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1083 Kidney Disease Symptoms before and after Kidney Transplantation
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Erratum
1100 Correction

Genomics of Kidney Disease
1101 Genetic Basis of Type IV Collagen Disorders of the Kidney
Catherine Quinlan and Michelle N. Rheault

Kidney Case Conference: How I Treat
1110 Dialysis-Associated Neurovascular Injury (DANI) in Acute Brain Injury: Practical Considerations for Intermittent Dialysis in the Neuro-ICU
Shivani Ghoshal and Amay Parikh
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.