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ANCA associated vasculitides in a patient with positive serologic test for Hantan virus

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Case Study: Antineutrophil cytoplasmic antibody (ANCA)-associated vasculitides (AAV) are a group of pauci-immune small vessel vasculitides that often involve the kidney manifesting as rapidly progressive glomerulonephritis. Here, we report a rare case of ANCA-associated vasculitides in a patient with positive serologic test for Hantan virus.

A 60-year-old previous healthy man was admitted to the hospital for fever with productive sputum and skin rashes. On admission, HRCT shows multifocal bronchopneumonia in the both lung. However, despite of proper intravenous antibiotics therapy, fever was persist with increase of eosinophils counts. After treatment of low-dose steroid, fever was subsided and discharged from the hospital. One weeks after hospital discharge, follow-up laboratory findings show increase of serum creatinine level. Physical examination revealed coarse breathing sound with rhonchi on both lower lung fields and 2+pretibial pitting edema. Laboratory findings revealed a white blood cell count of 24,930 /mm³, hemoglobin of 9.6 g/dL, platelet count of 325,000/mm³, blood urea nitrogen level of 52 mg/dL, and serum creatinine level of 4.0 mg/dL. Urinalysis showed 1+ proteinuria with hematuria. Urine protein/creatinine ratio was 2623 mg/g creatinine. Serologic tests for C3 and C4 were 47.1 and 7.5 mg/dL, respectively. p-ANCA was positive of 73.7 U/ml. Other autoantibodies were negative. There was also positive test for Hantan virus antibody with 4-fold increase of follow-up antibody titers. We performed renal biopsy. Findings are consistent with ANCA-associated vasculitis with chronic tubulointerstitial nephritis. We prescribed the 30 mg of prednisolone with 200 mg of cyclophosphamide. However, immunosuppressive treatment, his renal function was deteriorated and we started renal replacement therapy. The ANCA associated vasculitides was rare clinical condition especially, coincidentally positive for Hantan virus. In this case, we have difficult to have clinical diagnosis, however, proper histologic diagnosis might have helpful to managing the patient with unknown acute kidney injury.