Acute Renal Failure in a Patient Affected with Churg and Strauss Syndrome

G.		Antiga ^a
A.		Volpi ^a
G.		Battini ^a
G.C.		Bignotti ^d
F.		Giordano ^b
M.		Meroni ^a
M.		Minazzi ^c
R.A.		Sinico ^e
A.		Sessa ^a

^aUnità Operativa di Nefrologia e Dialisi, ^bServizio di Anatomia Patologica, ^cDivisione di Neurologia, Ospedale di Vimercate; ^dDivisione di Medicina, Ospedale di Cernusco sul Naviglio; ^eDivisione di Nefrologia e Dialisi, Ospedale San Carlo Borromeo, Milano, Italia

Dr. Adalberto Sessa, Nefrologia e Dialisi, Via C. Battisti 23, I-20059 Vimercate (Italy)

Dear Sir,

The Churg and Strauss syndrome (CSS) is a rare disorder characterized by hypereosinophilia and systemic vasculitis occurring in patients affected with asthma and allergic rhinitis [1].

Necrotizing vasculitis, tissue infiltration by eosinophils and extravascular granulomas are the major histological features that define the CSS [1]; however, granulomas may be very difficult to find by tissue biopsy and/or on autopsy [2]. The CSS shows a prodromal phase consisting of allergic disease with asthma and rhinitis, a second phase consisting of chronic eosinophilic pneumonia or eosinophilic gastroenteritis with eosinophilic tissue infiltration and peripheral blood eosinophilia, and a third phase consisting of life-threatening vasculitis involving two or more extra-pulmonary organs.

We observed a 51-year-old male patient with acute renal failure, manifesting 2 months after the onset of persistent feverish asthma (serum creatinine: 1 to 5.68 mg/dl; BUN: 22 to 92 mg/dl). Chest X-ray was normal. Blood eosinophils were 2,240/mm³. The sputum showed numerous eosinophils. ANCA were detected in the serum. The renal biopsy, studied by light, immunofluorescence and electron microscopy, showed diffuse interstitial nephritis with numerous eosinophils, extracapillary proliferative glomerulonephritis and necrotizing vasculitis (fig. 1, 2).

The patient exhibited diffuse sensorimotor peripheral neuropathy, more evident in the left arm and leg, as documented by electromyography. He was treated with prednisone, 1.5 mg/kg/day, for 2 weeks and then 1.5 mg/kg every other day with gradual tapering. After 7 months he was well: Serum creatinine: 1.3 mg/dl; BUN: 23 mg/dl; normal blood eosinophils: 75/mm³; the sensorimotor peripheral neuropathy persists, but electromyography shows an

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