Abstract

Posterior reversible encephalopathy syndrome (PRES) is a neurological syndrome defined by clinical and radiologic features. Typical clinical syndrome includes headache, altered sensorium, visual symptoms, and seizures. PRES is strongly associated with renal disease, hypertension, vascular and autoimmune diseases, exposure to immunosuppressive drugs, and organ transplantation. Typical magnetic resonance imaging (MRI) findings are consistent with vasogenic oedema in the subcortical white matter predominantly in the posterior cerebral hemispheres. Immunoglobulin A nephropathy (IgAN) is the most common cause for glomerulonephritis globally. It has a wide array of clinical presentation. Rapidly progressive glomerulonephritis (RPGN) with crescent formation accounts for only 5% of cases. Immunosuppressants used in the management of IgAN can lead to PRES. IgAN presenting as PRES without a history of immunosuppressants is very rare. Herein, we present a case of a 25-year-old man who presented with PRES subsequently diagnosed as crescentic IgAN.

Key words: Rapidly progressive glomerulonephritis, IgA Nephropathy, Posterior reversible encephalopathy syndrome