A Patient with Amyloidosis, Vesicoureteral Reflux and Renal Cell Adenoma Complicated by Intrarenal Calcification and Acquired Cystic Renal Disease

Dear Sir,

Amyloidosis and vesicoureteral reflux (VUR) are well known causes of end-stage renal disease (ESRD) [1,2] and ESRD may be complicated by acquired cystic renal disease (ACRD) and soft tissue calcification such as kidney, lung and heart [3, 4]. The coexistence of amyloidosis, VUR, ACRD and intrarenal calcification is rare but here such a patient with amyloidosis, VUR, ACRD and diffuse intrarenal calcification is presented. As far as we know this is the only case in whom all these lesions are present since 1982 according to the medline facilities of the Ankara University School of Medicine.

A 14-year-old boy with growth retardation and ESRD due to amyloidosis secondary to familial Mediterranean fever and VUR was admitted to the Ankara University Hospital for pretransplant preparation. The patient had chronic renal disease since 1989 and had been on a chronic ambulatory peritoneal dialysis program for 2 years, and he had severe hyperparathyroidism with a serum Ca × P product greater than 70. Bilateral nephroureterectomy was performed because of third degree VUR and macroscopic findings were small, shrunken kidneys with many medullary and cortical cysts. The sections from nephrectomy material were stained with hematoxylin and eosin, von Kossa, congo red and gentian violet for microscopic examination and these stains showed dense, homogenous eosinophilic material, sclerosis, hyalinosis, tubular atrophy, multiple tubular cysts, focal renal cell adenoma and amyloidosis and diffuse calcification on glomeruli and vessel wall. Although these renal lesions may not be significant in patients with chronic renal disease, one must always bear in mind that more than one lesion may coexist in the same kidney. It appears that for unknown reasons visceral calcification occurs much less frequently nowadays than it used to [4], but it should not be forgotten that severe intrarenal calcification may still complicate ESRD.

References