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INTRODUCTION

C3 glomerulopathy is a rare group of kidney diseases characterized by C3-dominant glomerulonephritis on immunofluorescence, reflecting dysregulation of the complement pathway, caused by autoantibodies and genetic variants in complement regulatory proteins. Because C3G often affects young adults, pregnancy management is relevant and data on pregnancy outcomes and progression to end-stage kidney disease are limited.

CASE SERIES		
 CASE 1	 CASE 2	 CASE 3
• 37 y, G2 • CKD • Chronic hypertension treated with nifedipine, metoprolol and methyldopa	• 22 y, G1 • Preserved renal function • Nephrotic proteinuria	• 38 y, G1 • Preserved renal function • Subnephrotic proteinuria
➔ PREGNANCY COURSE • Fetal growth restriction	➔ PREGNANCY COURSE • Eculizumab initiated	➔ PREGNANCY COURSE • Increasing proteinuria (2.7 g/24h) • Increasing serum creatinine (1.12 mg/dL, eGFR (62 mL/min/1,73m²))
➔ MANAGEMENT • Urgent preterm cesarean section due to non-reassuring CTG	➔ MANAGEMENT • Elective termination of pregnancy	➔ MANAGEMENT • Induction of labor at 37 weeks of gestation
➔ OUTCOME • Preterm delivery at 31 weeks of gestation • Fetal weight at birth 1270 g	➔ OUTCOME • Pregnancy terminated at 20 weeks of gestation	➔ OUTCOME • Healthy term newborn • Fetal weight at birth 2920 g

CONCLUSION

These cases highlight the heterogeneous clinical course of pregnancy in C3G, suggesting that pre-existing hypertension, reduced baseline renal function and nephrotic proteinuria are associated with worse outcomes, whereas preserved renal function predicts a favorable course. So we emphasize the importance of early risk stratification and multidisciplinary nephrology–obstetric management to improve maternal–fetal outcomes.