

C3 Glomerulopathy^{1,2}

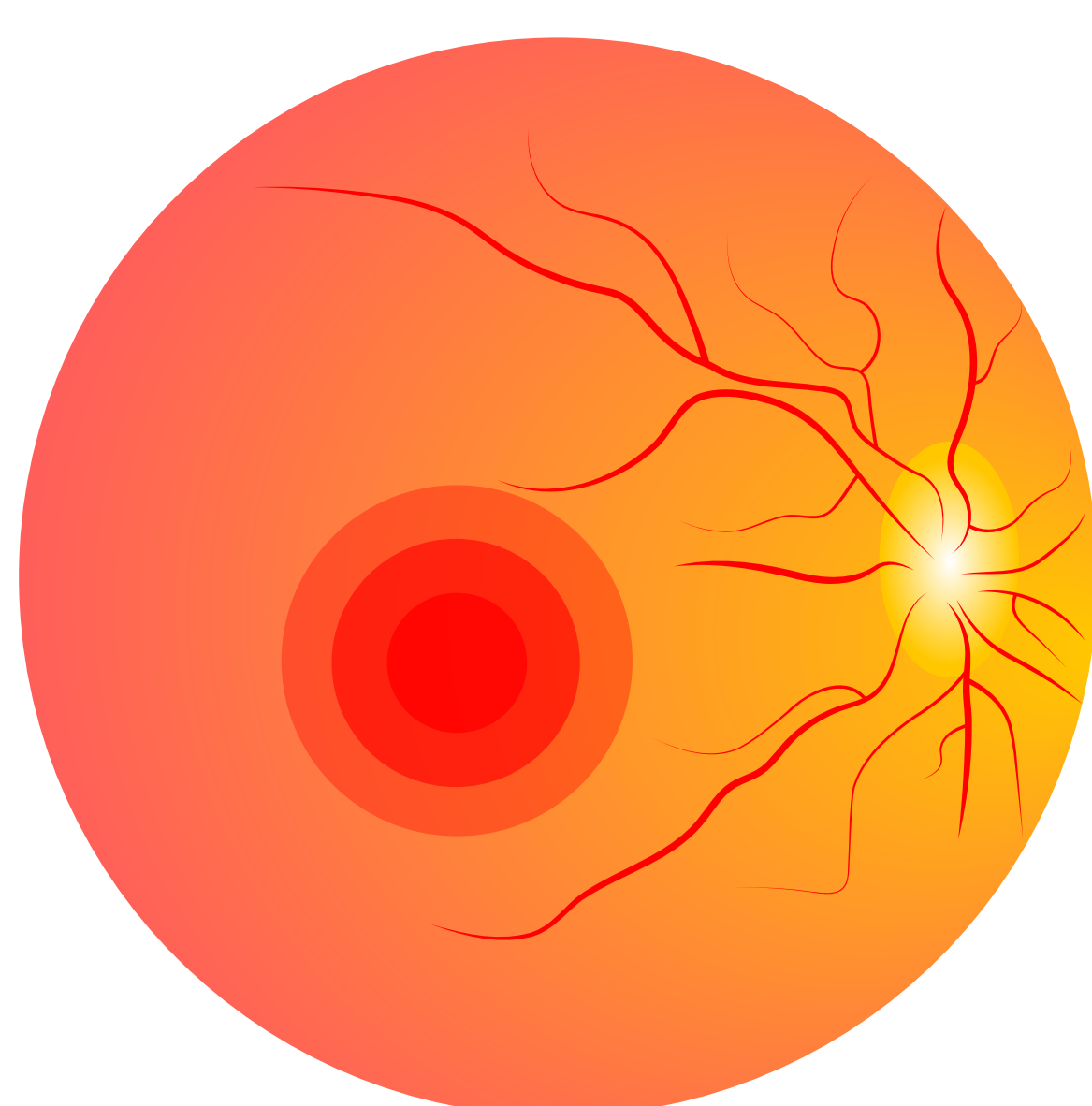
Presentation

Typical presentation

