A case of maternal focal segmental glomerulosclerosis
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Objective
In the current report, we aimed to present a pregnancy complicated by maternal focal segmental glomerulosclerosis with severe proteinuria and severe intrauterine growth restriction.

Methods
Case report.

Results
A 23 year old, nulliparous woman (G: 1 P: 0) applied to our clinic for bilateral lower extremity edema at 25 weeks of gestation. Proteinuria had been detected first at the 25th gestational week. At first, 24-hour urine sample revealed proteinuria of 880 mg/day. Her blood pressure was 110/70 mmHg. Serum creatinine was normal (0.7 mg/dL). Plasma C4 activity was decreased (0.15 g/L). Anti nuclear antibody was positive. Ultrasonography for kidney was normal. At the beginning, systemic lupus erythematosus with nephritis was suspected. For further examination she hospitalized in our clinic at 28 weeks of gestation. In obstetric ultrasound, fetus was compatible with 24 gestational week (2.3 percentile) and the amniotic fluid volume was 90. Umbilical artery doppler was normal. At 31 weeks of gestation massive proteinuria was detected in 24-hour urine sample, 20184 mg/day. Renal biopsy was performed to determine the cause of proteinuria. Focal segmental glomerulosclerosis was diagnosed on the 32nd week of gestation. Corticosteroid treatment (60 mg prednisolone/day) and cyclosporine treatment (100 mg twice daily) were immediately initiated. At the 32nd gestational week, cesarean section was performed due to preterm labor and spontaneous rupture of membranes with breech presentation. A 1180 g female fetus was born and no neonatal complications were reported.

Conclusion
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. However, due to a better understanding and management of the disease, the current pregnancy was managed.