

# Focal segmental glomerulosclerosis in atypical polycystic kidney disease

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A 77-year-old man presented complaining of generalized edema for 1 week. He had hypertension and polycystic kidney disease (PKD), which was diagnosed 45 years ago. Blood and urine tests showed low serum albumin (2.3 g/dL) and severe proteinuria (6.38 g/day). Abdominal computed tomography revealed multiple cysts with thin wall calcification in the left kidney, and several cysts in the right kidney and the liver (Fig. 1). Ultrasonography-guided percutaneous renal biopsy for the right kidney revealed focal segmental glomerulosclerosis (Fig. 2). The patient was prescribed diuretics, an angiotensin receptor blocker, aspirin, statin, a  $\beta$  blocker, and an aldosterone antagonist. One month after starting the medicines, he showed improved symptoms and laboratory findings (se-

rum albumin, 3.2 g/dL; urine albumin excretion, 654.8 mg/g creatinine), which further improved after another 3 months (serum albumin, 3.8 g/dL; urine albumin excretion, 128.4 mg/g creatinine).

Nephrotic syndrome is a rare coincidence in atypical PKD. Percutaneous renal biopsy can be performed in selected patients.

## Conflict of interest

No potential conflict of interest relevant to this article was reported.

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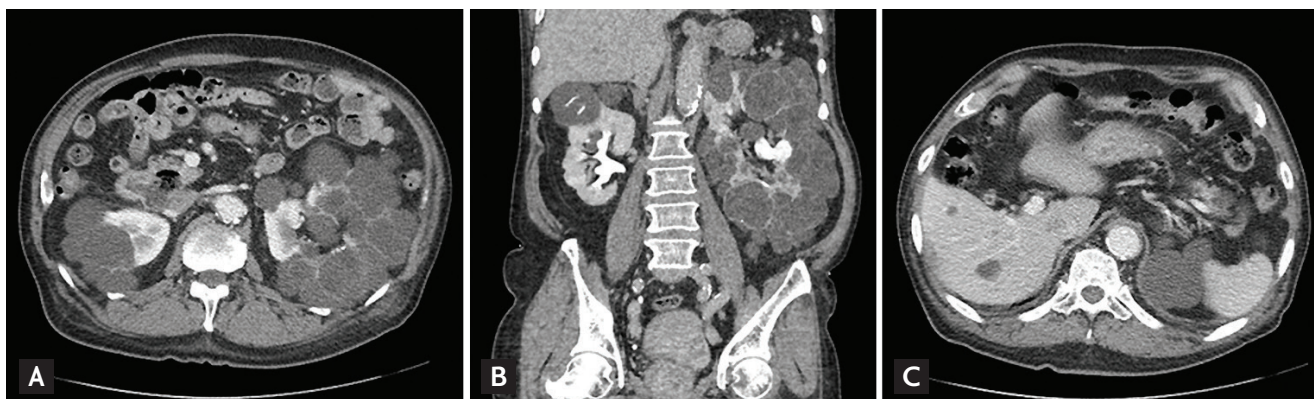
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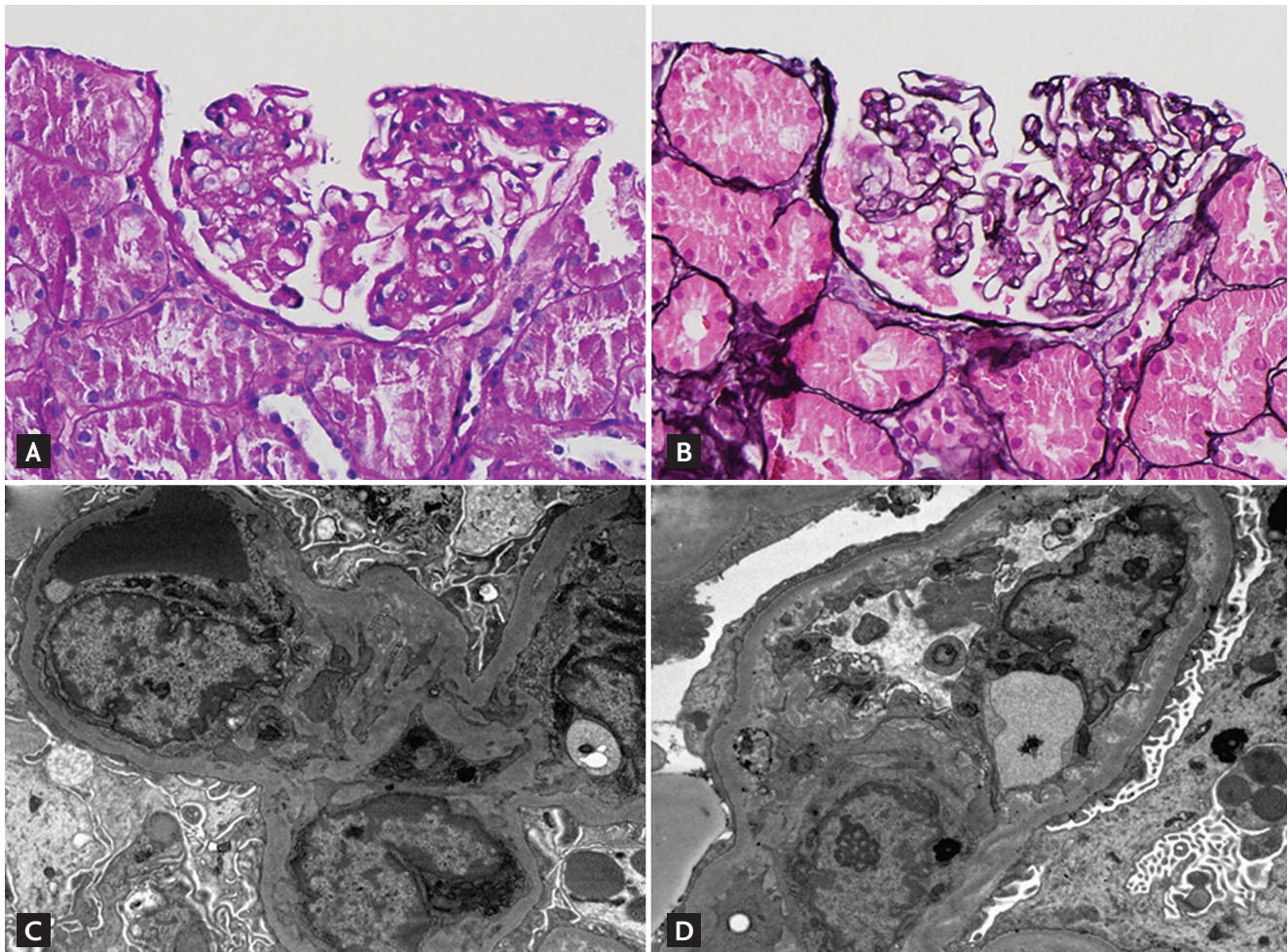
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**Figure 1.** Abdominal computed tomography shows multiple cysts in the (A, B) left and right kidney and (C) several cysts in the liver.



**Figure 2.** (A, B) Microscopic findings show endocapillary foam cells and extracapillary cytoplasmic hyaline droplets (A, periodic acid-Schiff stain,  $\times 400$ ; B, Jones methenamine silver stain,  $\times 400$ ). (C, D) Electron microscopy reveals swollen podocytes and diffuse effacement of the foot processes.