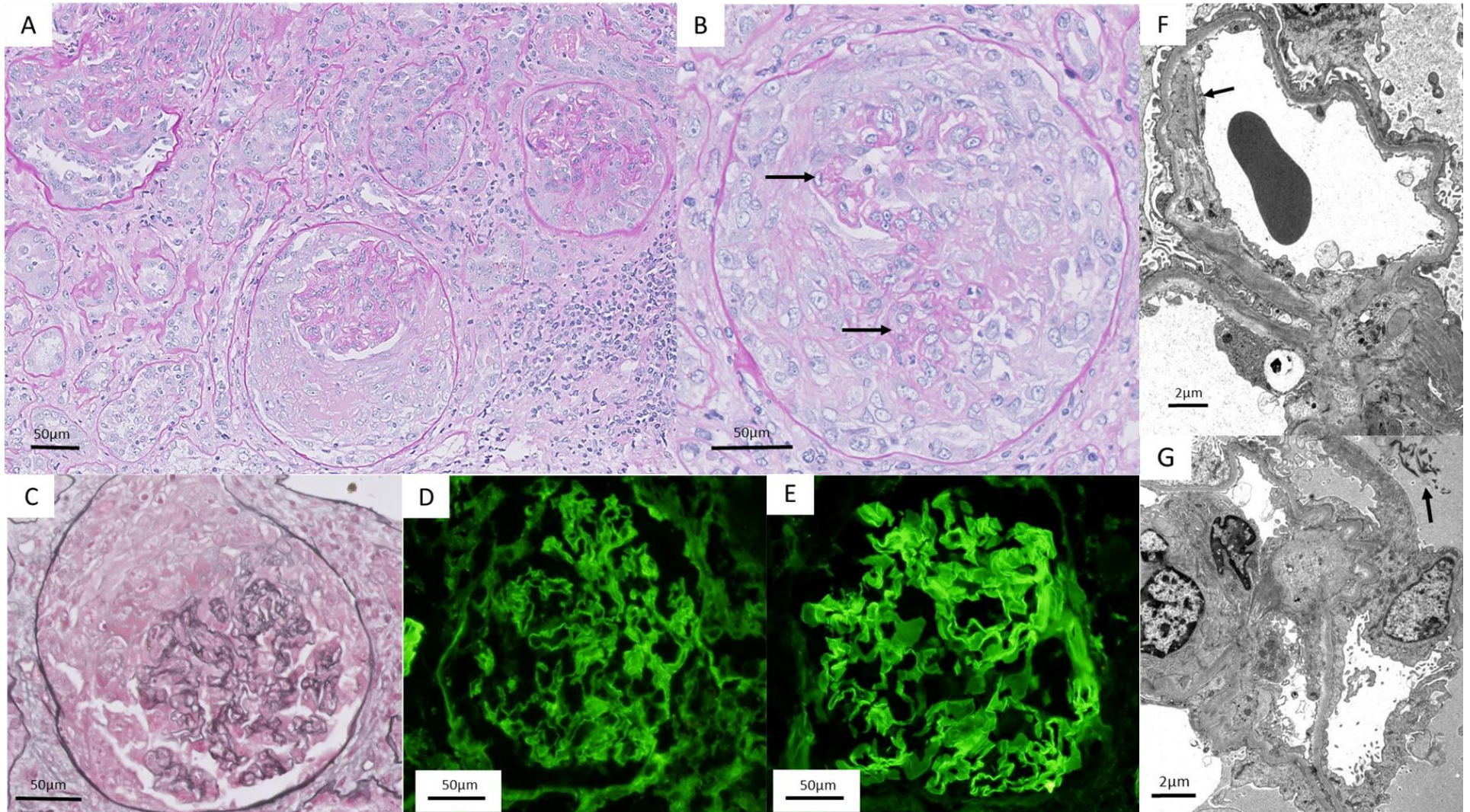


Supplementary figure 1A-D. IgAN with fibrocellular and fibrous crescents. **A.** Glomerulus showing endocapillary hypercellularity. Periodic acid-Schiff, original magnification x400. **B.** Fibrous crescent with more than 75% fibrous matrix. Note disrupted Bowman capsule. Combined masson-silver stain, original magnification x400. **C.** Immunofluorescence microscopy with moderate to intense (2+ to 3+) mesangial / paramesangial staining for IgA. Anti-IgA FITC, original magnification x200. **D.** Electron microscopy demonstrating mesangial electron dense deposits. Uranyl acetate and lead citrate.



Supplementary figure 2A-G. Renal biopsy shows crescentic glomerulonephritis, with predominantly cellular crescents. **A:** All 3 glomeruli show crescents, with a circumferential cellular crescent in the central glomerulus (PAS). **B:** High magnification of the compressed glomerular tuft amid a cellular crescent, with part of the glomerulus displaying segmental sclerosis (arrows) (PAS). **C:** Masson-trichrome stain shows a segmentally sclerotic portion of the glomerulus juxtaposed to proliferating cells of a cellular crescent. **D, E:** Immunofluorescence for IgG (**D**) and lambda light chain (**E**) shows trace to 1+ linear staining of the glomerular capillary walls. **F, G:** Electron micrographs show between 20% to 60% effacement of podocyte foot processes, without any ultrastructural electron dense deposits. Subendothelial widening with interpositioned mesangial cytoplasm is seen (**F**, arrow) while fibrin tactoids are noted in the urinary space (**G**, arrow).