

**Title: Case Report: A Fulminant Case of recurrent strokes in a patient with Membranous Nephropathy****Author(s): Hadeel Abuteer,MD , Abdul R Al Armashi MD, Khaldoun Shaheen****Affiliation:** St. Vincent Charity Medical Center - Department of Internal Medicine

Cerebral arterial thrombosis and other types of arterial thrombosis are a rare complication of membranous nephropathy. Stroke associated with Nephrotic syndrome, including Membranous nephropathy has rarely been reported. Our patient is a 79-year-old Caucasian male with a past medical history significant for hypertension, vascular dementia, multiple strokes several years ago, left internal carotid occlusion status post stenting, and peripheral arterial disease and a recent history of subacute left PCA territory infarction, presented with altered mental status of a few hours duration. MRI showed acute to subacute left Anterior Cerebral Artery territory infarction. Of notice, the patient was receiving aspirin and Plavix daily given his recent stroke. During the same admission, the patient had nephrotic range proteinuria, his anti-PLA2R antibody titer was elevated. He underwent a kidney biopsy which showed pathognomonic features of membranous nephropathy. The patient received immunosuppressive therapy with rituximab and was discharged to a skilled nursing facility. Prophylactic Anticoagulation was deferred due to a stroke. Two weeks later, he was admitted again with Acute superimposed subacute infarct of the left paramedian frontoparietal lobes, reflecting a larger distribution than the one seen on the previous admission. And also, additional new acute infarcts were identified in the right paracentral lobule and right middle frontal gyrus. Nephrotic syndrome associated hypercoagulability contributed to the predisposition to thromboembolism in our patient. Still, there is not a unifying hematologic explanation for the strokes seen with nephrotic syndrome, Interplay of three factors has been implicated in the development of thrombotic complications, including hypercoagulability, platelet hyperaggregability, and endothelial injury. This case emphasizes the importance of recognizing cerebral arterial thrombosis as a potential complication of nephrotic syndrome at both initial presentation and relapse.