examination finding:**

Vital signs: BP: 138/87 mmHg; PR: 89/min; RR: 18/min; BT36.8 ℃
Body height: 159.4 cm; Body weight: 57.2 kg BMI 22.5
GENERAL APPEARANCE:
Edematous
CONSCIOUSNESS:
Clear, E 4 V5 M 6
HEENT:
Sclera: not icteric
Conjunctivae: not pale
NECK:
Supple
No jugular vein engorgement
Trachea not deviated
No lymphadenopathy
CHEST:
Breath pattern: smooth, bilateral symmetric expansion
No use of accessory muscles
Breathing sound: bilateral clear and symmetric breathing sound
No wheezing

Crackles: No basal crackles
HEART:
Regular heart beat without audible murmurs
No audible S3; no audible S4
ABDOMEN:
Soft and flat, no superficial vein engorgement
No umbilicus herniation
Liver and spleen: Not palpable
No shifting dullness
No tenderness; No rebounding pain
No muscle guarding
No Murphy`s SIGN
Bowel sound: normally active
No visible spider angioma
BACK:
No knocking pain over bilateral flank area
EXTREMITIES:
No joint deformity
Freely movable
Pitting edema: 3+
Peripheral pulse: symmetric
SKIN:
No petechiae or ecchymosis
No abnormal skin rash
Skin intact
No wound
Neurological examination:
Cranial nerve dysfunction: nil
Cerebellum sign: nil
Myelopathy, radiculopathy: nil
Autonomic system dysfunction: nil
Muscle power all full
Sensory defect: nil
Deep tender reflex: normal

**Lab data: (2010/6/26)**

| 檢驗項目(單位) | 檢驗值 | 檢驗項目(單位) | 檢驗值 |
|---|---|---|---|
| Hb (g/dL) | 10.3 | BUN (mg/dL) | 33.3 |
| Hct (%) | 31.5 | Cr (mg/dL) | 2.15 |
| MCV (fL) | 93.4 | Uric acid (mg/dL) | 8.4 |
| RDW (%) | 12.7 | K (mEq/dL) | 4.3 |
| Platelet (1000/mcL) | 170 | 24h T-protein (mg/day) | 4240 |
| WBC (/mcL) | 4000 | CMV IgG | Positive |
| Sugar (mg/dL) | 93 | CMV IgM | Negative |

**Image and pathology study:** To be presented

**Clinical course:**

After biopsy, we continued his previous immunosuppressive regimen which included cyclosporine, mycophenolate mofetil and prednisolone. Furosemide was prescribed to manage his general edema and allopurinol for his hyperuricemia. There was no hematuria or other complications after graft

biopsy. He was discharged on 2/July/2010. No specific measurement was administered to control his membranous glomerulopathy since evidence-based effective treatment was lacking. His graft function deteriorated progressively and heavy proteinuria persisted. Dyspnea and nausea were noted on 26/Sept/2011 at clinic. His serum creatinine was 7.3mg/dL and BUN was 82.6mg/dL at that time. Hemodialysis was arranged to relieve his uremic symptoms. He received regular hemodialysis since then and still under regular out-patient-clinic follow up at the moment.

**Issue to be discussed：**

**1.**

**2.**

**3.**

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