Relapsing Acute Renal Failure in IgA Nephropathy

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Dear Sir,

Acute reversible renal failure (ARF) during macroscopic hematuria in patients with IgA nephropathy has been described [1–5]. The glomerular lesions do not usually appear sufficient to explain the acute deterioration of renal function and it has been suggested that ARF could be related to tubular obstruction by red cell casts or by tubular reabsorption of hemoglobin released by the broken red cells [2–5]. Two and – seldom – three episodes of ARF [1, 5] have been reported in the same patient. We report one patient with IgA nephropathy and three documented episodes of ARF over a period of 30 months.

and urine culture, negative. Six days later, a renal biopsy was performed; the histological examination disclosed 20 glomeruli with mild increase of mesangial matrix and moderate proliferation of mesangial cells without interstitial, tubular or vascular pathology; the immunofluorescence showed mesangial granular deposits of IgA. Dialysis was unnecessary and 10 days after admission, serum creatinine was 99 $\mu\text{mol/l}$ and 1 month later 63 $\mu\text{mol/l}$.

Three months after the second admission, she developed a new episode of tonsillitis with fever and macroscopic hematuria; analysis performed 1 weeks later showed serum creatinine 153 $\mu\text{mol/l}$ and 1 month later 63 $\mu\text{mol/l}$.

30 months after the initial episode, she is in good health, with serum creatinine of 63 $\mu\text{mol/l}$, proteinuria negative and persistence of microhematuria.

Case Report

A 15-year-old girl was admitted to our hospital because of nausea, vomiting, bilateral loin pain and uremia. Ten days prior to the admission she developed a sore throat, fever and macroscopic hematuria and was treated with penicillin G procaine; fever and hematuria disappeared but she developed nausea, vomiting and bilateral loin pain without oliguria. On admission, physical examination was unremarkable; blood pressure was 110/80 and blood analysis showed hemoglobin 10 g/dl, albumin 34 g/l, BUN 26.7 mmol/l, creatinine 315 $\mu\text{mol/l}$; urinalysis revealed: protein 0.5 g/l, Na 70 mmol/l, K 20 mmol/l, 100 RBC/HPF, 8–10 WBC/HPF and occasional red casts; serum levels of C3 and C4 were normal and antinuclear antibodies, negative; IgA and IgG levels were increased. Urine culture was negative and ultrasound scan was normal. She had a favorable evolution and 10 days later she was discharged with serum creatinine 117 and 80 $\mu\text{mol/l}$ 1 month later.

21 months later, she developed a new episode of fever, sore throat, nausea, vomiting, bilateral loin pain and macroscopic hematuria and was then treated with erythromycin. Because of the persistence of nausea and vomiting, she was admitted to the hospital 10 days later. Blood analysis revealed hemoglobin 11.1 g/dl, BUN 39 mmol/l, creatinine 882 μ mol/l; urinalysis revealed protein 0.3 g/ 1,100 RBC/HPF, 15–20 WBC/HPF and occasional red casts; blood pressure was 120/80 and physical examination, unremarkable; serum levels of C3 and C4 were normal and antinuclear antibodies

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