The Curious Case of an ANCA Vasculitis and Nephrotic Syndrome
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**Background**

Nephrotic-range proteinuria in pauci-immune AAV is a rare phenomenon. We introduce an anecdotal case of this condition.

### Unilateral knee pain, self resolved followed by arthralgias in multiple joints in concert with weight loss

Eight Months

### Concerns for renal malignancy; MRI found renal infarct; creatinine continues to worsens

1st ED Visit

Ankle weakness along with b/l leg weakness

### Hematologic and autoimmune work up sent

Hospitalized

#### 2nd ED Visit

Epitaxis, fall d/t b/l ankle weakness

#### Management

- Pulse dose steroid; rituximab infusion, and hemodialysis

**Reference**

- Created with BioRender.com

**Case Presentation**

MRI: renal infarct and peripelvic cysts; elevated creatinine attributed to contrast

**SECOND HOSPITALIZATION**

- Elevated protein/creatinine 11458 mg/dL

- Myeloma workup negative

- Positive anti-proteinase-3 (PR3); anti-smooth muscle antibodies with low C4 levels

**Conclusion**

Pauci-immune glomerulonephritis with nephrotic syndrome has not been explored in detail in the research literature, given its rare occurrence. Our case adds to the body of evidence regarding its management and clinical course.