



A Clinical Case of Fatal Goodpasture Syndrome in Young Uzbek Man

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A 26-year-old man of Uzbek ethnicity turned to the admission department of our clinic.

Complains: a cough with scanty bloody sputum, swelling of the face, decreased urine, turbid urine, decreased appetite, weakness and general fatigue.

History: during the last 10 days, when the above complaints gradually began to appear. Treatment in a local hospital was ineffective. Later soft swelling on the face, arms and legs, BP= 170/100 mmHg.

Tests: *Blood:* anemia (hemoglobin 75g / l, erythrocytes 2.7), WBC, increased ESR, high levels of urea (20.1 mmol/L), creatinine (288.7 μ mol/L), eGFR-25 ml/min, total protein level was 65g/L. *Urine:* Proteinuria (3.3 ppm), leukocyturia, erythrocyturia, cylindruria and bacteriuria. *Sputum:* macrophages, WBC, RBC and bacteria. *ECG* showed tachycardia, LVH. *CT(lungs):* a diffuse bilateral interstitial lesion similar to Goodpaster syndrome.

Diagnosis: *Goodpasture Syndrome, a rapidly progressing course. Respiratory failure 2 degrees.*

Treatment: Glucocorticoids: solomedrol (methylprednisolone) 1 gram daily for 3 days, after which the patient took prednisolone tablets at a dose of 1 mg per kg of body weight. Also, 1 gram cyclophosphamide was prescribed once. Heparin was used at a dosage of 5000 units four times and dipyridamole in a daily dose of 325 mg. Of the antibiotics, ceftriaxone 2 grams per day and azithromycin 500 mg per day. Furosemide, pentoxifylline, ascorbic acid, omeprazole, calcium D.

During the treatment: the patient felt better and had an appetite. Swelling gradually decreased, the amount of urine increased, cough and sputum decreased. But azotemia increased, GFR decreased to 17 ml / min. The patient refused a possible replacement therapy - hemodialysis. Within 2 weeks, the patient was under control at home, the condition remained stable. But at 3 weeks after food poisoning and, as a result, diarrhea, the patient entered in a serious condition in the intensive care unit of our clinic. In addition to dehydration, the patient showed impaired lung function, because of which he was connected to a ventilator. The state of the renal function also worsened progressively. Massive edema appeared and anuria developed. GFR was 3 ml / min.

Acute heart failure developed, followed by a decrease in heart function. Despite the resuscitation measure, it was not possible to save the patient's life. He died due to cardiac arrest.

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