Tubulointerstitial Nephritis and Mediterranean Spotted Fever

M.A.		Galicia ^a
J.		Fort ^a
I.		de Torres ^a
J.		Camps ^b
L.		Piera ^a

^aNephrology and ^bPathological Anatomy, General Hospital Vail D'Hebron, Barcelona, Spain

M.A. Galicia, Ariban 83 2-1, E-08036 Barcelona (Spain)

Sir,

In 1987 we published a case of acute renal failure associated with Mediterranean spotted fever [1]. The patient was a 58-year-old male who was in contact with tick-infested dogs. On admittance to hospital he showed signs of hyperhydration with microhematuria without proteinuria and urinary sodium of 54 meq/l. A slight biochemical hepatic malfunction was detected. A positive Proteus serology (0X2) and increasing levels of anti-Rickettsia conorii antibodies gave the diagnosis of Mediterranean spotted fever. He only needed one hemo-dialysis and renal function became normal in 14 days. The renal histological examination ruled out a pattern of acute tubular necrosis, glomerular involvement or signs of vasculitis. A marked focal-tubulointerstitial involvement with peritubular and perivascular deposits of clustered mononuclear lymphocytes and histiocytes was shown. The immunofluorescent staining was negative.

We have read with great interest the article of Donati et al. [2] who presented a patient suffering from an oligu-ric renal failure associated with Mediterranean spotted fever. He showed proteinuria, microhematuria and hepatic cytolysis. The histological examination revealed a typical patten of acute tubular necrosis.

We agree with these authors that acute renal failure associated with Mediterranean spotted fever is secondary to the fluid wasting associated with fever. Microhematuria and proteinuria are the comonest disorders. No signs of dehydration were clinically evident in our patient. The histologicalexamination showed an interstitial infiltrate as the cause of renal malfunction without signs of tubular necrosis. The shortage of literature available about clinical-histological involvement in the Mediterranean spotted fever has prompted us to highlight this case in order to consider the renal interstitial involvement in the course of this infectious disease.

References

Galicia MA, Fort J, Moliner E, et al: Afección renal en la fiebre botonosa mediterranea. Med Clin 1987; 88:830. Donati D

Torre D

Baratelli L

et al: Acute renal failure and Mediterranean spotted fever. Nephron 1990;54:102–103.