1st case is a 23 year old lady with fever for 3 weeks, which was low grade, continuous and associated with joint pain. There is no history of oral ulcer, alopecia . On clinical examination her BP was low (around 90/60 mm Hg), pulse was low volume, urine was reduced and was dark colour. Moderate Ascites was also present. Investigations showed Anaemia, Renal dysfunction with normal kidney size and corrected serum Calcium was high (around 13) and iPTH was low. We further evaluated for hypercalcemia and found nothing significant. Then we performed a renal biopsy, HPE findings were showed epithelioid cells with granuloma in interstitum. Ascitic fluid analysis slowed ADA was high with mononuclear cells. So we started ATD.

Fever subsided, however creatinine was stabilised but did not achieve normal range .

2nd patient is a 56 year old smoker, non-hypertensive non-diabetic presented with history of bipedal edema, cervical lymphadenopathy. His serum creatinine was 2.3mg/dl , 24 hour urine protein was 1.5 gm. HPE of kidney biopsy revealed : granulomatous interstitial nephritis with epitheloid cell. The cervical lymphadenopathy associated with mediastinal widening. Serum ACE and calcium which was normal. We biopsied cervical lymphnode and caseating granuloma was found. HRCT thorax was normal. We planned for steroid 1mg /kg in view of sarcoidosis. And we are following up.