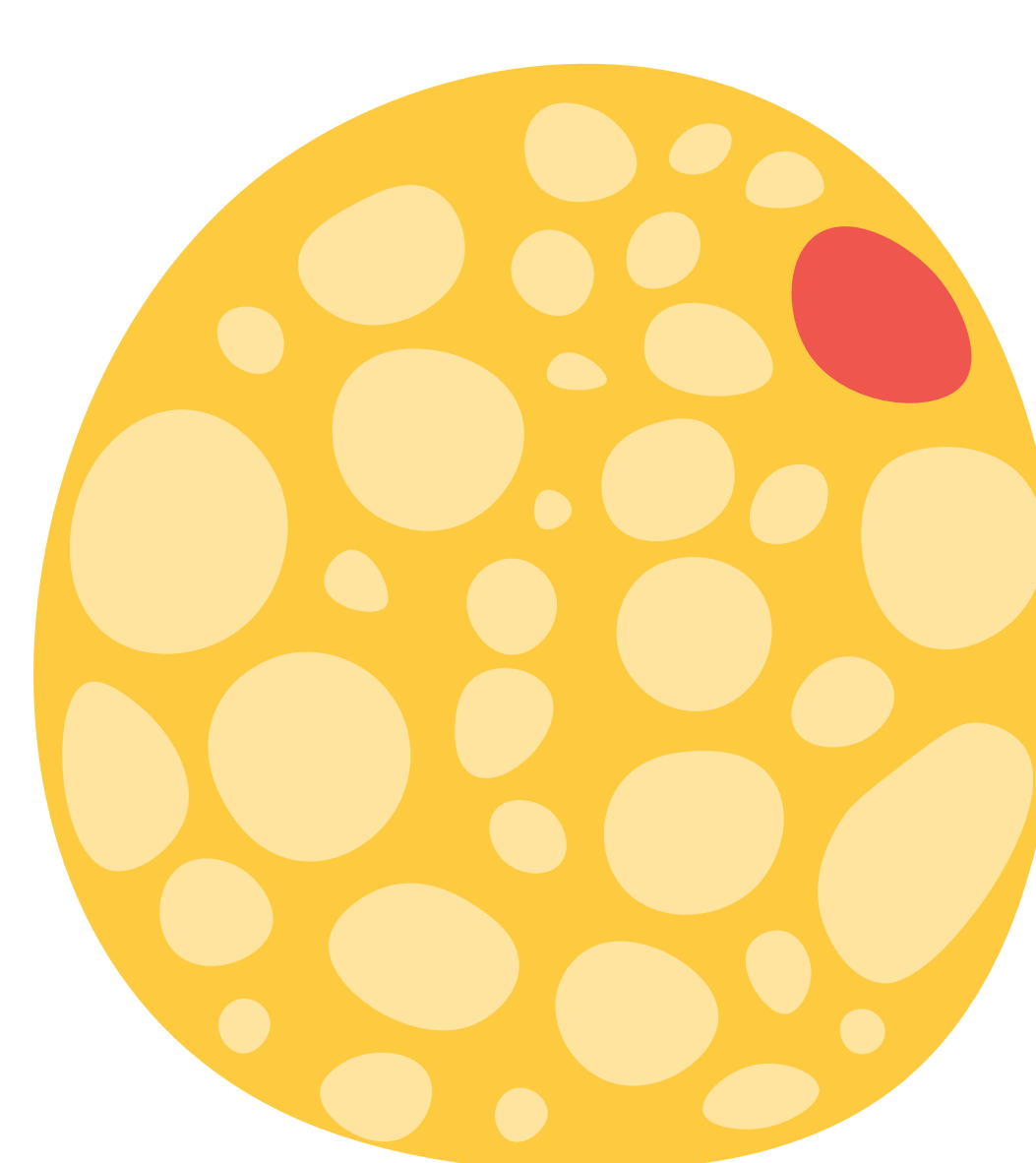


Proteinuria/
microscopic haematuria

May include (in some cases):



