A CASE OF IMMUNOGLOBULIN A NEPHROPATHY IN ASSOCIATION WITH CROHN'S DISEASE IN A PATIENT TREATED WITH INFLIXIMAB

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A case report describes IgA nephropathy developing in a 27-year-old male with Crohn's disease after six years of Infliximab treatment, with recovery following drug discontinuation and corticosteroid therapy.

KEY POINTS

- The patient initially presented with Crohn's disease at age 16, was treated with Infliximab and other agents, and achieved deep remission for years before developing renal complications
- Six years into Infliximab treatment, routine labs revealed hypoalbuminemia (2.8 gr/dL), proteinuria (1 g per day), hematuria, and anemia, with normal kidney function and no inflammatory markers
- Kidney biopsy confirmed IgA nephropathy; Infliximab was discontinued as the suspected causative agent and corticosteroid therapy was initiated, resulting in remarkable recovery
- The authors conclude that because the patient had been in deep remission for years, Crohn's disease alone was presumably not the cause and Infliximab was identified as the potential inducer of IgA nephropathy
- This case may be relevant to gastroenterologists and nephrologists monitoring patients on long-term TNF antagonist therapy for inflammatory bowel disease

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