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ACUTE KIDNEY INJURY IN A 43-YEAR-OLD MALE WITH STATUS EPILEPTICUS SECONDARY TO HERPES SIMPLEX ENCEPHALITIS: A CASE REPORT

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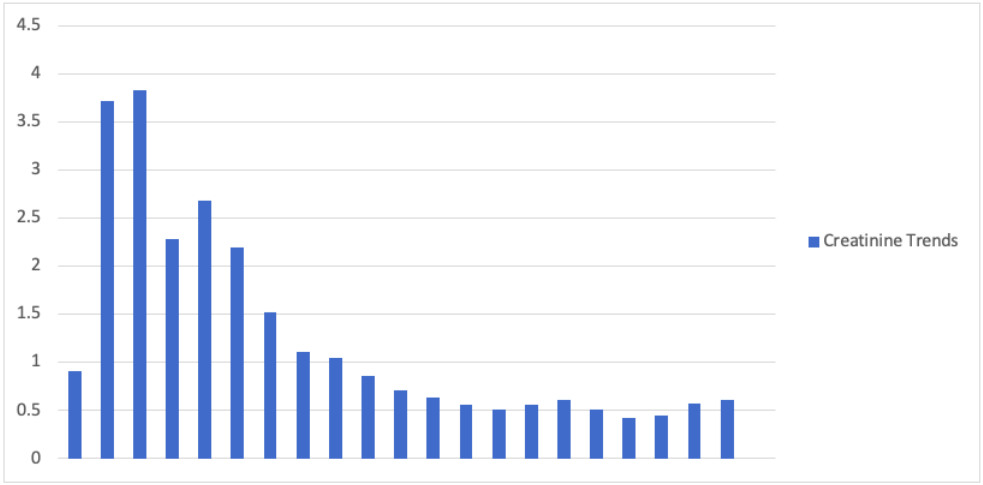
Case Study : Acute kidney injury (AKI) in the critical care unit is an independent risk factor for poor outcome. In patients with acute neurological injury and severe AKI, the timing as well as renal replacement therapy (RRT) modifications must be considered. 43-year-old male, hypertensive, not known chronic kidney disease (CKD) who came in for continuity of care. Few days prior, he developed intermittent fever after coming in from a local travel. He consulted at another hospital and was admitted and managed as a case of CNS infection and was eventually intubated. Patient opted to transfer to our institution. Cranial MRI showed findings suggestive of encephalitic changes consistent with Herpes Encephalitis (Image A). Appropriate antimicrobials were given. On the first hospital day, patient had frequent seizure episodes. Bolus doses of diazepam were given and Valproic acid was started. However, the seizure still persisted and anti-seizure medications adjusted. Repeat creatinine showed elevation at 3.72 mg/dL with an estimated glomerular filtration rate (eGFR) of 18.8 ml/min/1.73m^2 from 0.9 mg/dL (eGFR 104.3). Creatinine Kinase MM (CK MM) was also elevated at 514 U/L. Patient also had marginal urine output at 20-30ml/hr. Hydration was continued with D5NM at 80ml/hr. A shared decision was made to do dialysis for solute clearance. He had sustained low-efficiency dialysis (SLED) for 6 hours with net ultrafiltration at 0. After dialysis, there were less episodes of frank seizure, urine output gradually improved to 80-120 ml/hr. Repeat creatinine taken 2 days after showed a decreasing trend to 2.68 mg/dL (eGFR 28.2) and CK MM taken 3 days after was now normal at 74 u/L. Renal parameters were serially monitored and creatinine eventually decreased to as low as 0.42 mg/dL (eGFR 143) with repeat creatinine prior to discharge at 0.6 mg/dL (eGFR 122.8). In conclusion, Early recognition and management of AKI may improve outcomes.

Figure 1. Creatinine trends of the patient during the course of admission.png



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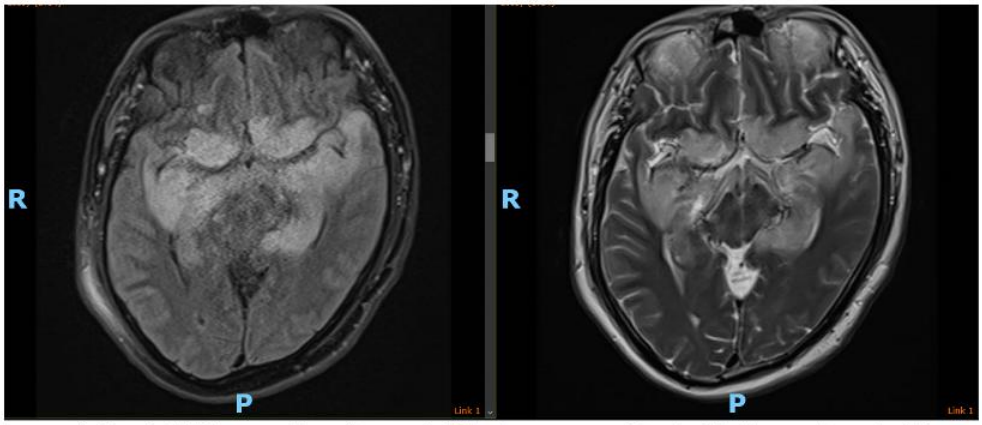

Image A. Cranial MRI suggestive of encephalitic changes consistent with Herpes Encephalitis