

**Case report of a young female presenting with Isoniazid induced ANCA positive glomerulonephritis**

**Abstract**

A 39 year old female from Colombo 10 , who was a diagnosed patient with pulmonary tuberculosis who was on anti tuberculosis treatment for 5 months duration presented with generalized body swelling for 1 week duration. She also complained of passage of excessive froth in urine. She denied history of haematuria. Her urine output was normal. She was cachectic, pale, not icteric. There were no oral ulcers, alopecia or skin rashes. There was facial swelling, periorbital oedema, pitting lower limb oedema upto knee level. Abdominal examination revealed horseshoe dullness without evidence of organomegaly or ballatable kidneys. Examination of abdomen revealed evidence of free fluid. Rest of the systemic examination was normal. Investigations revealed nephrotic range proteinuria without active sediments and normal serum creatinine. P ANCA and C ANCA were positive with renal biopsy revealing focal glomerulonephritis. Diagnoses of Isoniazid induced ANCA positive vasculitis with renal involvement was made.

**Key words;** nephrotic range proteinuria, generalized body swelling, anti tuberculosis treatment, Isoniazid induced ANCA associated vasculitis