

Kidney Failure After Covid mRNA Vaccination. ANCA Positive Vasculitis

Medical Disaster Calls for Alert Doctors, Diagnostic Testing, and Intensive Treatment

By [Dr. Peter McCullough](#)

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Rapidly progressive kidney failure to the point of hemo- or peritoneal dialysis is a medical nightmare that must be avoided at all costs.

Patients with slowly advancing renal disease due to diabetes or other problems have months if not years to get ready for dialysis or plan for kidney transplantation.

Kidney failure requiring hospitalization or dialysis should never happen after a routine vaccine, yet it has occurred multiple times after COVID-19 mRNA injections (Pfizer or Moderna).

This side effect is not listed in any consent form, FAQ, or on the blank package insert for the EUA genetic products. I wonder how many patients have gone into renal failure, were hospitalized and or died after mRNA vaccination with no recognition that Pfizer or Moderna could have triggered the catastrophe?

Chen described nine cases of antineutrophil cytoplasmic antibody (ANCA) positive vasculitis that must be diagnosed with the ANCA test and often biopsy followed by intensive medical treatment. Doctors and nurses must act fast, otherwise the condition can be fatal. As you can see from the table 7 of 8 were spared dialysis but most had permanent kidney damage to deal with for the rest of their lives. Sadly, one patient went on dialysis.



Case Report: Anti-neutrophil Cytoplasmic Antibody-Associated Vasculitis With Acute Renal Failure and Pulmonary Hemorrhage May Occur After COVID-19 Vaccination

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TABLE 1 | AAV with RPGN following COVID-19 vaccination.

No	Age/Sex	Past Hx	COVID-19 vaccination	Onset	Symptoms	Urinalysis	Blood test	ANCA type	Kidney Bx	Extra-renal involvement	Treatment	Outcome
1 ⁸	52/M	HTN	Moderna	2 weeks after 2nd dose	Headache Weakness	Dysmorphic RBC	SCr: 6.4 mg/dL	Anti-PR3 (+)	Pauci-immune necrotizing and crescentic GN	None	Plasma exchange Rituximab CYC	Delayed-dependent
2 ⁹	81/M	Healthy	Moderna	Shortly after 2nd dose	Flu-like symptoms	NA	AKI	Anti-PR3 (+)	Pauci-immune crescentic GN with capillary necrosis & vasculitis	Pulmonary necrotic masses	Plasma exchange Pulse steroid CYC	Improved renal function
3 ¹⁰	77/M	Healthy	AstraZeneca	4 weeks after 1st dose	Fever, Night sweating, Anorexia	NA	SCr: 2.7 mg/dL, CRP: 20 mg/dL	NA	Non-crescenting, non-necrotizing granuloma	None	Pulse steroid	Resolved renal function
4 ¹¹	78/F	DM, HTN	Pfizer-BioNTech	Immediate after 2nd dose	Nausea, vomiting, diarrhea, lethargy	Dysmorphic RBC	SCr: 3.5 mg/dL, UA CR: 2,050 mg/g	Anti-MPO (+)	Necrotizing crescentic GN	None	Rituximab	Improved renal function (SCr: 1.7 mg/dL)
5 ¹²	29/F	Congenital cystic lung disease	Pfizer-BioNTech	7 weeks after 2nd dose	NA	Hematuria	SCr: 1.9 mg/dL	Anti-MPO (T1 AU/m)	Pauci-immune crescentic GN	Chronic lung infiltration	Pulse steroid Rituximab CYC	Improved renal function (SCr: 1.0 mg/dL)
6 ¹³	63/M	Healthy	AstraZeneca	1 week after 1st dose	Hemoptysis Flu-like symptoms	Microscopic hematuria	SCr: 2.9 mg/dL	Anti-MPO (12 IU/ml)	Focal class of pauci-immune crescentic GN	Infiltration over LLL	Pulse steroid	Improved renal function (SCr: 2.1 mg/dL)
7 ¹⁴	79/F	HTN	Pfizer-BioNTech	2 weeks after 2nd dose	Weakness Upper thigh pain	Hematuria UPCR: >18,000	SCr: 6.57 mg/dL, CRP: 2.7 mg/dL	Anti-MPO (>134 IU/ml)	Vasculitis with pauci-immune crescentic GN	OK: 14,243 U/L Myoglobinemia >12,000 µg/L	Pulse steroid CYC	Resolved renal function
8	70/F	UTI	Moderna	9 weeks after 1st dose	Headache Hematuria	Dysmorphic RBC UPCR: 4,384 mg/g	SCr: 3.5 mg/dL, CRP: 2.7 mg/dL	Anti-MPO (378 IU/ml)	Vasculitis with pauci-immune crescentic GN	Pulmonary vasculitis	Plasma exchange Pulse steroid Rituximab	Improved renal function (SCr: 2.5 mg/dL)

CYC, Cyclophosphamide; Hx, history; Bx, biopsy; NA, Not applicable; PR3, proteinase 3; ANCA, anti-neutrophil cytoplasmic antibody; HTN, hypertension; DM, diabetes mellitus; SCr, serum creatinine; GN, glomerulonephritis; UPCR, urine protein creatinine ratio; CRP, C-reactive protein; LLL, left lower lung.

Chen CC, Chen HY, Lu CC, Lin SH. Case Report: Anti-neutrophil Cytoplasmic Antibody-Associated Vasculitis With Acute Renal Failure and Pulmonary Hemorrhage May Occur After COVID-19 Vaccination. *Front Med (Lausanne)*. 2021 Nov 11;8:765447. doi: 10.3389/fmed.2021.765447. PMID: 34859017; PMCID: PMC8632021.

This paper serves as a reminder for doctors who are evaluating patients with constitutional symptoms weeks to months after mRNA vaccination to have a low threshold for routine common testing including serum creatinine and urinalysis. When early renal failure is detected additional testing including serum ANCA must be drawn and care should be elevated to specialists familiar with ANCA positive syndromes.

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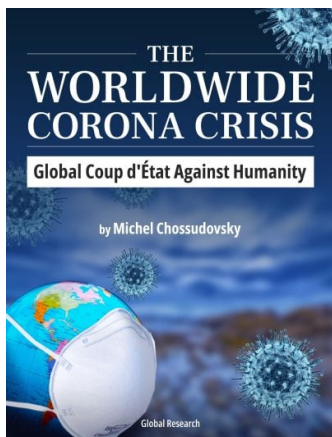
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