THE KOREAN SOCIETY OF NEPHROLOGY
APCN & KSN 2024
June 13(Thu) - 16(Sun), 2024 Coex, Seoul, Korea
Promoting Sustainable Kidney Health: The Asia-Pacific and Beyond

Abstract Submission No.: A-0352

It takes two to tango

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Case Study : Backgrouns: Leukocytoclastic vasculitis (LCV) is a cutaneous, small-vessel vasculitis, usually confined to the skin with rare extracutaneous systemic manifestations in the form of renal and GIT involvement. LCV can also cause kidney damage, typically manifesting as microscopic hematuria and proteinuria, & rarely IgA nephropathy. We have reported a case of multi-systemic LCV in adolescent, who presented initially with gastroenteritis induced TMA, with bloody diarrhea, where hemodialysis (HD) was needed for 2 weeks, but he had persistent hematological & renal manifestation, where therapeutic plasma exchange (TPE) started, with partial improvement. During which he developed attacks of bleeding/rectum not responded to medical management, where lower GIT endoscopy revealed cobble stone appearance grossly in transverse colon, with an active inflammatory bowel disease (IBD), Crohn's, on microscopic examination, where medical IBD management was started without marked response. Vasculitis skin rash appeared, where renal & skin biopsy confirmed the diagnosis of MULTI-SYSTEMIC LEUKOCYTOCLASTIC VASCULITIS. IV Pulse steroid was given with Mycophenolate mofetil (MMF) with marked improvement of his renal, & GIT manifestations for 2 years follow up & no flare-ups. Conclusion: This case reported is unique, where individuals with LCV are characterized by a high propensity for renal dysfunction, including kidney damage, typically manifesting as microscopic hematuria and proteinuria, while presenting as TMA is a very rare presentation of LCV, which was not previously reported, up to our knowledge.