

ANSWERS

Clinical diagnosis: Sarcoidosis

Renal Biopsy: The renal biopsy contained eight glomeruli none of which was globally or partially sclerotic and no pathological changes were observed at glomerular level, vessels were also unremarkable. Tubulointerstitium was the only affected compartment with a moderate to severe inflammatory infiltrate, two granulomas with multinucleated giant cells (Figures 1) and some calcium crystals in the tubular lumen and some scattered eosinophils (Figure 2). No necrosis could be observed within the granulomas. A diagnosis of granulomatous interstitial nephritis due to sarcoidosis was made.

The patient was treated with pulse methylprednisolone (250 mg/day for three days) and then with maintenance dose oral prednisone (50 mg/day). Serum creatinine decreased in a few days and so did the patient's serum calcium. Since the episode of acute kidney injury the patient has been followed at our unit and at the unit of Cardiology. Renal function returned to normal (1.1 mg/dl) and heart function markedly improved over the following two years (EF 49% vs 37% vs 32% vs 23%). The diuretic and cardiologic therapy was significantly reduced to only 25 mg of furosemide and a small dose of beta blocker. The steroid was gradually tapered to 5 mg/day of prednisone for one year and then stopped.