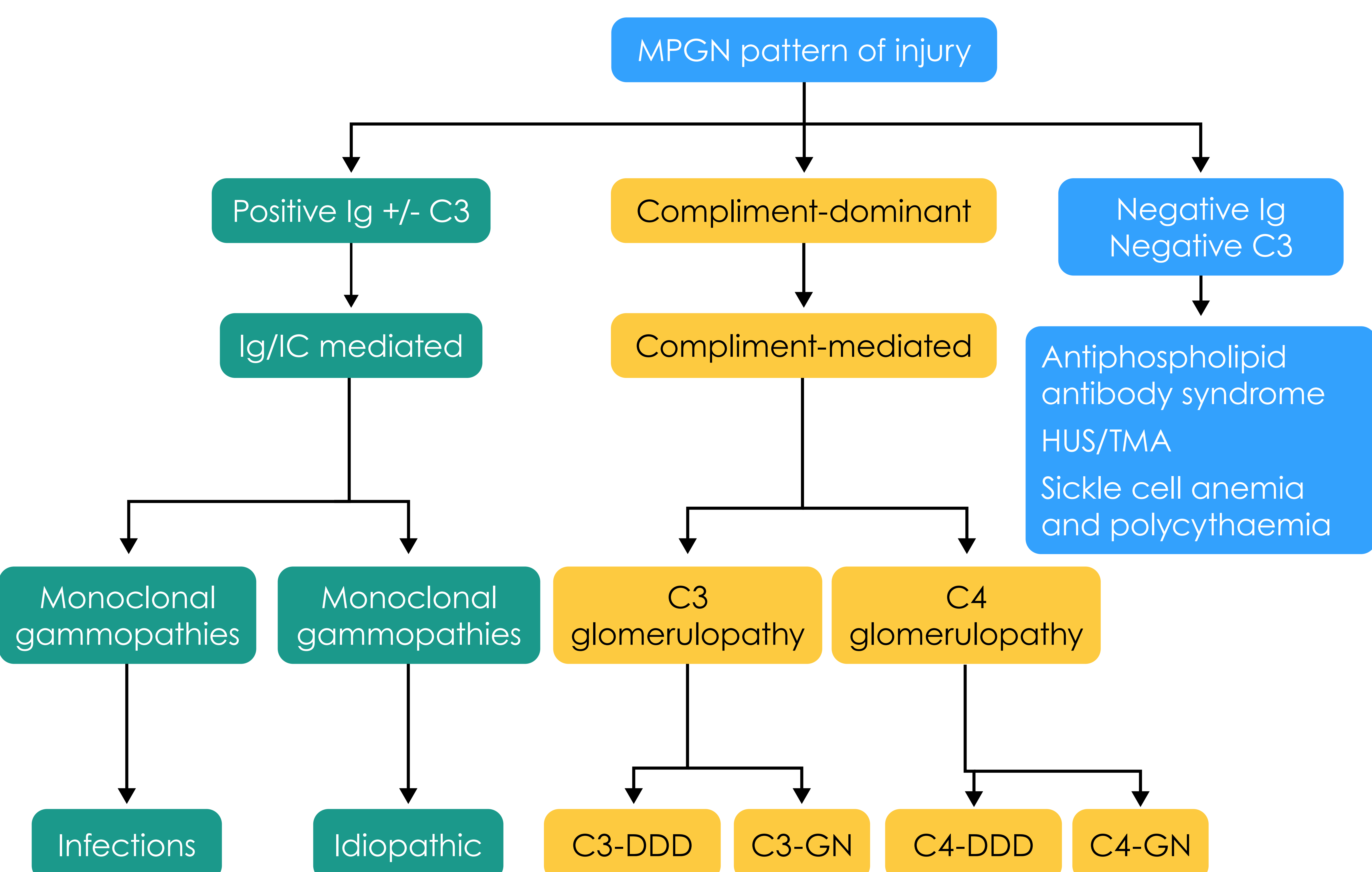
Retinal drusen



Lipodystrophy
(rare³)

Diagnosis

C3G is diagnosed via kidney biopsy with a membranoproliferative pattern of injury on histographic analysis and C3 deposition at least 2 orders of magnitude greater than any other immune reactant on immunofluorescence



Treatment

All patients should have optimal blood pressure control with renin angiotensin aldosterone system inhibitors and adequate lipid control should be achieved

