

## Elasomeran

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**IgA nephropathy: case report**

A 54-year-old woman developed IgA nephropathy (IgAN) relapse following vaccination with elasomeran for prevention of COVID-19 infection.

The woman presented with gross haematuria after receiving the second dose of elasomeran [mRNA-1273; Moderna] vaccine. Her medical history included biopsy-proven IgAN after strep throat infection in 2006. Concurrent conditions included obesity, gastrointestinal reflux disease and hypertension. She had no prior COVID-19 infection. She had been receiving enalapril, hydrochlorothiazide and propranolol. On presentation, urinalysis was subnephrotic range proteinuria, presence of blood and RBCs. The total urinary protein to creatinine ratio was 1.03. After 2 days, her gross haematuria resolved spontaneously. Vital signs were as: body temperature 36.5°C, BP 122/88mm Hg and HR 78 beats/minute. Physical examination revealed lower extremity oedema. One week after the vaccination, her creatinine increased and estimated glomerular filtration rate was found to be decreased, suggesting acute kidney injury. Therefore, kidney biopsy was performed and histology revealed tubular atrophy and mild interstitial fibrosis without crescents. An immunofluorescence study showed weak IgA staining in mesangium whereas negative IgG staining. Her differential diagnosis included de-novo glomerulonephropathies, IgAN relapse, urinary tract infection and urinary tract haemorrhage with obstruction. Based on the history and kidney biopsy findings, IgAN relapse was considered to be the most likely cause.

The woman was treated with prednisone resulting in improved creatinine level. Therefore, prednisone dose was tapered down over 2 months. Serum creatinine recovered ~3 months after the steroid therapy initiation. She tolerated the steroid therapy without complications.

Watanabe S, et al. IgA nephropathy relapse following COVID-19 vaccination treated with corticosteroid therapy: case report. *BMC Nephrology* 23: 135, No. 1, 7 Apr 2022.  
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