

Abstract

Genitourinary tuberculosis is not uncommon. Skeletal tuberculosis with tuberculous spondylitis is also a well-known entity. However, spinal tuberculosis presenting with nephrotic syndrome due to glomerular involvement is rare. We report a patient with tuberculous spondylitis and membranoproliferative glomerulonephritis. A 40-year-old man presented with bilateral lower limb swelling of two-weeks' duration, a non-inflammatory type of back pain of one year duration and constitutional symptoms. He had nephrotic range proteinuria and hypoalbuminemia, but normal renal function and normal sized kidneys on ultrasound scanning. MRI spine revealed tuberculous spondylitis involving T12 and L1 vertebrae with associated para-spinal and psoas abscess formation. Renal biopsy revealed membranoproliferative glomerulonephritis. Aspirate from psoas abscesses was positive for *Mycobacterium tuberculosis*. The patient was treated with anti-tuberculous therapy and required spinal fixation. With treatment both proteinuria and other symptoms improved.