

Documents

Baert, C.A.^a, Aydin, S.^a, Leroy, P.^b, Durez, P.^a

Onset of IgA nephropathy in a patient treated with infliximab for ankylosing spondylitis
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^a Rheumatology, Cliniques Universitaires Saint-Luc, Bruxelles, Belgium

^b Department of Nephrology, Chr Mons-Hainaut, Mons, Hainaut, Belgium

Abstract

We report the case of a 43-year-old man, suffering from ankylosing spondylitis and treated with Infliximab 5 mg/kg every 2 months, with an excellent disease control. During a follow-up consultation, an incipient renal insufficiency is detected. A urine analysis showed haematuria and proteinuria and a renal puncture-biopsy revealed an image of IgA nephropathy. Several cases of IgA nephropathy have been reported in the literature associated with ankylosing spondylitis. Some of them occur in patients treated with antitumour necrosis factor, but it is unclear whether this pathology is caused by the treatment or whether treatment failed to prevent its occurrence. Our clinical case highlights the importance of regular monitoring of renal function in patients with ankylosing spondylitis, as well as urinary spotting. The question of whether the disease itself, the treatment or other factors such as immune dysregulation could be held responsible for kidney disease will be addressed in the discussion. ©

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anklosing spondylitis; biological agents

Index Keywords

C reactive protein, infliximab, paracetamol, tumor necrosis factor, antirheumatic agent, infliximab, tumor necrosis factor; adult, ankylosing spondylitis, Article, backache, case report, clinical article, disease association, disease control, follow up, hematuria, human, human tissue, immune dysregulation, immunoglobulin A nephropathy, kidney biopsy, kidney failure, kidney function, male, physiotherapy, priority journal, proteinuria, sacroiliitis, urinalysis, ankylosing spondylitis, biopsy, complication, immunoglobulin A nephropathy, kidney, kidney function test, pathology, physiologic monitoring, remission, urine; Antirheumatic Agents, Biopsy, Glomerulonephritis, IGA, Hematuria, Humans, Infliximab, Kidney, Kidney Function Tests, Male, Monitoring, Physiologic, Proteinuria, Remission, Spontaneous, Spondylitis, Ankylosing, Tumor Necrosis Factor-alpha

Correspondence Address

Durez P.; Rheumatology, Belgium; email: patrick.durez@uclouvain.be

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