

## *Chronic Glomerulonephritis Presenting as Hypertension*

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### *Abstract*

#### *Introduction*

27 year old female complaints of giddiness for 15 days on 17/10/19 to our emergency department.o/e pallor and edema present bp- 180/100 mmhg systemic examination were within normal in limit. Here on admission Hb was 5.6, urea -256 , creatinine -23.6, URE showed proteinuria ++,hematuria +++ , red cell cast – present .patient was admitted under MICU, their she had one episode of seizure MRI brain scan was taken to rule out IC bleed , infarct and tumor. Patient underwent hemodialysis. Following dialysis her creatinine and urea started coming down. USG showed symmetrically contracted kidney. Renal biopsy was done which showed glomeruli replaced by collagen with tubular atrophy. These are the features suggestive of CGN. Chronic glomerulonephritis, which includes focal segmental glomerulosclerosis and proliferative forms of GN such as IgA nephropathy, increases the risk of hypertension. Patients with chronic GN become salt sensitive as renal damage including arteriolosclerosis progresses and the consequent renal ischemia causes the stimulation of the intrarenal RAAS. Overactivity of the sympathetic nervous system also contributes to hypertension in chronic GN.

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#### *Biography*

Shyvin KS is doing his MRCP internal medicine training program at the age of 30 years from joint royal college of physicians training board UK.