

## **Abstract**

**Background** IgA nephropathy (IgAN) is the most common glomerulopathy in the world and may present in any age with slight male predominance. Majority of IgA nephropathy will present as recurrent episode of gross hematuria and less commonly with microscopic hematuria and rarely with Rapidly Progressive Glomerulonephritis (RPGN). It is typically triggered by upper respiratory tract infections nevertheless exacerbation are reported after receiving vaccinations.

**Case presentation** This is a case of 52 year old male with background history of hypertension evaluated for loss of appetite, generalized ill health for 2 week duration following second dose of Oxford/AstraZeneca COVID-19 vaccine. His basic investigation revealed rising serum creatinine and microscopic hematuria. With the working diagnosis of RPGN, he was initially managed with Intravenous Methyl-prednisolone pulses (IV MPP) followed by oral prednisolone and Cyclophosphamide Pulses. Later renal biopsy and immunofluorescence were revealed evidence of IgA nephropathy.

**Conclusion** IgAN with RPGN is a rare presentation and intensive treatment with immunosuppression will reduce the risk of rapid deterioration of renal function. Even though the correlation of vaccines and IgAN has to be studied in large clinical trials, meticulous attention is needed if a patient with hematuria and proteinuria or deterioration of renal function following vaccination.