Clinical and outcomes are summarised in table I, with 32% (4/12) of patients having classic pauci-immune GN secondary to ANCA-associated vasculitis. Abnormal urinary findings in association with extra-renal manifestations of disease may alert clinicians to this diagnosis. Confirmation of organ-threatening involvement on renal biopsy may significantly influence treatment decisions.

Conclusion: Low threshold of clinical suspicion for FNGN/CGN, prompt biopsy and early initiation of treatment may prevent irreversible kidney damage and improve long-term outcomes in these patients.

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Focal necrotizing and crescentic glomerulonephritis in patients with normal serum creatinine
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Introduction: Focal necrotizing (FNGN) and crescentic glomerulonephritis (CGN) are common renal manifestations of systemic vasculitis. They usually present as rapidly progressive glomerulonephritis and have a poor prognosis if untreated. These pathological findings, however, are not always accompanied by abnormalities of renal function. We aimed to establish the frequency and outcomes of patients presenting with FNGN/CGN and normal serum creatinine at our centre.

Patients: We conducted a retrospective review (1995–2011) of all adult patients who presented with native renal biopsy proven FNGN/CGN and normal serum creatinine (<120 micromol/L).

Results: Thirty-eight patients were identified, median age 57 years (range 17–78), 29% male. Biopsies showed median 14 glomeruli (4–33), with 32% (4–100%) of glomeruli affected by necrosis/crescents. All patients received immunosuppression in accordance with local protocols. Median duration of follow-up was 45 months (2–184). Clinical features and outcomes are summarised in table I – as shown, the vast majority of patients had good outcomes at 1 year and at last follow-up. The majority of patients had extra-renal manifestations of vasculitis or autoimmune rheumatic disease. Two patients progressed to ESRF (both secondary to lupus nephritis, at 21 & 29 months) and four patients died during follow-up (at 2, 12, 96 & 122 months).

Discussion: FNGN/CGN may occasionally present in patients with normal serum creatinine. This occurs most commonly in patients with pauci-immune GN secondary to ANCA-associated vasculitis. Abnormal urinary findings in association with extra-renal manifestations of disease may alert clinicians to this diagnosis. Confirmation of organ-threatening involvement on renal biopsy may significantly influence treatment decisions.

Conclusion: Low threshold of clinical suspicion for FNGN/CGN, prompt biopsy and early initiation of treatment may prevent irreversible kidney damage and improve long-term outcomes in these patients.

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