

Abstract Submission No.: A-0339**Shunt Nephritis**Dina Sallam¹¹Department of Pediatrics-Nephrology, Prof , Egypt²Department of Faculty of Medicine, Ain Shams University , Pediatrics and Pediatric Nephrology , Egypt

Case Study : Objectives: Shunt nephritis is a rare immune complex-mediated reversible glomerulonephritis (GN) due to infected ventriculo-peritoneal shunts (VP) for the treatment of hydrocephalus. Although infection of CSF is common, shunt nephritis is rare, however remains a life-threatening disorder. Antibiotics alone is ineffective, but removal of the shunt is usually, associated with improvement of the renal disease. We have reported four cases with shunt-nephritis., where clinical courses, immunological, and histological findings were different, however the same management by removal of the shunt system led to an improvement of GN in 3 cases. The 1st case was a 10 -year-old boy who had VP shunt, presented with acute kidney injury (AKI) without recent preceding infection. Renal biopsy revealed membranoproliferative GN (MPGN), however his initial CSF analysis was -ve for infection. 4 months later, repeat CSF culture was +ve for *Propionibacterium acnes*, where shunt removal & 1 month course of antibiotic started with improvement of AKI & GN after 2 months. The 2nd & 3rd cases were 10 & 15-year-old with VP shunt, presented with shunt dysfunction, AKI, high fever & hematuria. CSF analysis was +ve for *staphylococcus coagulase* & *staphylococcus aureus*, where antibiotic course couldn't improve the symptoms. Renal biopsies showed MPGN, and diffused proliferative GN with 50% crescentic formation, where shunt removal with insertion of new one, was associated with marked improvement of AKI & C3 level. the 4th case presented with sepsis, AKI, low C3 & increased ICP. CSF analysis was +ve for coagulase-negative *Staphylococcus*. Antibiotic couldn't manage her AKI. Renal biopsy showed MPGN. VP shunt was removed & 1 month course of antibiotic was given without improvement of her AKI and she turned into CDK stage 3. Conclusions: The importance of high early index of suspicion for early diagnosis & treatment of GN