

Coexistent FGN–IgAN glomerulopathy is an extremely rare form of glomerular disease.<sup>1,2</sup> FGN–IgAN has a similar clinical presentation as FGN and is associated with infections (hepatitis C), autoimmune diseases, or malignancy in 30% of cases.<sup>3</sup> In our patient, workup for secondary causes of FGN was negative. The discovery of DNAJB9 and immunohistochemical staining for DNAJB9 now make it possible to diagnose FGN even in the absence of ultrastructural evaluation.<sup>3</sup> Our report highlights a patient with idiopathic FGN–IgAN dual glomerulopathy, an extremely rare glomerular disease. To our knowledge, this condition has not been reported before from the Indian subcontinent.

### Acknowledgements

The authors thank Christopher P. Larsen, Arkana Laboratories, Little Rock, AR, USA, for his advice and help.

### Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

### Conflicts of interest

There are no conflicts of interest.

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### References

1. Nasr SH, Vrana JA, Dasari S, Bridoux F, Fidler ME, Kaaki S, *et al.* DNAJB9 is a specific immunohistochemical marker for fibrillary glomerulonephritis. *Kidney Int Rep* 2018;3:56–64.
2. Andeen NK, Troxell ML, Riaz M, Avasare RS, Lapasia J, Jefferson JA, *et al.* Fibrillary glomerulonephritis: Clinicopathologic features and atypical cases from a multi-institutional cohort. *Clin J Am Soc Nephrol* 2019;14:1741–50.
3. Said SM, Rocha AB, Valeri AM, Sandid M, Ray AS, Fidler ME, *et al.* Characteristics of patients with coexisting DNAJB9-associated fibrillary glomerulonephritis and IgA nephropathy. *Clin Kidney J* 2021;14:1681–90.

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**How to cite this article:** Sivadas S, Narayanan R, Kurien AA, Abdulla MC. DNAJB9-Associated Fibrillary Glomerulonephritis and Immunoglobulin A Nephropathy – A Rare Combination. *Indian J Nephrol.* 2024;34:276–7. doi: 10.4103/ijn.ijn\_101\_23

Received: 18-03-2023; Accepted: 25-04-2023;  
Online First: 17-08-2023; Published: 28-05-2024  
DOI: 10.4103/ijn.ijn\_101\_23



## Scrub Typhus in a Kidney Transplant Patient

Dear Editor,

Scrub typhus is a vector-borne disease transmitted by the bite of a trombiculid mite and is caused by the bacterium *Orientia tsutsugamushi*.<sup>1</sup> Although it is a common cause of fever in the Indian subcontinent, there is little information about scrub typhus in transplant recipients. To date, only one other case of scrub typhus in a kidney transplant recipient has been reported.<sup>2</sup>

We treated a 60-year-old male kidney transplant recipient who presented with a 15-day history of fever along with headache, dry cough, myalgia, and a rise in serum creatinine from 2 mg/dL to 4 mg/dL. Common possible causes of acute febrile illness, including, imaging with CT scan, cytomegalovirus serology, malaria, dengue, and enteric fever, were ruled out, and a test for scrub typhus IgM ELISA was positive with a value of 2.13 (normal < 0.9). He was started on tablet doxycycline 100 mg twice daily. His fever subsided within 24 h, and graft kidney function improved.

This case report highlights the importance of considering scrub typhus in the differential diagnosis of fever of unknown origin in kidney transplant recipients, especially in the Indian subcontinent. Typical painless eschar may be

seen at the site of a bite in 40%–50% of patients; hence, the absence of eschar does not rule out this infection.<sup>3</sup> Diagnosis can be confirmed by scrub typhus IgM ELISA, but this may be absent in the early phase of the disease. Polymerase chain reaction can be done, with the sensitivity ranging from 80% to 90%.<sup>4</sup>

Clinicians should be aware of the clinical presentation of scrub typhus and should have a high index of suspicion in kidney transplant recipients with fever of unknown origin. Early diagnosis and treatment with doxycycline is essential to prevent severe complications. Azithromycin is an alternative agent that can be used.

### Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

### Conflicts of interest

There are no conflicts of interest.

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## References

1. Chrispal A, Boorugu H, Gopinath KG, Jude Prakash JA, Chandy S, Abraham OC, *et al.* Scrub typhus: An unrecognized threat in South India - clinical profile and predictors of mortality. *Trop Doct* 2010;40:129-33.
2. Dhanapriya J, Dineshkumar T, Sakthirajan R, Murugan S, Jayaprakash V, Balasubramanian T, *et al.* Scrub typhus meningitis in a renal transplant recipient. *Indian J Nephrol* 2017;27:151-3.
3. Kim DM, Chung JH, Yun NR, Kim SW, Lee JY, Han MA, *et al.* Scrub typhus meningitis or meningoencephalitis. *Am J Trop Med Hyg* 2013;89:1206-11.
4. Kim DM, Kim SW, Choi SH, Yun NR. Clinical and laboratory findings associated with severe scrub typhus. *BMC Infect Dis* 2010;10:108.

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**How to cite this article:** Pansuriya D, Mittal A, Rana A, Bansal SB. Scrub Typhus in a Kidney Transplant Patient. *Indian J Nephrol*. 2024;34:277-8. doi: 10.25259/ijn\_448\_23

**Received:** 04-10-2023; **Accepted:** 12-10-2023;

**Published:** 28-05-2024

**DOI:** 10.25259/ijn\_448\_23