Moderate disease

Urine protein
>500 mg/24 h
despite supportive
therapy

Moderate
inflammation
on biopsy

Recent increase in
serum creatinine

Treat with prednisone
and MMF

Severe disease

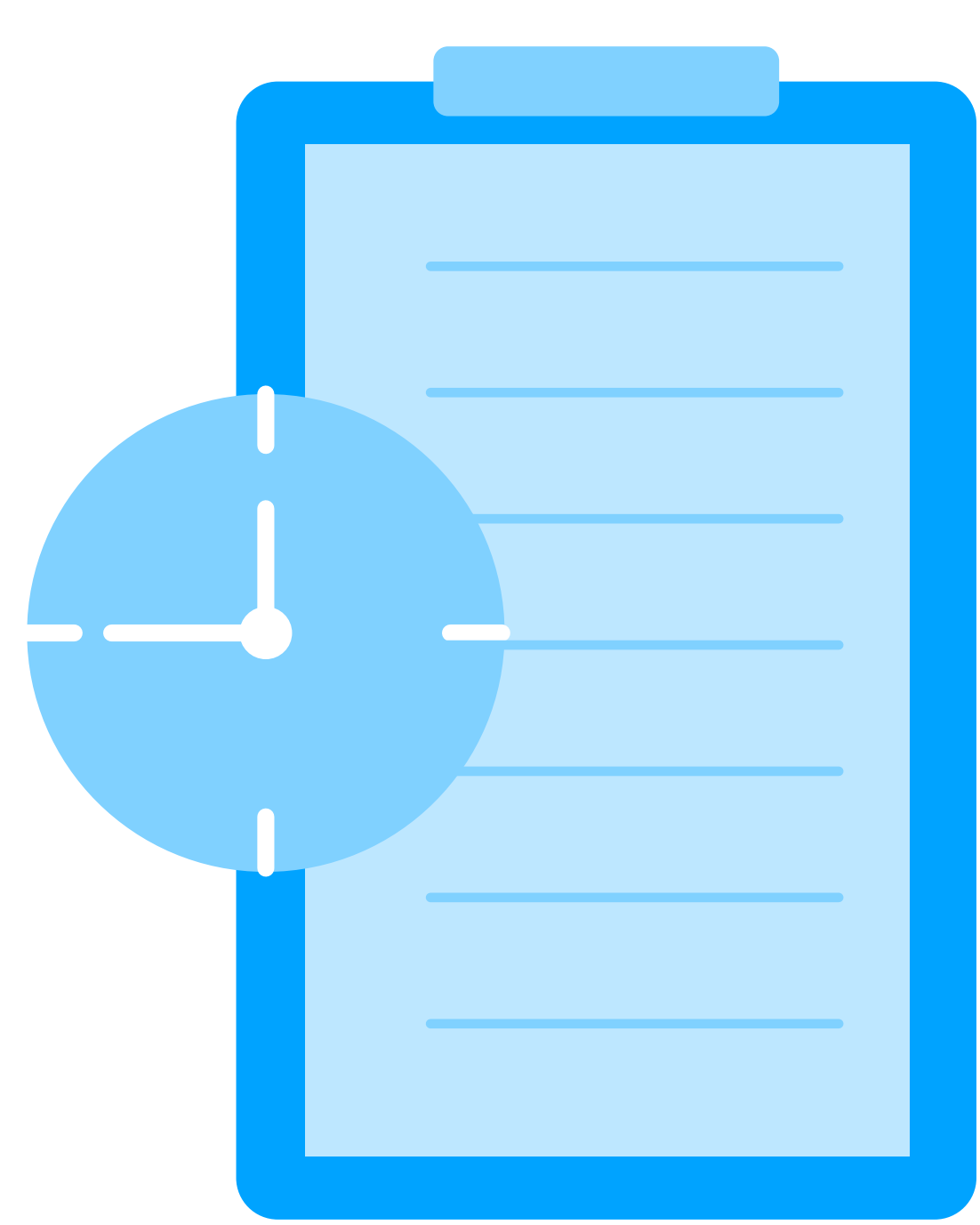
Urine protein
>2000 mg/24 h
despite supportive
therapy and
immunosuppression

