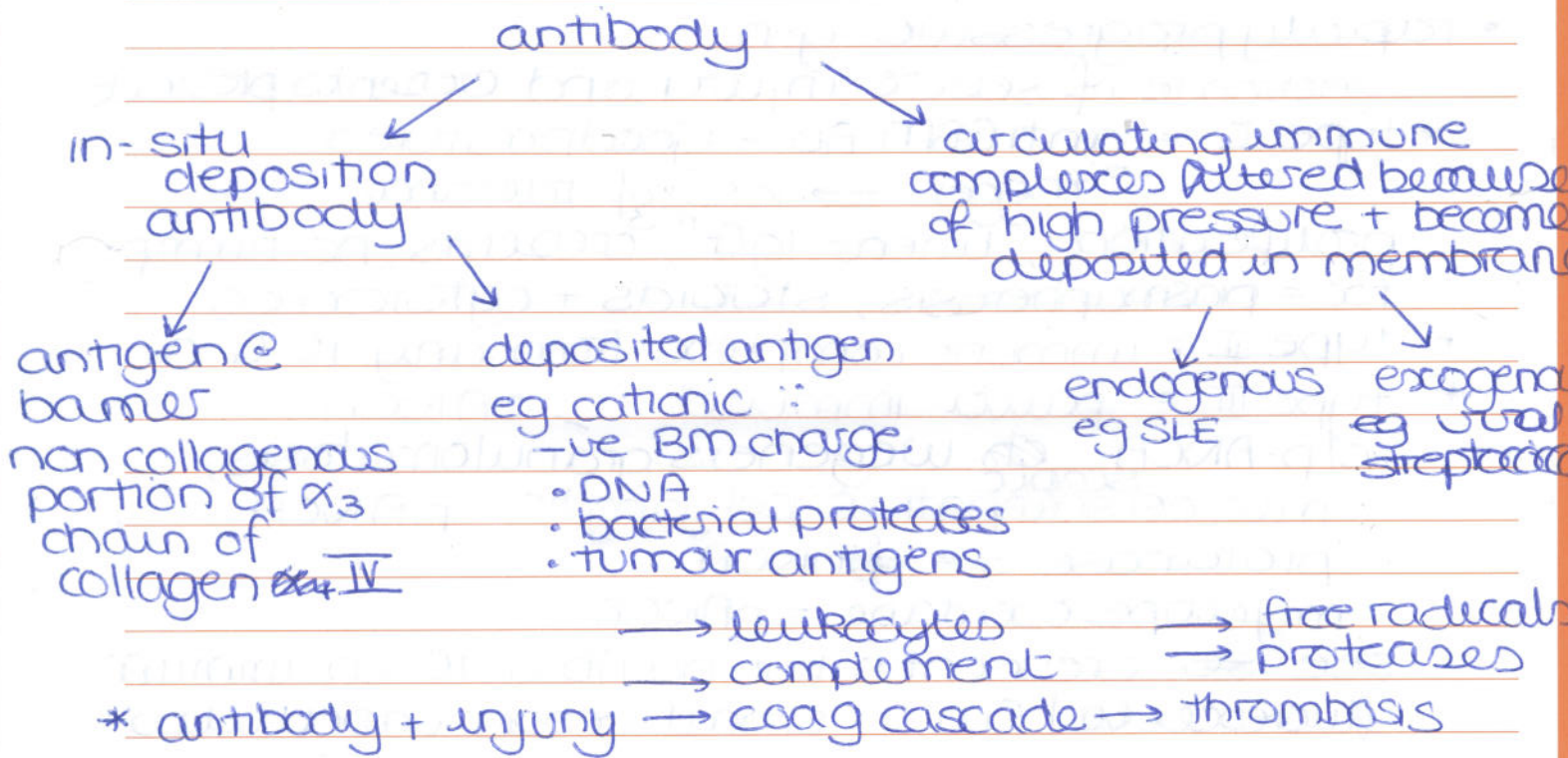
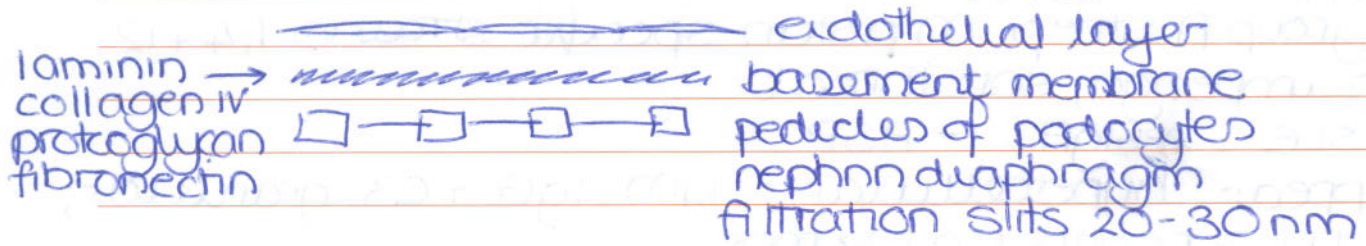


- glomerulonephritis = inflammation @ glomerulus



- * podocytes → efface, vacuolise, retract, detach
- * altered BM integrity
- * ↑ glomerulus cellularity

⇒ haematuria, proteinuria, ↓ filtration surface, ↓ GFR

loss of capillary support due to podocyte loss → sclerosis; hypercellularity; ↑ fibrin = 'crescents'; BM thickened :: ICs

• acute proliferative g-n

* trigger = IC

- group A strep M protein specific strains 1,4+12
eg impetigo, sorethroat

- SLE - IgA - HSP

* appear hypercellular; IgM, IgG + C3 granular;
BM subepithelial humps

• rapidly progressive g-n

Syndrome of severe injury and crescents present

* type I = anti GBM Ab = goodpastures

? trigger → loss of tolerance

proliferation; linear IgG^{+C3}; crescents; no hump
tx = plasmapheresis; steroids + cytotoxics

* type II = immune complex from any IC G-n

* type III = "pauci-immune" cANCA

c/p-ANCA Wegener's granulomatosis;

microangiopathic polyangiitis pANCA

proteinase 3 = cANCA

myeloperoxidase = pANCA

see ~~se~~ crescents but no Ab or IC in immunofluorescence | Em ? small vessel vasculitis

• vasculitis

* polyarteritis nodosa: medium sized esp renal

transmural fibrinoid necrosis

varying ages

no granulomas

segmental

may aneurysm