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INTRODUCTION:

- AKI in peripartum has a broad differential, ranging from prerenal azotemia, acute tubular necrosis, HELLP syndrome, and thrombotic microangiopathies (TMAs).
- Co-existence of TMA with IgA nephropathy (IgAN) is rarely reported.
- Although these vascular lesions have been described in a subset of IgAN biopsies, the clinical implications are unclear.

CASE PRESENTATION:

- A 35-year-old Asian woman developed severe oliguric AKI following cesarean section for chorioamnionitis and maternal sepsis.
- Serum creatinine increased from 0.9 mg/dL to 4.8 mg/dL.
- Immunologic, infectious workups, and liver tests, along with the coagulation profile, were normal
- Urinalysis showed microscopic hematuria and non-nephrotic range proteinuria.
- Kidney biopsy demonstrated glomerular capillary loop prominence and focal arteriolar fibrin thrombi, alongside mesangial IgA deposits (Fig.1)
- She required a few sessions of dialysis along with supportive care
- Her renal function improved significantly, and she was discharged home in 10 days.

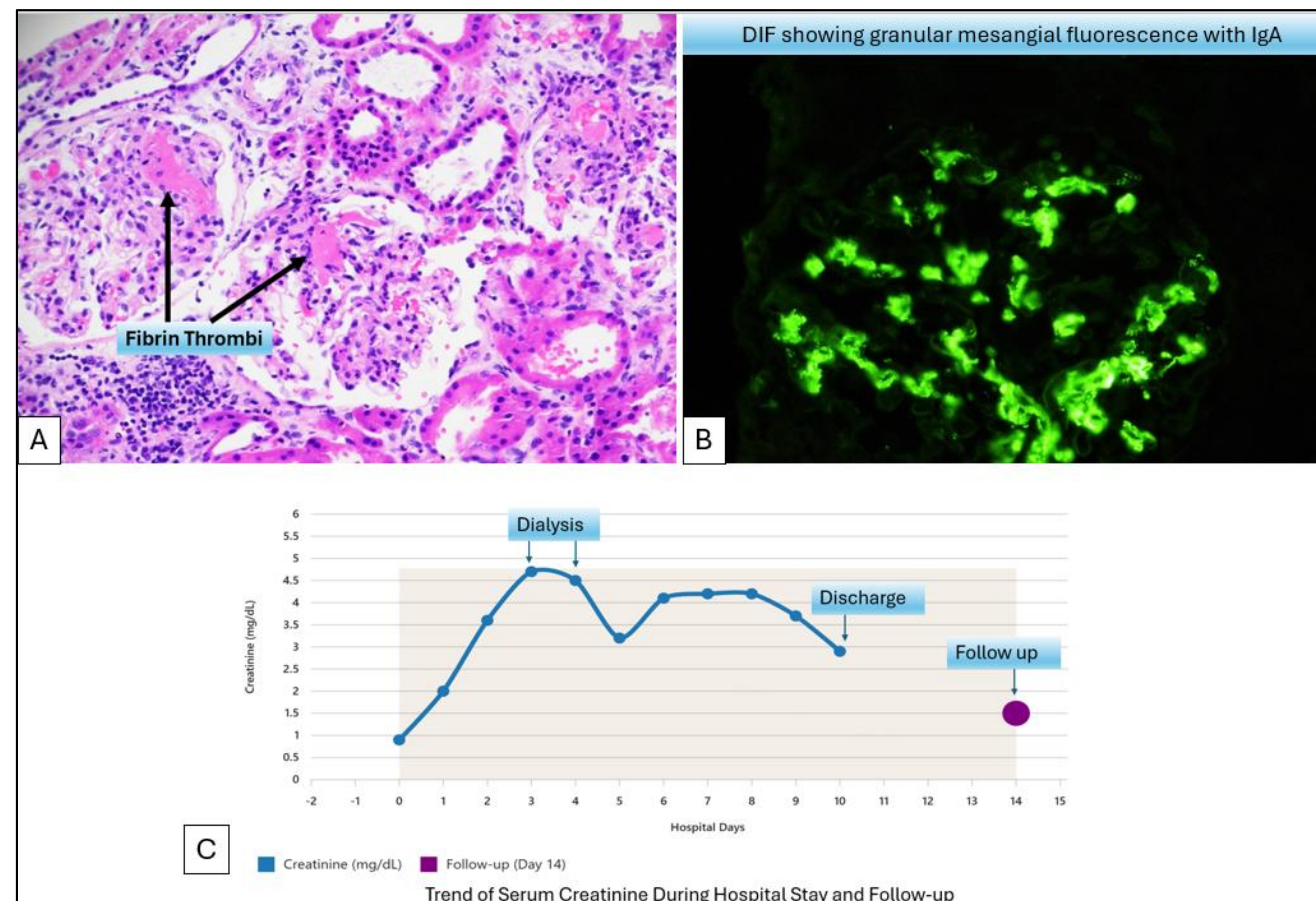


Fig. 1: (A) H&E stain of kidney biopsy showing fibrin thrombi, (B) DIF showing granular mesangial fluorescence with IgA, (C) Trend of serum creatinine

DISCUSSION

- This case highlights a rare overlap of IgAN and TMA in the postpartum setting
- Sepsis from chorioamnionitis can trigger microvascular thrombosis in a kidney vulnerable to endothelial activation in pregnancy, causing transient complement dysregulation, thus activating IgA immune response.
- The clinical context of peripartum infection with rapid recovery of kidney function probably supports this diagnosis.

CONCLUSION

- Postpartum AKI with biopsy-proven arteriolar fibrin thrombi with background IgAN is a rare cause of AKI needing conservative management alone in selected cases.
- Close follow-up and genetic testing might be necessary to monitor the renal function, rule out persistent complement-mediated diseases, and guide future pregnancy counseling.