

Abstract

Membranous nephropathy is a popular form of adult-onset nephrotic syndrome particularly a male predominance. It is an immune complex mediated disease. It can be secondary to infections like viral hepatitis, autoimmune diseases like SLE, drugs or secondary manifestation of carcinomas such as a paraneoplastic manifestation which is not explainable by primary malignancy burden, invasion or metastasis.

Glomerulopathies associated with malignancies are considered as a paraneoplastic manifestation especially associated with solid organ malignancies are found in literature. Among those a very few reported cases found to be associated with breast carcinoma even though breast malignancy is the most common type of malignancy among women. Careful search for a co-existing malignancy or the detection of a malignancy in follow up period in a patient presenting with adult onset nephrotic syndrome is of utmost importance in clinical practice.

Here we report a case of a previously well lady presenting with adult onset nephrotic syndrome which is diagnosed as membranous nephropathy meanwhile the incidental detection of a breast lump which on further evaluation turned out to be an invasive ductal breast carcinoma, whose proteinuria resolved with subsequent chemo radiation therapy for the primary malignancy thus explaining the secondary nature of her membranous nephropathy.