

PAPILLARY THYROID CARCINOMA AS CAUSE OF SECONDARY MEMBRANOUS GLOMERULONEPHRITIS

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Introduction: Nephrotic syndrome classically presents severe proteinuria, hypoalbuminemia, hypercholesterolemia, edema, and hypertension. Membranous glomerulonephritis is responsible for 20% of nephrotic syndrome in adults. 20-30% of cases with membranous glomerulonephritis are due to solid malignancies, secondary causes such as infection, and rheumatological diseases. Autoantibodies against the podocyte antigen phospholipase A₂ receptor (PLA2R) have been detected in 70% of patients with idiopathic membranous glomerulonephritis.

Case: A 67-year-old male patient with known diabetes, hypertension, coronary artery disease, and hypothyroidism applied to our clinic with the swelling in the legs. Positive findings were that pretibial edema was bilateral, right basal rales, hypoalbuminemia in the studies, hypercholesterolemia, +2 proteinuria in complete urinalysis, 12.3 g proteinuria in 24-hour urine. Kidney ultrasound of the patient with both kidneys is of average size, grade 1 increase in parenchymal echo. Kidney biopsy showed significant basement membrane thickening in all glomeruli, and the IgG capillary was granular++, consistent with membranous glomerulonephritis. In ultrasound, a lymph node (metastasis?) was found in the right cervical region, the largest 2x1 cm in size, with heterogeneous cortex with no hilum and some with microcalcification. In addition, thyroid and lymph node biopsies were planned. When the patient was diagnosed with nephrotic syndrome, tsh: 5.8 ft3:1.88 ft4:1.24, the thyroglobulin sent during the biopsy was:1980 calcitonin: 13.4. The patient's thyroid biopsy was compatible with papillary thyroid carcinoma.

Conclusion

Membranous glomerulonephritis is the most common cause of nephrotic syndrome in adults. It is essential to investigate secondary causes and pregnancy and other diseases that may cause it. Among the malignancies of secondary membranous glomerulonephritis, and lung and colon cancers, substantial tumors are often among the causes. There are very few thyroid cancer-associated membranous nephropathy cases thatched in the literature. Our topic will contribute to new data on this relationship.