

A CASE REPORT OF HIV ASSOCIATED RPGN

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Abstract

Introduction:

HIV infection can be associated with glomerular and tubulointerstitial disease. HIV affected tubular disorder include acute kidney injury, proximal tubular injury, chronic tubular injury, crystal nephropathy. Less commonly can cause interstitial nephritis because of NSAIDs or antibiotics.

Case report:

A 44 year old male patient, normotensive, non diabetic recently diagnosed with HIV and hepatitis B presented with generalised weakness, easy fatigability for 6 months, weight loss for 2 months, with decrease urine output and high coloured urine since 8 days.

On evaluation the patient found to have renal dysfunction with creatinine value of 8.5 mg/dl and severe anemia. Spot urine routine examination showed 1+ albuminuria, 5-6 RBC and 24 hr urinary protein 143 mg/dl. Renal biopsy was done and suggestive of acute tubular injury.

Conclusion:

HIV infection can involve the kidney in the form of glomerular or tubular involvement. Clinically patients can be presented with acute kidney injury, rapidly progressive glomerulonephritis, nephrotic range proteinuria. In our case patient presented with acute kidney injury which was on renal biopsy found to be have acute tubular injury associated with pigment nephropathy.

Keywords: HIV, RPGN, Acute tubular injury.