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Idiopathic Eosinophilic Interstitial Nephritis With Hypocomplementemia and Tubulointerstitial Deposits

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We report a case in a 58-year-old man of idiopathic eosinophilic interstitial nephritis with hypocomplementemia and tubulointerstitial deposits. The relevant findings included asymptomatic proteinuria without any history of autoimmune disease, allergic, drug, and infection; increased blood urea nitrogen and serum creatinin; elevated levels of serum IgG and light chains; persistent eosinophilia; hypocomplementemia; severe and variable interstitial widening by acute and chronic inflammatory cell infiltration and fibrosis; tubular atrophy with mild glomerular change; prominent granular and electron-dense depositions of IgG and C3 in renal tubules, interstitium and rare glomerular involvement, as demonstrated by direct immunofluorescent and electron microscopic procedures. The findings in our case suggest a type of acute and chronic interstitial nephritis with a somewhat unique clinical feature. In immunohistochemistry, main components of interstitial infliltrates are T cells with relatively small number of B cells. We examined eotaxin expression by immunohistochemistry for explaining the relationship between immune deposits and renal failure or eosinophil infiltration. We propose an unusual case of chronic tubulointerstitial nephritis partly mediated by immune deposits, eotaxin expression and eosinophil infiltration.