

## Abstract

I present this case of a 52 year old male patient with microscopic polyangitis who presented with prolonged fever and rapidly progressive glomerulonephritis. The disease had started as a low grade intermittent fever and severe myalgia mainly involving both proximal lower limbs. In the laboratory investigations the anti myeloperoxidase(MPO) anti neutrophilic cytoplasmic antibodies (P-ANCA) were positive. He had microscopic hematuria with rapidly decreasing renal functions as well. Patient underwent renal biopsy and it confirmed ANCA associated crescentic glomerulonephritis. Even though he did not have respiratory symptoms, radiologically he had bilateral honeycombing appearance of lungs. The patient was treated with Intravenous methylprednisolone 1g daily for three days followed by oral prednisolone 60mg daily which was gradually tapered to the minimum effective dose. Intravenous cyclophosphamide 500mg was given every fortnight upto a total of 6 doses. With this treatment fever was settled completely with partial improvement in renal functions.