Membranous Nephropathy in Ankylosing Spondylitis

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Sir,

We read with interest the report of IgA nephropathy in ankylosing spondylitis by Bailey et al. [Nephron 26: 171–173, 1980] and would like to submit our recent experience on a patient with ankylosing spondylitis and membranous nephropathy.

A 42-year-old man was diagnosed as having ankylosing spondylitis on the basis of a 20-year history of low back pain, bilateral sacroiliitis, presence of the HLA-B 27 antigen, and absence of rheumatoid factor. He had received steroids but no penicillamine or gold. He was referred for investigation of nephrotic syndrome. Proteinuria was 14.4 g/day, serum creatinine was 1 mg/dl (88.4 μ mol/l), and serum albumin was 21.9 g/l. Urinary sediment was normal. Serum complement components (C3, C4 and CH50) were within normal limits and antinuclear antibodies were negative. A renal biopsy specimen showed capillary wall thickening and argyrophilic spikes. Immunofluorescence disclosed diffuse granular deposits of IgG and C3 along the glomerular capillary wall. Electron-dense subepithelial deposits were seen on electron microscopy (fig. 1). The diagnosis of membranous nephropathy was made. There was no histologic evidence of amyloidosis.

Ankylosing spondylitis is generally considered to be related to rheumatoid arthritis. Membranous nephropathy has been described in rheumatoid arthritis, even in the absence of gold or penicillamine therapy [1], but to our knowledge, this is the first report of an association of membranous nephropathy with ankylosing spondylitis.

Until now, renal involvement in ankylosing spondylitis was considered to be rare and when present it was generally due to amyloidosis. Our findings, and the previous report of IgA nephropathy in this disease, suggest that immune-complex mediated nephropathies of various types can also be seen in ankylosing spondylitis. Further experience with larger number of patients is needed to confirm this preliminary observation.

Fig. 1. Electron-dense subepithelial deposits. Electron micrograph. $\times 3,200$.

References

I Samuels, B.; Lee, J.C; Engleman, E.P.; Hopper, J., Jr.: Membranous nephropathy in patients with rheumatoid arthritis: relationship to gold therapy. *Medicine, Baltimore* 57: 319–327 (1977).