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RENAL GRANULOMATOUS SARCOIDOSIS ASOCIATED WITH ACUTE RENAL FAILURE

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Sarcoidosis is a systemic disease that usually has a pulmonary presentation. It is a chronic multisystem disorder of unknown origin characterized by the presence of non-caseating epitheloid granulomas in multiple organs. Clinically variable renal disease occurs in about 5-10% of adult cases, however the incidence of renal involvement is not well characterized in childhood sarcoidosis. In the present case report we describe the course of renal granulomatous sarcoidosis in a 12-year old male patient. Beyond general symptoms such as pallor, fever, fatigue and weight loss, renal failure (C creat : 20 ml/min/1.73 m2) was the leading manifestation of sarcoidosis. At the time of admission increased UN (13, 5 and 15 mmol/l) and creatinine (365 and 368 umol/l) levels, anaemia (Hgb: 88 and 95 g/l), sterile leukocyturia, mild proteinuria (0.82 g/l), highly elevated erythrocyte sedimentation rate and CRP level (We:80 mm/h, 19.2 mg/ L, respectively) were observed. Extrarenal manifestations were mild, uveitis and bilateral enlarged hilar lymph nodes were detected. Renal biopsy showed epitheloid cell granulomatous interstitial nephritis. Marked improvement in creatinine clearence and in creatinine level (109 and 105 umol/l) was seen within 10 days of starting oral corticosteroid treatment. In paralell other laboratory parameters also tend to normalize. 8 weeks after the initiation of corticosteroid treatment all the laboratory parameters were in normal range including the creatinine clearence and both UN and creatinine levels (80 ml/min/1.73 m2, 5 mmol/l, 73 umol/l, respectively). Our case demonstrate the importance of kidney biopsy when unexplained deterioration of renal function is found.