Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care
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Current Diagnostic Strategies and Unmet Therapeutic Needs in C3G and primary IC-MPGN

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C3 glomerulopathy (C3G) and primary IC-MPGN are rare glomerular diseases characterized by complement system dysregulation leading to abnormal glomerular C3 deposition, inflammation and irreversible kidney damage. Autoantibodies or genetic mutations are present in the majority of patients and drive complement dysregulation. The diseases occur in both children and adults and affect men and women equally. Patients have a heterogeneous presentation ranging from haematuria, proteinuria, nephritic or nephrotic syndromes, and progressive chronic kidney disease. Kidney biopsy, particularly immunohistology, is mandatory for diagnosis. The diseases are progressive, with up to 50% of patients progressing to kidney failure within 10 years of diagnosis; progression is somewhat slower in children. Transplantation is associated with a high rate of recurrent disease which frequently results in allograft loss. Traditional treatment strategies, including RAS inhibition and non-specific immunosuppression with corticosteroids, mycophenolic acid and other agents may reduce proteinuria to varying degrees but do not impact on the underlying disease process.

This review will discuss the pathophysiology, clinical presentation and diagnostic criteria for C3G and primary IC-MPGN. The importance of early accurate histological diagnosis based on current diagnostic criteria will be highlighted, with a focus on how diagnostic precision can influence clinical decision-making.