Solutions to Fibrillary Glomerulonephritis Anagrams

1. MESANGIAL PROLIFERATION

The most common light microscopic pattern of glomerular injury in patients with FGN is mesangial proliferation with variable degrees of hypercellularity, sclerosis, and immune deposits. The second most common pattern is membranoproliferative glomerulonephritis (MPGN). Other patterns of glomerular injury include membranous nephropathy, diffuse proliferative GN, and rarely crescentic GN.

2. TEN TO THIRTY NANOMETER

Fibrillary glomerulonephritis (FGN) is characterized by Congo Red negative mesangial and/or capillary wall IgG deposits that show randomly arranged non-branching fibrils that typically measure 10 to 30 nm in external diameter**.**

3. HEPATITIS C

Chronic hepatitis C viral (HCV) infection has been commonly reported in patients with FGN. Whether it plays a role in the pathogenesis of the disease is not known. In addition to autoimmune disorders and dysproteinemias, screening for HCV is warranted at diagnosis and follow-up of patients with FGN**.**

4. MEMBRANOPROLIFERATIVE

Renal prognosis is poor in patients with FGN, with about 50% of patients progressing to ESRD. Renal survival varies according to the light microscopic pattern of glomerular injury. Patients with the MPGN pattern of injury have been reported to have significantly worse renal survival compared to patients with mesangial proliferative GN. As per Javaugue et al, renal survival in mesangial GN was 96 months, membranous GN 46 months, and MPGN 26 months.

5. AUTOIMMUNE DISORDERS

Screening for autoimmune disorders, dysproteinemia, carcinomas, and HCV is warranted at diagnosis and during follow-up of patients with FGN. Autoimmune diseases were found in about 10-30% of patients with FGN.

6. IMMUNOTACTOID GLOMERULONEPHRITIS

Immunotactoid GN is defined by the presence of glomerular IgG deposits, which by EM are organized into hollow microtubules of 10-50 nm in external diameter arranged in parallel arrays. In contrast to FGN, immunotactoid GN is commonly observed in the setting of B cell lymphoproliferative disease, most often chronic lymphocytic leukemia.