-	Membranous Glomerulonephritis	IgA nephropathy Berger disease	Membrano-proliferative glomerulonephritis		Post infectious glomerulonephritis	**Rapidly Progressive (Cresentic) Glomerulonephritis (RPGN)**		
Definition	A slowly progressive disease (chronic) A form of chronic immune-complex nephritis Most common between 30 - 50 years	most common, Affects children and young adults as an episode of gross hematuria - (serum complement C2 and C4 will be normal)	(MPGN), It is a chronic progressive glomerulonephritis that occurs in older children and adults 2 main types: Type I MPGN (80% of cases) Type II MPGN: dense deposit disease		- Present: 7-14 days after Pharyngitis 7-21 days after skin infection (acute nephritic syndrome) ASO -> pharyngitis Anti-DNAse -> skin infection	RPGN is a clinical syndrome and not a specific form of GN In most cases the glomerular injury is immunologically mediated A practical classification divides CrGN into three groups on the basis of immunologic findings:		
Caused by	-	Activation of complement by the alternative pathway C3	Type1: association with hepatitis B&C antigenemia, extra-renal infections or SLE	Type2: Excessive complement activation autoantibody against C3 convertase called: C3 nephritic factor	streptococcal types called: nephritic strains, more in children and young adults	Type1: Goodpasture syndrome Injury in many organs	Type2: complication of any of immune complex nephritides Post infections SLE IgA nephropathy	Type3 Pauci immune: associated with: Anti-neutrophil cytoplasmic antibodies in serum (ANCA) + systemic vasculitis
Immune complex	IgG	IgA	Circulating immune complexes IgG	IgG	- Hypocomplementemia - Granular deposits of IgG & complement on GBM	IgG	-	lack of anti-GBM antibodies
Size	Intermediate	-	Large		Intermediate	-	-	-
Location	Membrane	mesangium	subendothelial and mesangial deposits	Intra-membranous dense deposits	capillary loops in a granular, bumpy pattern.	Linear staining on basement membrane	granular (lumpy-bumpy) pattern	

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