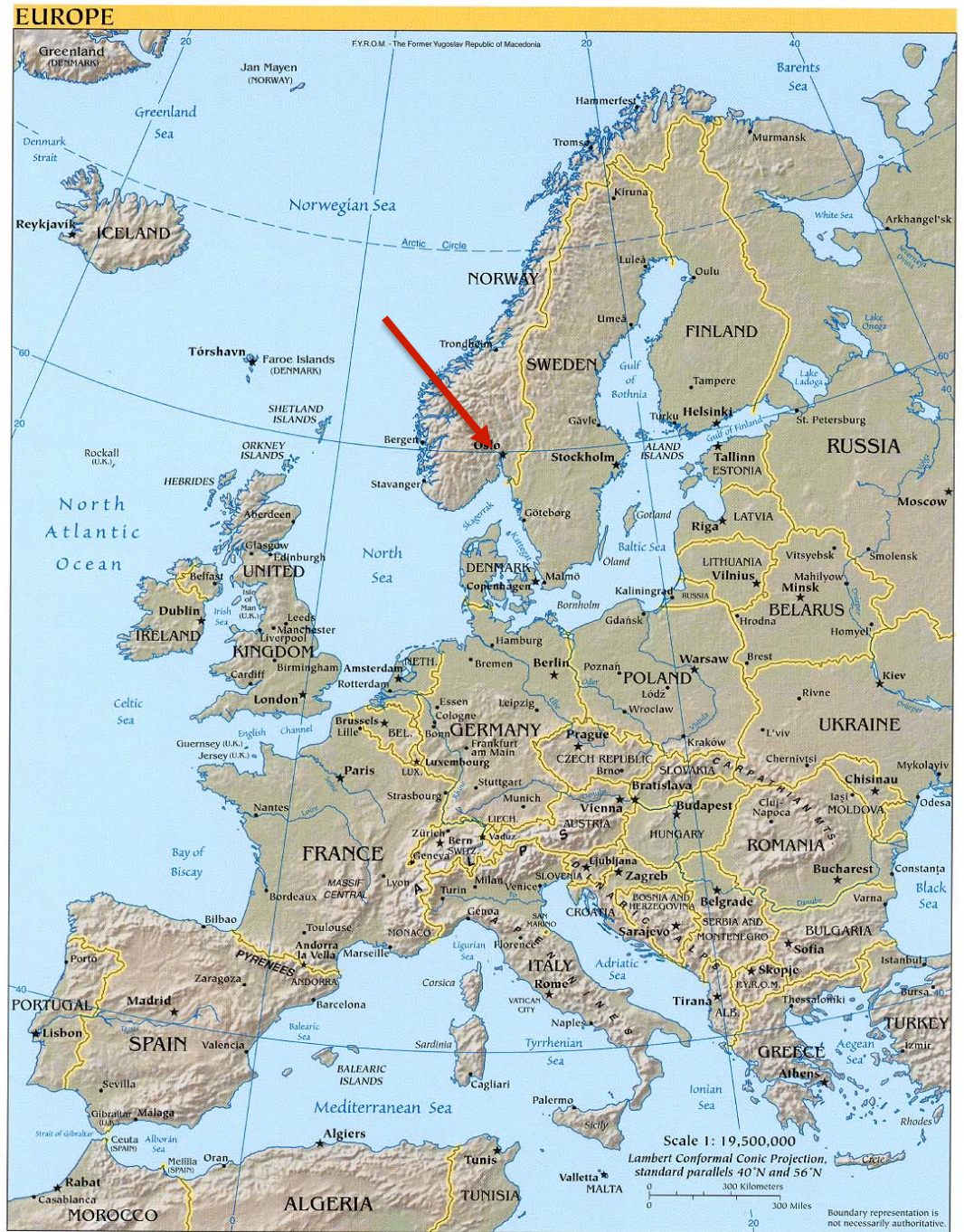


Clinical case presentation- Norway

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Anamnesis

- Woman, 68 years old
- Hypothyreosis, hypertension
- Admitted Dec 25th after 4 weeks of exertional dyspnea and malaise
- Poor appetite, pruritus, fever like feeling

Medications

Levothyroxine 100 mcg x 1

Nifedipine depot 60 mg x 1

Metoprolol depot 200 mg x 1

Losartan/Hydrochlortiazide 50/12,5 mg x 1

Transferred from local hospital

Congestive heart failure? —> furosemide 40mg iv

Clinical status

- **Clinical exam:** GCS 15, jugular vein congestion in 30 degrees supine position
- **Vital parameters:** Blood pressure 200/99, pulse 75, SaO₂ 95% (O₂ 2 liter/min), temperature 37,8°C (in ear)
- **ECG** – normal
- **Laboratory findings:**

Hemoglobin 9,0g/dl(11,5-15.3), Leucocytes 12,1 (3,5-8,8),
ESR 85mm/h (<30), CRP 30mg/L (<5), creatinine 810mcg/L (45-90),
eGFR 4,3ml/min (>60), urea 46mmol/L (31-7,9),
uric acid 630 mcgmol/L (155-400) troponin T 133ng/L (0-15), albumine 32g/L (36-45).

● Suggestions of diagnosis?

● Suggestions of further investigations?

- **Lab:** ABG: pH 7,35, pCO₂ 4,8, pO₂ 8,5, BE -5, HCO₃ 20, SO₂ 97%, lactate 0,6
- **Urine test:** 3+protein, 4+erythrocytes
- **Urine microscopy:** Granular and hyaline casts, dysmorph erythrocytes, white bloodcells (max 10/field of view)
- **Chest X-ray:** bilateral consolidations in the lower lobes

● Other Suggestions of diagnosis?

● Other Suggestions of further investigations?

- **Ultrasound:** signs of disease in the renal parenchyma bilateral. No hydronephrosis.

- **P/C-ratio** : 234 mg/mmol (0-30)

U-protein: 2,5 g/L (0-0,1)

- Positive P-ANCA and Anti-MPO (16)

- **Kidney biopsy**

Treatment

- Due to lacking improvement of renal function and decreasing diuresis, she was accepted for acute dialysis.
- Simultaneously plasmapheresis
- And Methylprednisolone 500 mg i.v. x 1 for 3 days,
Then Prednisolone 1 mg/kg
- Cyklophosphamide pulse 500 mg iv once every other week

Summary

- Woman, 68 years old
- Acute renal failure, in need of dialysis
- Consolidations on chest X-ray, dyspnea prehospital
- P-ANCA and Anti-MPO positiv
- Kidney biopsy
- Treated with Prednisolone, Ciclophosphamide, Plasmapheresis

ANCA positive vasculitis

- Fever, weight loss, malaise
- Symptoms from the respiratory tract (inkl x-ray findings)
- Kidney- asymptomatic until RPGN and ARF
- Skin- palpable purpura
- Peripheral neuropathy
- Eye pathology
- Gut: abdominal pain
- Deep venous thrombosis

Our patients symptoms

- Feeling of having fever, malaise
- Functional dyspnea, consolidations on chest x-ray
- Acute renal failure

Development

- **Lab:** Creatinine is now 278, eGFR 14,7, Urea 26.
- **Clinical status:** The patient is getting better.
- **Kidney biopsy:** chronic changes, 7/10 sclerosed glomeruli
- **Further treatment:** Dialysis

Thank you for your attention!