#1939 - Pauci-immune necrotizing glomerulonephritis following IVIG treatment due to Guillain–Barré syndrome: A case report	
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Body	ABSTRACT **INTRODUCTION;** Pauci-immune necrotizing glomerulonephritis (PING) is mainly characterized by rapidly progressive glomerulonephritis that confirmed histologically by focal glomerular necrosis and extra-capillary proliferation without evidences of glomerular immune deposits [1]. Herein, we describe a case of PING early following the final diagnosis of Guillain–Barré syndrome treated with IVIG. **CASE PRESENTATION;** A 51-year old women who suffered from lower limb paresthesia and dysphagia as well as dyspnea referred to our clinic. Electromyography of bilateral deltoid and quadriceps showed the evidence of severe decrease in recruitment indicating severe acute demyelinating sensory-motor polyradiculoneuropathy. With the final diagnosis of Guillain–Barré syndrome, the patient was treated with IVIG and lower limbs physiotherapy that resulted in gradually improvement of clinical condition and discharging. However because of anemic appearance and also lower limb bilateral edema, the patient referred again. In physical examination, lower limb edema (2+) was revealed. urinalysis showed severe proteinuria (3+), severe hematuria (3+) and piuria. In biopsy, cellular crescent formations with neutrophilic infiltration indicating fibroid necrosis were evident. In total, the evidences obtained by biopsy were matched with the diagnosis of Pauci-Immune Crescentic and necrotizing

Glomerulonephritis.

To confirming the diagnosis, ANCA test was highly recommended. In this complementary test, C-ANCA was in the normal range, but the increase in P-ANCA was shown confirming the diagnosis.

Thus, the patient was begun to treat with plasmapheresis and pulse corticosteroid therapy leading gradually clinical improvement.

DISCUSSION;

Pauci-immune necrotizing glomerulonephritis (PING) is mainly characterized by rapidly progressive glomerulonephritis. This phenomenon appears as primary renal limited disease or as secondary to systemic necrotising small vessel vasculitis or other unusual clinical conditions. The clinical manifestations of PING may be complex with a combination of renal and extra-renal manifestations dependent to sites of involvement. Herein, we describe a case of PING early following IVIG treatment due to the diagnosis of Guillain–Barré syndrome that finally diagnosed based on histological assessment.

In final, after achieving the final diagnosis of PING, our case was well managed leading a good clinical condition and gradually improvement.

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