

Secondary Membranous Nephropathy : Lupus Nephritis or Hepatitis B?
– A Diagnostic Dilemma

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Introduction

Membranous nephropathy, both primary and secondary, is one of the common causes of adult onset nephrotic syndrome. Renal biopsy can usually lead us to a confirmatory diagnosis in PLA2R negative cases. We present a case of a patient of secondary membranous nephropathy, the etiology of which was difficult to ascertain even with a renal biopsy and led us to face a diagnostic as well as a treatment dilemma.

Case Description

This was a case of a 30 year old male who was incidentally detected to be hepatitis B positive with high HBV DNA titres and started on Tenofovir. 3 months later, patient developed swelling of bilateral lower limbs, abdominal distension and passage of frothy urine. He was found to have positive ANA, low complement levels, positive dsDNA and a negative PLA2R with other immunological parameters. His HBV DNA titres showed moderate improvement on therapy, however, proteinuria persisted. Renal biopsy revealed secondary membranous nephropathy. However, the etiology of secondary membranous nephropathy was still not clear despite renal biopsy. We, therefore, went for an immunohistochemistry (IHC) testing to establish our etiology, lupus or hepatitis B. IHC for surface HBsAg, HBeAg and antiHBc were negative. These findings were strongly in favour of lupus nephritis related membranous nephropathy. Patient responded to oral prednisolone and tacrolimus therapy.

Conclusion

Absence of glomerular HBV antigens, especially HbeAg, helped us in clinching the diagnosis of lupus nephritis in a patient with overlapping HBV infection. We, therefore, recommend enthusiastic usage of IHC in cases with multiple etiologies.