A RARE CAUSE OF AKI: CASE REPORT

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INTRODUCTION

AKI has a high incidence worldwide and it is commonly diagnosed in patients admitted in the ER and among inpatients. With a detailed medical history and clinical examination most cases have their causes identified and are treated accordingly, avoiding organ damage.

CASE REPORT

Presentation

49-yo woman with history of orbital pseudo tumor and optic neuritis 20 years before, treated with corticosteroids at the time. No daily medication. Smoker. She was admitted in the ER with abdominal pain, nausea, anorexia and weight loss (~5 Kg) developing in 2 weeks. She "had the flu" about 3 weeks before and it resolved with symptomatic treatment.

Exams at admission

Laboratorial results:
- Hb 10.8 g/dL;
- sCr 2.9 mg/dL; Urea 67 mg/dL
- Remaining blood analysis unaltered;
- Urinalysis: hematuria and proteinuria (RP/C 1.1 g/g);

Renal ultrasound: normal dimensions and parenchymal characteristics with some medullar hyperecogenicity.

ADMITTED IN THE NEPHROLOGY WARD

Etiological search

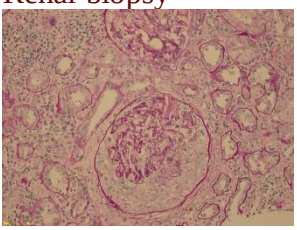
Day 1: Normal complement levels, sedimentation rate 120, negative viral serologies (HBV, HCV and HIV), normal serum protein electrophoresis;
Day 4: negative ANA/ANCA and blood/urine microbiological exams

KIDNEY BIOPSY PERFORMED AT DAY 4 - kidney function and clinical condition deteriorating very quickly and etiological search unsuccessful

Later that day: GBM antibodies POSITIVE - titer 258 U/mL [< 2,5 U/mL].
DIAGNOSIS: ANTI-GBM SYNDROME → plasmapheresis (TPE) with albumin + FFP; methylPDN pulses 3d then switched to PDN 60 mg + oral CCF 150 mg/day

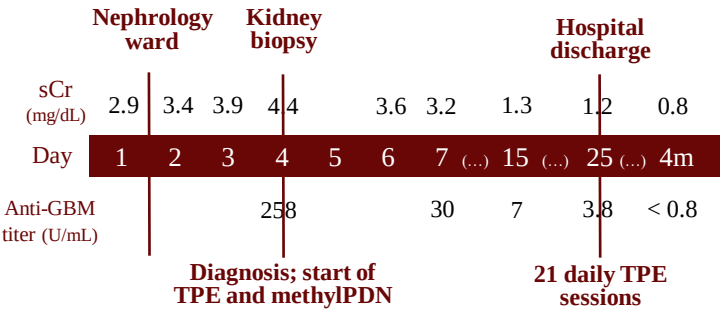
CT scan with **NO** lung involvement. Normal exam.

Renal biopsy



Inconclusive for the lack of material (4 glomeruli); 3 had cellular crescents with associated fibrinoid necrosis. No IF study was performed.

Timeline



DISCUSSION

Anti-GBM syndrome is a **rare but serious** cause of AKI/rapidly progressive GN. When lung involvement is present (Good-Pasture syndrome), patients tend to search for medical help earlier (e.g., presence of hemoptysis). In our case she presented with unspecific symptoms that could be mistaken with other diagnosis. This reminds us of the importance of searching exhaustively for AKI causes, once if they are identified and treated promptly, kidney and patient outcomes might be better and permanent organ damage can be avoided.

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AKI – acute kidney injury | ER – emergency room | GBM – glomerular basement membrane | GN – glomerulonephritis | FFP – fresh frozen plasma