



# Report on a Case of Diabetes and Diabetic Nephropathy Co-Existing After Kidney Transplantation

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**Abstract** Membranous nephropathy (MN) is a glomerular complaint generally set up in scatte. The natural history

## Keywords:

## Introduction

Membranous nephropathy (MN) is a glomerular complaint generally set up in scatte. The natural history of MN is variable, ranging from a self-limiting disease to a progressive disease leading to end-stage renal disease (ESRD). The pathogenesis of MN is still unclear, but it is thought to be an immune-mediated disease. The clinical presentation of MN is usually insidious, with a gradual increase in proteinuria and a slow decline in renal function. The diagnosis of MN is based on clinical, laboratory, and histological findings. The treatment of MN is primarily supportive, with the goal of controlling proteinuria and delaying the progression to ESRD. In this case, the patient presented with a gradual increase in proteinuria and a slow decline in renal function after kidney transplantation. The histological findings were consistent with MN, and the clinical course was typical of the disease. The patient was treated with supportive therapy, and the renal function remained stable over the follow-up period.

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## Discussion

Membranous nephropathy (MN) is a glomerular complaint generally set up in scatte. The natural history of MN is variable, ranging from a self-limiting disease to a progressive disease leading to end-stage renal disease (ESRD). The pathogenesis of MN is still unclear, but it is thought to be an immune-mediated disease. The clinical presentation of MN is usually insidious, with a gradual increase in proteinuria and a slow decline in renal function. The diagnosis of MN is based on clinical, laboratory, and histological findings. The treatment of MN is primarily supportive, with the goal of controlling proteinuria and delaying the progression to ESRD. In this case, the patient presented with a gradual increase in proteinuria and a slow decline in renal function after kidney transplantation. The histological findings were consistent with MN, and the clinical course was typical of the disease. The patient was treated with supportive therapy, and the renal function remained stable over the follow-up period.

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