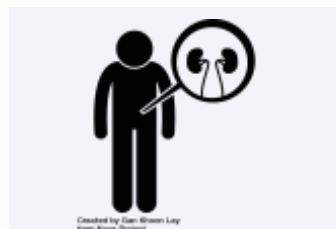
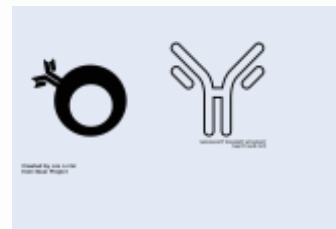


# A case of MGRS reported in the Republic of Kosova: challenges in diagnosis, treatment and management

## Case report



SHOQATA E NEFROLOGËVE TË KOSOVËS  
KOSOVA SOCIETY OF NEPHROLOGY



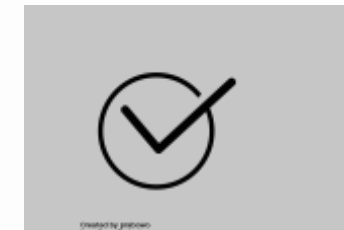
A 62 year old male with proteinuria, hypoalbuminemia, ascites and renal failure. Secondary glomerular disease was suspected.

SPEP, UPEP, immunofixation assays without any significance.

Bone marrow aspirate: less than 10% plasma cells.

Bone marrow biopsy: on IHC, increased staining for CD 20+ B Cells, CD 138 + cells.

Renal biopsy : features of both Immunotactoid glomerulopathy and Cryoglobulinemic glomerulonephritis. MGRS was diagnosed. Bortezomib based treatment protocol was started. Renal response was achieved: serum urea and creatinine ↓, proteinuria ↓



Godanci Kelmendi Vjollca<sup>1</sup> Kovaci Anita<sup>1</sup>, Cavolli Viola<sup>2</sup>  
UCCK University Clinical Centre of Kosova Nephrology and Hematology departments

## CONCLUSION

How these renal lesions found on biopsy relate to a specific hematological disorder is yet unknown, however we want to raise awareness in diagnosing and treating MGRS in order to prevent the progression of kidney failure.