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Clinicopathological confrontation: Acute tubulointerstitial nephritis concealed by a rapidly progressive renal glomerulonephritis

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Introduction: Rapidly Progressive Glomerulonephritis (GRP) form a clinical syndrome characterized by a rapid decline in renal function, associated with glomerular hematuria, albuminuria and hypertension often constellation which is still sometimes called nephritic syndrome. We report a rare case of acute interstitial nephritis which presents clinically as a rapidly progressive glomerulonephritis.

Case Report: This is a case of male 76 years old, no specific pathological antecedents was admitted to the Nephrology Department for rapidly progressive renal failure clinical examination revealed a patient in good enough condition, with edema of MI, facial puffiness, abdominal distention and anuria. On the balance sheet the patient had a kidney failure rapidly progressive which is 9 mg/l of plasma creatinine at 33 mg/l and 60 mg/l and 76 mg/l in 4 days. Glomerular syndrome is proteinuria 24 hours to 2.9 g/24 hours leukocyturia and microscopic hematuria without repercussion on protidogramme. Echocardiography a reno-bladder-prostate ultrasound without normal full back a biological assessment was performed including liver, hemostasis tests, hepatic serology and HIV, immunological assessment, which are no particular abnormalities. Faced with rapidly progressive worsening of renal function and persistent anuria the patient has benefited from several hemodialysis therapeutically it received 3 boluses of Solumédrol and benefited from ACB, the result was in favor of tubulointerstitial nephritis. The patient was put under full dose with gradual regression corticosteroids; 16 days after admission the patient revived diuresis with improved kidney function is currently normal and negative proteinuria.

Conclusion: This is a rare case of acute tubulointerstitial nephritis hidden by rapidly progressive glomerulonephritis.

Biography

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