Collapsing FSGS without HIV and associated Paraproteinemia
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Collapsing FSGS is a nephrotic syndrome that is most frequently associated with HIV infection. This case is a presentation of a 56 year old woman who presented to the ED secondary to relentless nausea, vomiting, abdominal discomfort and edema three times in one week. Work up studies using a complete blood count, complete metabolic panel, and autoimmune etiologies was investigated, along with a crystalloid challenge with no improvement. On initial lab studies, there was a high creatinine despite a normal baseline, and significantly elevated IgM kappa light chains. A renal biopsy was conducted, and a diagnosis of collapsing subtype of focal segmental glomerulosclerosis was made. Treatment was initiated with high dose prednisone as the backbone, and within two weeks, the patient was stabilized despite a rapidly progressing creatinine, and began hemodialysis. The significance of this case presentation stems from the rarity of cFSGS without associated HIV infection. Furthermore, our lack of understanding of the pathophysiology of collapsing FSGS, prevents us from optimal treatment, and negatively impacts mortality. Finally, the significantly elevated IgM light chain disease proved to be an added level of complexity secondary to the initially unclear etiology of renal damage. Because of this, treating cFSGS with prednisone may, at times, hide the true underlying pathology of the kidney.