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Early Humoral Responses of Hemodialysis Patients after COVID-19 Vaccination with BNT162b2


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Sodium-Glucose Cotransporter-2 Inhibitors and the Risk of Abnormal Serum Potassium Level

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Prevalence of SARS-CoV-2-IgG Antibodies in Children with CKD or Immunosuppression


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Catherine Quinlan and Michelle N. Rheault

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Rachel C. Carson, Brian Forzley, Sarah Thomas, Nina Preto, Gaylene Hargrove, Alice Virani, John Antonsen, Melanie Brown, Michael Copland, Marie Michaud, Anurag Singh, and Adeera Levin

Review

1131 Management of Heart Failure Patient with CKD
Debasish Banerjee, Giuseppe Rosano, and Charles A. Herzog

On the Cover

Case Description:
What is the diagnosis?
A 49-year-old male presented with lower extremity edema and a rash on his legs, torso, and back. Serum creatinine was 1.3 mg/dl, albumin was 0.9 g/dl, and the urine protein-creatinine ratio was 6 g/g. Syphilis IgG and IgM antibodies were reactive >8.0 antibody index (>1 is positive), and active infection was confirmed with a reactive rapid plasma regain test (1:64). Serum antiphospholipase A2 receptor (PLA2R) antibodies and thrombospondin type-1 domain-containing 7A (THSD7A) antibodies were negative.

Image Description:
Left: Light microscopy with Jones silver stain. Normal-appearing glomerular basement membrane with no spikes or circular lucencies identified.
Center: Immunofluorescence microscopy showed 1+ IgG granular glomerular basement membrane deposition.

Teaching Points:
Findings support the diagnosis of secondary membranous nephropathy due to secondary syphilis. The patient had no evidence of active malignancy, and his anti-PLA2R and THSD7A were negative, as were other serologies. Secondary membranous nephropathy due to secondary syphilis occurs as an antibody response mounted against *Tremponema pallidum*, resulting in deposition of IgG, usually in the mesangium (1), although in this case it was in the subepithelial region. Treatment with 2.4 million units of penicillin G was given prior to discharge, and at hospital follow-up, the patient’s edema and maculopapular rash had resolved. Unfortunately, he was unwilling to obtain laboratory results and subsequently was lost to follow-up.


(Images and text provided by Natalie Freidin, Department of Medicine, Division of Nephrology, Medical University of South Carolina, Charleston, South Carolina; Sally Self, Department of Pathology and Laboratory Medicine, Medical University of South Carolina, Charleston, South Carolina; Romik Srivastava, Department of Medicine, Medical University of South Carolina, Charleston, South Carolina; Lauren Croason-Hindman, Department of Pathology and Laboratory Medicine, Medical University of South Carolina, Charleston, South Carolina; and Joshua Harbaugh, Department of Medicine, Division of Nephrology, Medical University of South Carolina, Charleston, South Carolina.)