

Congress Abstract

Co-Occurrence of Primary Membranous Glomerulonephritis with AL Amyloidosis

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ABSTRACT

Introduction: The development of amyloidosis in primary membranous nephropathy (PML) is extremely rare and is reported in medicine as isolated clinical cases. These two diseases have completely different development mechanisms. Primary membranous nephropathy is an autoimmune kidney disease caused by antibodies (most often to PLA2R receptors). Amyloidosis is a protein metabolism disorder in which abnormal fibrillar protein is deposited in tissues.

Case presentation: Patient M, woman, 69 years old.

Complaints: swelling throughout the body, decreased urine output, and increased blood pressure. History: In January 2026, the patient suddenly began to experience swelling throughout the body and decreased urine output. Due to the development of CHD, the patient received treatment in cardiology departments. Since the patient's condition did not improve for two months, the patient applied to nephrology center in May. Objective examination: Overall condition is moderately severe. Swelling is observed throughout the body. BP 110/70mmHg, HR-82bpm. BR-20bpm. Laboratory tests: CBC: Hemoglobin-125g/l, RBC-4.2, platelet-345.0, WBC-14.7, neutrophil-82, lymphocyte-9, ESR-14. Urine: color-yellow, protein-2.31g/l, epithelium-4, WBC-16, RBC-6, hyaline cylinder-8, granular-4. BA: 12.02.2026. Total protein-40.0, urea-5.4, albumin-23.0, creatinine-72.0. 17.02.2026. Total protein-37.0, albumin-22.0. 24.02.2026. Total protein-34.0, urea-5.0, albumin-16.0, creatinine-69.0. 10.03.2026. Total protein-32.0, albumin-17.0, creatinine-89.0. ANTI PLA2R-33.6 RU/ml (positive). Immunogram: CD3-44.38, CD4-61.69, CD8-35.06, CD19-21.61, CD16+78.96, CD56+ -17.29. Complement C3-1,19. C4-0.348.

The patient was diagnosed with primary membranous nephropathy because of the positive AntiPLA2R. Monoclonal antibody (rituximab) was chosen for pathogenetic treatment. The patient received 500 mg once a week for 4 weeks, a total of 2000 mg of the drug. However, the biochemical blood test showed no increase in total protein and albumin, the proteinuria hasn't decreased and the patient remained edematous. To clarify the diagnosis, the patient was recommended a kidney biopsy, and after the patient agreed, the procedure was performed (04.2026). Biopsy result: Kidney biopsy shows features of a deposit glomerulopathy with lambda immunoglobulin light chain restriction in glomeruli suggestive of an AL amyloidosis.

The patient was referred to a hematologist to confirm the diagnosis. The patient was diagnosed with Multiple myeloma from, System amyloidosis by hematologists. Then CyBorD (cyclophosphamide 400mg, bortezomid 2.5mg, dexamethasone 20mg) treatment was performed. The patient received 4 courses of chemotherapy. The patient's general condition improved clinically. Swelling throughout the body decreased. Laboratory tests showed hypoproteinemia and hypoalbuminemia. The patient's general condition improved over time. However, biochemical tests did not show an increase in total protein and albumin levels.

Keywords: Amyloidosis; Primary Membranous Nephropathy; AntiPLA2R

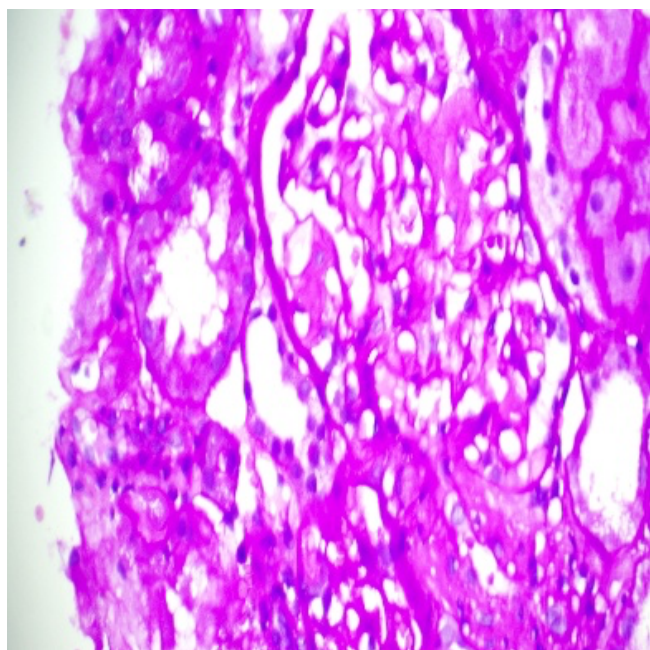


Figure 1. Light microscopy

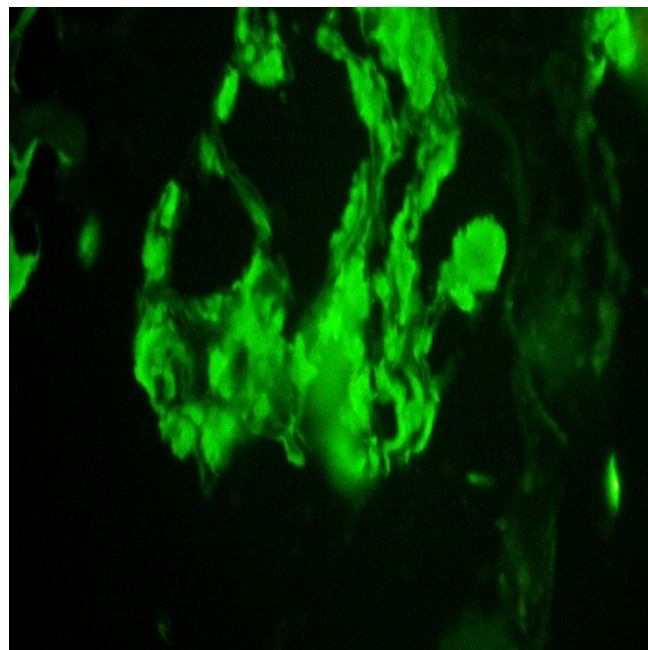


Figure 2. Immunofluorescence microscopy