

## Antiglomerular Basement Membrane Disease and Goodpasture's Disease

Syed Shabbar Musavi

University hospital Kerry, Co. Kerry, Ireland

### Abstract

Goodpasture's disease also known as anti-GBM disease associated with high level of circulating IgG autoantibodies to the Alpha 3 chain of type IV collagen [1].

In the Caucasian population, the occurrence of Good pasture disease is more prevalent, reaching 1 case per million per year. Anti-GBM disease with pulmonary involvement is more prevalent in males, around 80% usually occur in the 2nd decade, whereas isolated anti-GBM nephritis can also occur in older people without male preponderance.

Many patients with acute symptoms of lung haemorrhage may have kidney disease or have symptoms of lung haemorrhage in isolation, including cough, dyspnoea, haemoptysis, and iron deficiency anaemia. Renal involvement in glomerulonephritis may be presented with dark and red urine, but progression to oliguria is so fast that this step is skipped. Glomerulonephritis occurs in one third or half of patients in the absence of lung haemorrhage. Further deterioration is usually rapid once significant renal impairment has occurred.

Hematuria, modest proteinuria, dysmorphic red cell and red cell cast in microscopy have often been seen in urine examination (even apparently associated with pulmonary disease).

Renal biopsy is important because it gives diagnostic and prognostic information, typical histological features are diffuse proliferative glomerulonephritis with variable degree of necrosis, crescent formation, glomerulosclerosis and tubular loss. Linear deposition of immunoglobulin along with glomerular basement membrane is pathognomonic. IgG and anti-GBM antibodies that are circulating are almost always present. The titers of anti-GBM antibodies correlate with the intensity of nephritis. Shift in titer also represents treatment and relapses.

### Biography:

Syed Shabbar Musavi is skilled in Research, Clinical Research, Medical Education, Hospitals, and Medicine. He is dedicated to

all of his efforts for profession in the University hospital Kerry, Co. Kerry, Ireland.

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