

- #1 ループス腎炎の既往
- #2 不安感
- #3 前頭部痛
- #4 起床時のふらつき
- #5 疲労感
- #6 動悸
- #7 呼吸困難
- #8 嘔気・嘔吐
- #9 脱力感
- #10 進行性の無感覚
- #11 腹部痛
- #12 意識低下
- #13 糖尿病・高血圧の家族歴
- #14 血尿
- #15 タンパク尿
- #16 正球性貧血
- #17 血小板減少
- #18 D-ダイマー高値
- #19 (間接)ビリルビン高値
- #20 LDH 高値
- #21 白血球の上昇
- #22 クレアチニンの上昇

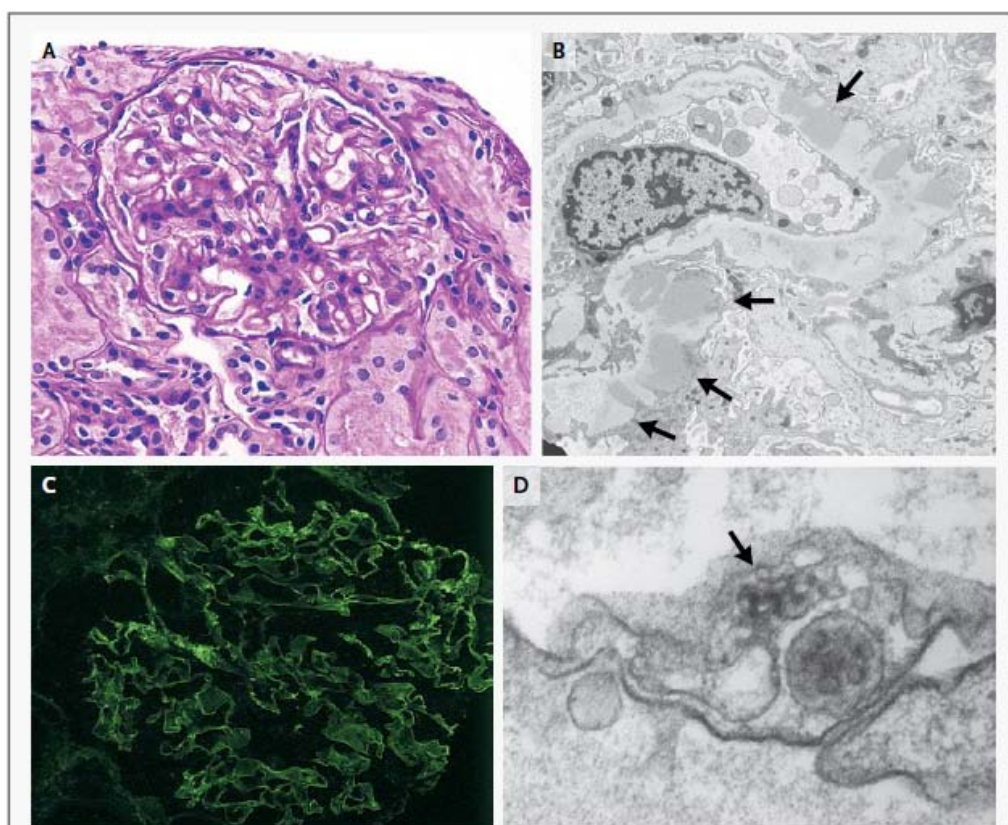


Figure 1. Renal-Biopsy Specimen.

Panel A (periodic acid–Schiff) shows globally thickened glomerular basement membranes. Subepithelial, amorphous, electron-dense deposits are present in the glomerular basement membrane (Panel B, arrows). Immunofluorescence reveals finely granular deposits of IgG along the glomerular basement membrane (Panel C), and electron microscopy reveals tubuloreticular structures in the glomerular endothelial cells (Panel D, arrow). These features are typical of membranous lupus nephritis class V. There was no evidence of thrombotic microangiopathy.

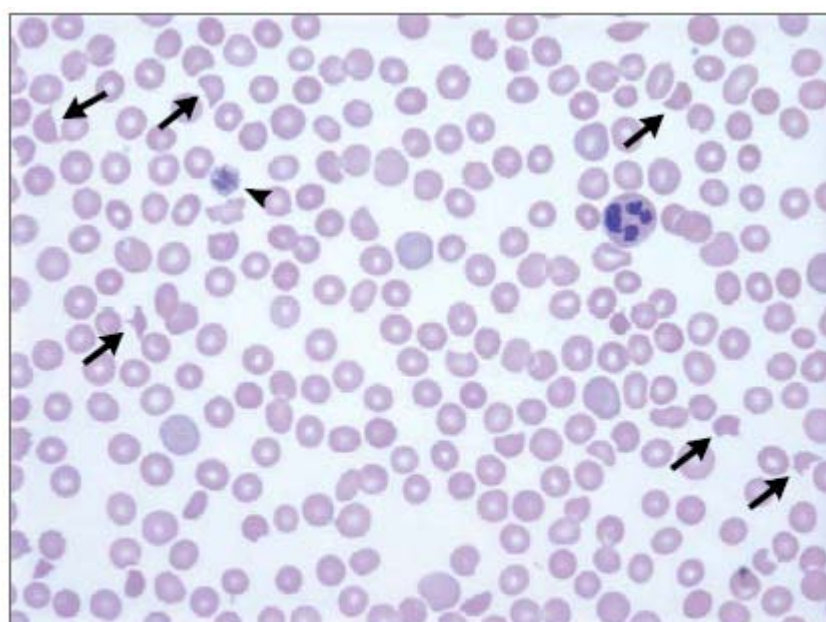


Figure 2. Representative Peripheral-Blood Smear from Another Patient with Thrombotic Thrombocytopenic Purpura.

At high magnification, notable findings include schistocytes (arrows) and a virtual lack of platelets. One platelet can be seen (arrowhead).