



A rare case of early onset focal and segmental glomerulosclerosis in pregnancy with successful outcome

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Objective

We report a rare case of a pregnancy complicated by an early onset focal and segmental glomerulosclerosis.

Methods

Case report.

Results

Focal and segmental glomerulosclerosis (FSGS) is a clinicopathologic entity that is usually characterized by steroid-resistant nephrotic syndrome with a rapid progression to end-stage renal disease. Poor prognosis has been reported during pregnancy especially when the disease is an active stage and firstly diagnosed during the first trimester of pregnancy. Herein, we report the successful management of a rare case of steroid resistant FSGS presenting as nephrotic syndrome diagnosed in the first trimester of pregnancy. A 23 year-old patient (G1P0) attended to our hospital for routine pregnancy follow-up at 5 weeks of pregnancy. Proteinuria was detected on urinalysis and 24-hour urine sample revealed proteinuria of 11 g/day. Renal biopsy was performed and FSGS was diagnosed on the sixth week of gestation. Corticosteroid treatment (70 mg prednisolone/day) was immediately initiated. Termination of pregnancy was offered because of the poor prognosis for both, fetus and mother, of a new onset FSGS in pregnancy. Proteinuria levels were evaluated weekly. After initiation of corticosteroid treatment, 24-hour protein excretion decreased to 3 g/day (on the 17th week). However, at 18 weeks of gestation, 24-hour urine sample revealed 8.5 g/day of proteinuria. Cyclosporine treatment was added due to steroid resistance (2x75 mg) and antihypertensive therapy (α -methyl dopa 250 mg TDS) was started due to high blood pressure (150/110 mmHg). She also received prophylactic doses of anticoagulant therapy (enoxaparin sodium 1 x 0.4 cc and aspirin 100 mg/day) and oral supplementation of essential amino-acids. The proteinuria decreased again to 4 g/day at 22 weeks' gestation and it remained stable between 4.6 to 4.9 g/day through week 29 of gestation when the proteinuria reached 6.1 g/day. Fetal biometry was always appropriate for gestational age. At 31 weeks' gestation, cesarean section was performed due to deterioration in low serum total protein levels, increased edema, progressive symptoms of edema, dyspnea and orthopnea and decreased ejection fraction on echocardiography (46%). A 1320 g female fetus was born and no neonatal complications were reported.

Conclusion

FSGS is the worst prognosis glomerulonephritis during pregnancy. Although these are high-risk pregnancies, the obstetric and perinatal outcomes have improved during the last year due to a better understanding and management of the disease.