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P-ANCA VASCULITIS VS. LUPUS NEPHRITIS A POSSIBLE COEXISTENCE?

CASE REPORT

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INTRODUCTION

Kidney involvement in vasculitis associated with antineutrophil cytoplasmic antibodies (ANCA) is characterized by the presence of pauci-immune glomerulonephritis with crescent formation. However, this manifestation can also be found in severe cases of lupus nephritis (NL). Although as much as 20% of patients with systemic lupus erythematosus (SLE) test positive for ANCA without any clinical feature of vasculitis, a few cases have been described where patients meet classification criteria for both entities, known , which is extremely rare.

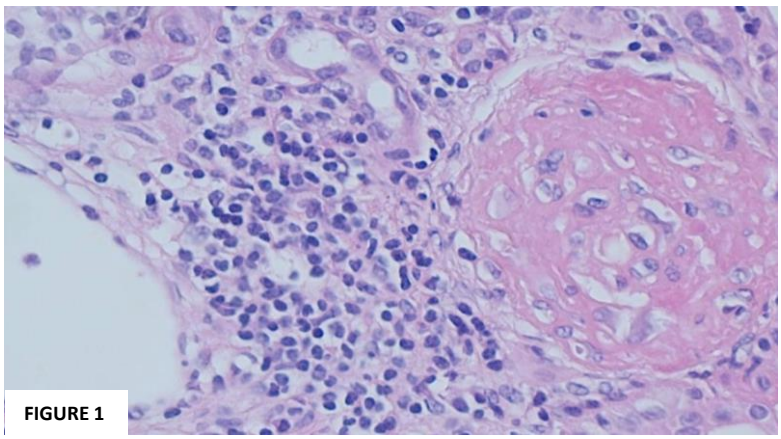

FIGURE 1

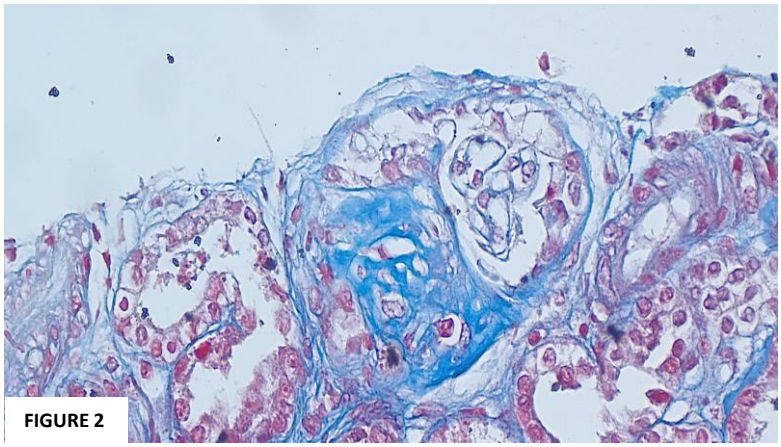

FIGURE 2

CASE PRESENTATION

A 25-year-old woman with a past medical history of preeclampsia in her first pregnancy at the age of 12 subsequently developed systemic arterial hypertension without medical follow-up, was admitted due to unintentional weight loss and uremic syndrome. She met criteria for dialysis urgency due to metabolic acidosis and hyperkalemia refractory to treatment, and treatment with hemodialysis was prescribed. An immunological profile was requested **(Table 1)** and she was classified as systemic lupus erythematosus with an classification criteria **ACR/EULAR 2019 10 points**, **SLEDAI-2k 16 points**. A percutaneous renal biopsy was performed, with a result of an endocapillary proliferative immune complex glomerulonephritis **(Figure 1)** with extracapillary fibrous lesions **(Figure 2)** and advanced global and segmental sclerosis. The immunofluorescence (IF) was positive for IgG 2+, IgA negative, IgM positive 2+, C3c positive 3+, c1q positive 2+, c4c negative, Kappa positive 2+, Lambda positive 3+ **(Figure 3).**

An activity index X and a chronicity of 8/12 were established. Consequently, she received treatment with pulses of methylprednisolone 1g/day for 3 doses, followed by prednisone 1 mg/kg, and mycophenolate mofetil 3 g/day.

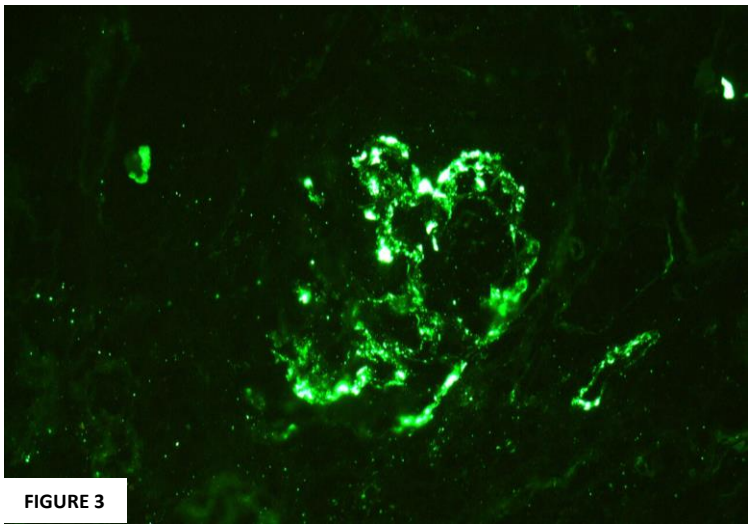

FIGURE 3

TABLE 1. IMMUNOLOGY TESTS

ANA IFA	1:160 Fine speckled nuclear pattern	**p-ANCA**	1:80
Anti SSA Ro 52	<2.3 CU	**Anti-MPO**	39.83 UR/mL (<20)
Anti SSA Ro 60	<4.9 CU	**Anti-protease-3**	<2 (<20)
Anti-DNAdc	10.2 UI/mL (9.8-27 UI/ml)	**Anti-ribosomal P in CSF**	26.8 U/mL
Anti-RNP	<3.5 CU	**Complement 3**	88.7 mg/dL (82-200mg/dL)
Anti-Sm	<3.3 CU	**Complement 4**	25.6 mg/dL (19-52mg/dL)

DISCUSSION

The presence of ANCA antibodies in patients with SLE could indicate the existence of an overlap syndrome. In the previously discussed case, the renal biopsy reported findings compatible with LN, especially by IF, which is why despite the positivity of p-ANCA antibodies, an overlap syndrome is not considered to have occurred.

It is recommended to consider the deliberate search for ANCA in every patient with SLE as it could be established as a factor associated with LN. The evidence of overlap syndrome is mainly based on case reports that suggest this condition tends to show aggressive behavior with adverse outcomes