Severe inflammation
on biopsy

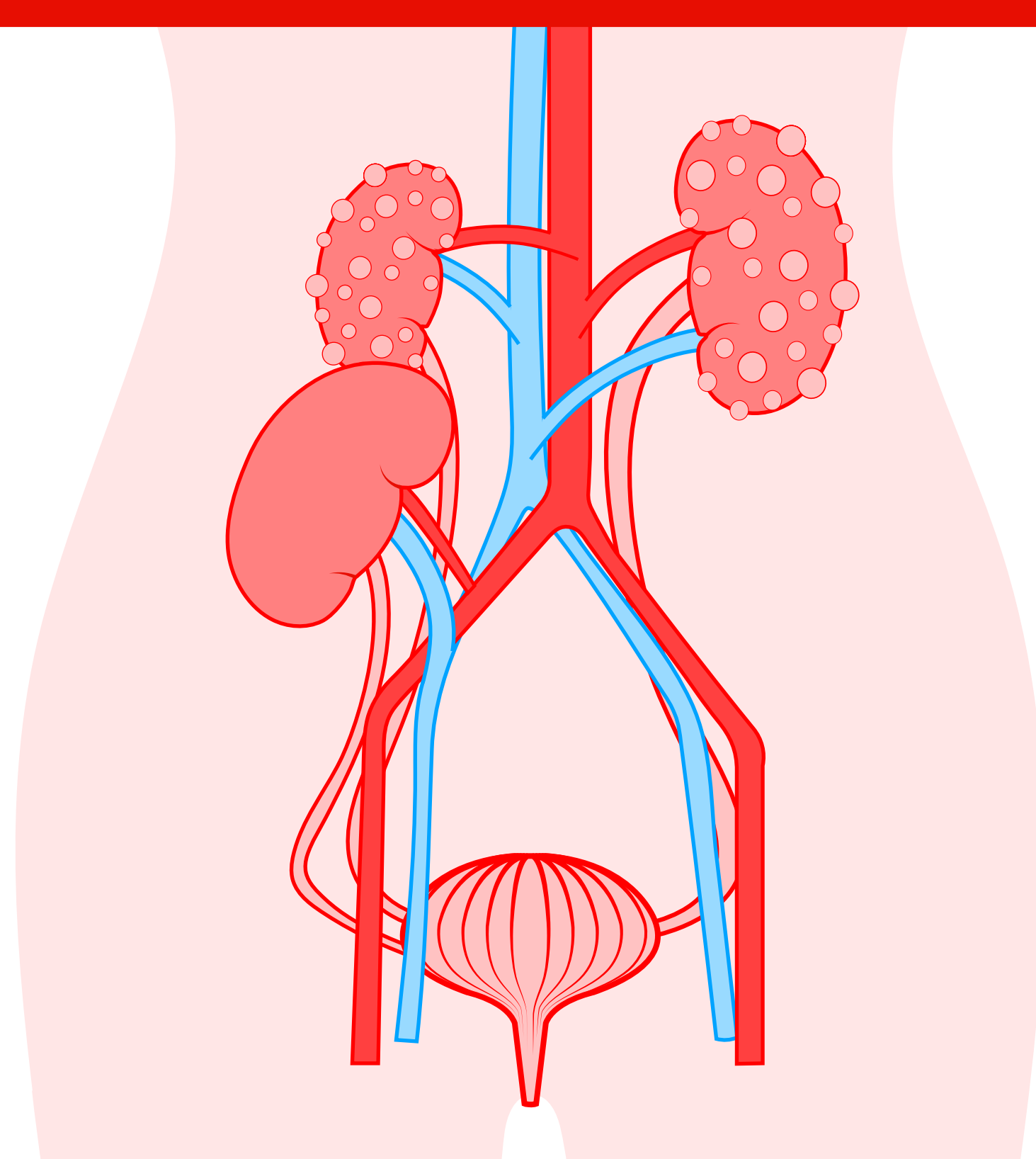
Recent increase in
serum creatinine

Consider
treatment with
eculizumab if
glucocorticoids
and MMF fail.
Non-responders
should be
considered for
clinical trials
where available

Natural course



30–50% kidney
failure within 10
years of diagnosis



50% of recurrences have
allograft failure within 10 years



Histological recurrence
up to 90%

References: 1. Goodship et al. Kidney international. 2017;91;3, 539-551. 2. KDIGO. Kidney international. 2021;100,4S, S1-S276. 3. Corvillo et al. Front Immunol. 2019;10, 886.
Abbreviations: DDD, dense deposit disease; GN, glomerulonephritis; HUS, hemolytic uremic syndrome; IC, immune complex; Ig, immunoglobulin; MMF, mycophenolate mofetil; MPGN, membranoproliferative glomerulonephritis; TMA, thrombotic microangiopathy.

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