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MONOCLONAL GAMMOPATHY OF RENAL SIGNIFICANCE: CASE REPORT

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Introduction: The term monoclonal gammopathy of renal significance (MGRS) was proposed by the International Kidney and Monoclonal Gammopathy Research Group in 2012 to designate the deposition of monoclonal proteins in the kidney with organ damage. Renal biopsy is fundamental for the investigation as it identifies the presence and pattern of renal monoclonal deposits - whether organized or not.

Case report: This is the case of a 77-year-old woman, hospitalized in February 2017 due to progressively worsening renal insufficiency lasting for a year, nephrotic syndrome and with indication of renal replacement therapy. Besides renal condition, she presented bicytopenia (anemia and thrombocytopenia) and despite negative serum protein electrophoresis and negative immunofixation of serum proteins, the immunofixation of urinary proteins showed a pattern suggestive of IgG/Kappa restriction. Considering the possibility of a disease in the spectrum of monoclonal gammopathies, a myelogram was performed with a representative sample and showed no evidence of plasma cell infiltration (which excluded multiple myeloma). Renal biopsy revealed a membranoproliferative pattern with subendothelial deposits of IgG, Kappa, Lambda, C3 and C1q in glomeruli. Electron microscopy evidenced mesangial and subendothelial fibrillary deposits. Thus, the association of clinical-laboratorial and morphological data made the MGRS diagnosis possible. However, there was no benefit in initiating chemotherapy as it was already an end-stage renal disease.

Conclusion: Renal biopsy is mandatory for the diagnostic definition of this recently described entity, characterized by renal deposition of monoclonal proteins originating from clones of small B-cells, and has therapeutic implications.

Note: