IJAM

CASE REPORT ISSN (O) : 2663 - 046X | ISSN (P) : 2663 - 0451

UNUSUAL CAUSE OF ACUTE RENAL FAILURE IN AN ADULT

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ABSTRACT 56 year old male,presented with complaints of rashes involving both his lower extremeties gradually progressed to buttocks with painless hematuria ,right upper quadrant abdominal pain,vomiting for 3 days.history of bronchitis 3 weeks before. urine analysis shows hematuria,proteinuria. .renal biopsy was done in view of progressive deterioration of renal function,biopsy features suggestive of IgA nephropathy.

KEY WORDS : ANA,ANCA,HIV,HbsAg,anti-GBM

CASE REPORT :

56 year old male,presented with complaints of rashes involving both his lower extremeties gradually progressed to buttocks for 2 weeks, painless hematuria for 4 days,right upper quadrant abdominal pain,vomiting for 3 days.history of bronchitis 3 weeks before treated with moxifloxacin,known case of hypertension,coronary artery disease, on medication,no other comorbidities.on examination tenderness of right upper quadrant of abdomen present with palpable purpura noticed in both lower limbs and buttocks.initially laboratory analysis shows leucocytosis ,total counts:19,250,s.creatinine of 2.6mg/dl,urine analysis shows hematuria,proteinuria-3+,negative for leukocyte esteraseand eosinophils.Liver function tests and procalcitonin within normal limits.ultrasound abdomen and pelvis showing features of acute cholecystitis.general surgery opinion was obtained planned for laproscopic cholecystectomy.he recovered well after cholecystectomy , no furthur episodes of abdominal pain.but his renal function continue to worsen with serum creatinine of 3.2mg,dl with decreased urine output and signs of volume overload.ANA,ANCA,HIV,HbsAg,anti-GBM ab were negative.C3,C4 were low.Ig A levels were within normal limits.renal biopsy was done in view of progressive deterioration of renal function,biopsy features suggestive of IgA nephropathy.Based on palpable purpura without thrombocytopenia and renal biopsy features suggestive of IgA nephropathy, diagnosis of henochschonlein purpura was made. patent was started on steroids and hemodialysis.patient recovered in clinical and laboratory parameters with aforementioned treatment.

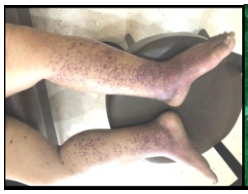

Figure 1

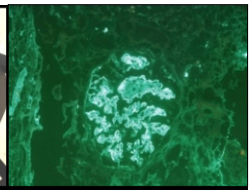

figure 2

Figure 1: palpable purpura both lower limbs

figure 2: Immunoflouroscence microscopy shows strong granular IgA staining in mesangial regions and glomerular walls He was initiated on high dose i.v methyl prednisone for 3 days,followed by oral prednisone,but his renal function continue to worsen requiring hemodialysis. 4 cycles of hemodialysis was done ,patient recovered in clinical and laboratory parameters with aforementioned treatment.

DISCUSSION:

Henoch-schonlein purpura, also known as IgA vasculitis is a small vessel vasculitis associated with IgA deposition in affected organs.primarily a disease of childhood,rarely seen in adults.American college of rheumatology has identified four criteria for the diagnosis of HSP which includes: age less than or eual to 20years at disease onset,palpable purpura without thrombocytopenia,acute abdominal pain and biopsy showing IgA granulocytes in the walls of small arterioles and venules.presence of 2 or more of these criteria distinguishes HSP from other forms of vasculitis[1]. In adults biopsy of affected organs [kidney,skin] are required for the diagnosis of HSP due to lower incidence in adults.adults are at increased risk for end stage renal disease[2].management of HSP nephritis is controversial,however Niaudet and Habib recommended treatment with i.v methyl prednisone followed by oral prednisone.hemodialysis indicated in view of rapid deteioration of renal function.other treatment options includes steroids with azathioprine[3],IV immunoglobulin therapy and plasmapheresis[4],renal transplant indicated in patients with end stage renal disease[5].

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