

JCHS

Journal of Clinical and Health Sciences

#2
2026

SUPPLEMENTARY ISSUE

Malaysian Obesity Society
MYOS



ND **2 NATIONAL OBESITY SCIENTIFIC CONFERENCE**

ABSTRACT BOOK

11th - 12th April 2026
**Connexion Conference &
Event Centre,**
Kuala Lumpur, Malaysia

Theme
**Obesity as a Treatable
Chronic Disease:
Science, Strategy,
and Success**

Issue **September 2026** | Volume **11** Issue **02 (Supplementary)**
eISSN 0127-984x
jchs-medicine.uitm.edu.my



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PD-26

Beyond the Biopsy: Recognising Obesity-Related Glomerulopathy

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Introduction:

Obesity-related glomerulopathy is an increasingly recognised complication of obesity, characterised by glomerulomegaly with or without focal segmental glomerulosclerosis, and commonly presents with proteinuria and bland urinary sediment. Although renal biopsy is diagnostic, it may not be feasible in patients with severe obesity.

Methods:

We report a 33-year-old man with severe obesity (BMI 76 kg/m²; weight 204 kg) and obesity related complications, including hypertension, obstructive sleep apnoea, and heart failure with preserved ejection fraction. He demonstrated a progressive rise in serum creatinine from a baseline of 110 µmol/L to 153 µmol/L. Quantitative urine analysis revealed significant proteinuria of 2.82 g/24 hours with bland urinary sediment. Comprehensive autoimmune and viral screening yielded negative results. Renal ultrasound showed normal-sized kidneys without obstructive uropathy. Serial measurements of urine albumin–creatinine ratio revealed worsening albuminuria, increasing from 82.1 to 138.1 mg/mmol, prompting consideration for renal biopsy. Renal biopsy was deferred due to positioning difficulty and unstable heart failure. Based on clinical features and exclusion of secondary causes, a diagnosis of clinically suspected obesity-related glomerulopathy was made.

Results:

A structured lifestyle modification programme was initiated alongside pharmacotherapy. A three-month trial of naltrexone–bupropion produced no meaningful weight loss, prompting initiation of Tirzepatide 2.5 mg weekly. This resulted in marked appetite suppression with improved dietary compliance with a 6kg weight reduction within the first two weeks. Empagliflozin and Telmisartan were in place as part of renoprotective management.

Conclusion:

Obesity-related glomerulopathy is a potentially reversible cause of chronic kidney disease in severe obesity; early recognition and comprehensive management are essential to limit disease progression. Emerging weight-loss interventions offer benefits beyond adiposity reduction, with growing evidence of renal protection. Tirzepatide has demonstrated nephroprotective effects in people with obesity, independent of diabetes.