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A 69-year-old man with lower extremities edema

Junseok Jeon
Samsung Medical Center, SungkyunKwan University School of Medicine, Korea, Republic of

A 69-year-old man was referred to nephrology clinic with lower extremities edema. Edema in the lower limb began one month ago and progressed gradually. The patient was scheduled to be admitted to our hospital, but shortly thereafter, pneumonia occurred and he was admitted to another hospital for about 15 days. After pneumonia had improved, she was admitted to our hospital for evaluation. He had a history of type 2 diabetes mellitus and hypertension controlled with medication for 6 years and a history of autoimmune pancreatitis with steroid therapy 5 years ago and was regularly followed up without medication. There was no family history of kidney disease, no alcohol, and no cigarettes, and he had retired from a white-collar job. Medications currently taking are as follows; Pioglitazone, Amlodipine/losartan, Aspirin, Rosuvastatin, Linagliptin, Alfuzosin, Finasteride, and recently did not take over-the-counter medication or herbal medication. He showed general weakness after treatment with pneumonia but it is not severe. He complained of edema of both lower legs but no other symptoms such as shortness of breath. On examination, the patient had body temperature of 36.5°C, blood pressure of 115/56 mmHg, pulse rate 87/min, and BMI of 22.8 kg/m^2 at the first visit, but body temperature 36.5°C, blood pressure 178/97 mmHg, pulse 76/min at admission. He was not chronically ill-looking and showed alert mental status and good orientation. The conjunctiva was not pale, jaundice was absent, and eyelid edema was not clear. There was no palpable hepatosplenomegaly and costovertebral angle tenderness, but at the left axillary area, a 1-2cm sized rubber-like painless nodule was palpable. There was a Grade III pitting edema on the anterior tibia.
Complete blood cell count and blood chemistry results are shown in table 1. The urine dipstick test showed specific gravity of 1.014, pH 6.5, albumin 3+, glucose (-), blood 1+ and nitrite/leukocyte esterase (-/-), and urine microscopic exam showed RBC 3-5/HPF, WBC 0-2/HPF, hyaline cast 6-10/HPF. Spot urine protein-creatinine ratio and albumin-creatinine ratio were 6.59 mg/mgCr and 5317.6 μm/mgCr, respectively. The hepatitis B and C virus and HIV tests were negative. Serum C3/C4 was 112.4/30.5 mg/dL in the normal range, and serum IgG/IgA/IgM were 1705/176/86 mg/dL, and IgG was increased. Serum and urine electrophoresis showed a small peak of 2.5% (32.3 mg/dL) in the beta globulin region in the urine, but the serum free light chain ratio was in the normal range of 1.17. FANA, ANCA, RF, anti-ds DNA, RPR, and ASO were all negative. Renal biopsy was performed to determine the cause of renal dysfunction and proteinuria.

Table 1. The complete blood count and blood chemistry results

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	Normal range	One month ago	On admission
WBC (X 10^3/μL)	3.8–10.58		10,910
Segmented (%)	41.5-73.5		59.8
Eosinophil (%)	0-9.3		0.4
Hemoglobin (g/dL)	13.5-17.4		7.0
Hematocrit (%)	40.4–51.3		20.8
Platelet (X 10^3/μL)	141–316		276
PT (INR)	0.9–1.1		1.08
APTT (Sec)	29.1–41.9		37.9
Protein, total (g/dL)	6.4-8.3	6.6	5.7
Albumin (g/dL)	3.5-5.2	3.1	2.4
Bilirubin, total (mg/dL)	0-1.2	0.2	0.2
AST (U/L)	0-40	23	16
ALT (U/L)	0-41	22	10
BUN (mg/dL)	6-23	15.5	15.3
Creatinine (mg/dL)	0.7-1.2	0.71	1.9
Na (mmol/L)	136-145		138
K (mmol/L)	3.5-5.1		4.1
Cl (mmol/L)	98-107		103
Calcium, total (mg/dL)	8.6-10.2	8.4	7.9
Phosphate (mg/dL)	2.5-4.5	3.2	3.6
TCO2 (mmol/L)	22-29		22.6
Cholesterol, Total (mg/dL)	0-200		175
Triglyceride (mg/dL)	0-149		142
HDL-C (mg/dL)	40-200		24
LDL-C (mg/dL)	40-129		133
CRP (mg/dL)	0-0.5		0.96