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## Acute renal failure after therapy with Interferon

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**Objectives:** The main reason for the presentation of this clinical case is to attract attention of the dangerous possible risks of the therapy with Interferon at the patients with chronic hepatitis virus B or virus C positive who follow this protocol of therapy.

**Material and Methods:** A clinical case where a patient aged 48 years old was hospitalized for the diagnosis of active chronic hepatitis with virus B positive with increase value of liver enzymes (TGO=248UI/l, TGP=342UI/l, Gama GT=121, indirect bilirubin=2,32, total bilirubin=3mg/dl, viremia=6 millions unites, AgHBs+, liver biopsy with histopathology examination confirmed active chronic hepatitis, summary of the urine revealed - presence of urobilinogen, proteinuria, absence of glucose and found to have normal urinary sediment, the value of urea=32mg/dl and creatinine=0.9mg/dl. After the patient followed with the protocol of therapy with @Interferon 3MU 3 times/week during three weeks presented the apparition of a palpable purpuric rash at the lower limbs and the nephritic syndrome was accented: proteinuria=30mg/dl, hematuria=20g/dl. After the skin biopsy was performed the result confirmed safe diagnosis of polyarteritis nodosa. The histopathological examination with fibrinoid necrosis of the vessel wall with surrounding perivascular lymphocytic infiltrates, polyarteritis nodosa was confirmed as the safe diagnosis. After that the patient developed a syndrome of progressive azotized retention uremia with increase level of creatinemia=5,08mg/dl and urea=402mg/dl with anuria so an acute renal failure in context of systemic vasculitis with secondary nephropathies hence an imposition of dialysis for the normalization of the azotized parameters. Histopathological examination after kidney biopsy revealed secondary subacute glomerulonephritis in context of systemic vasculitis.

**Results and Discussions:** The patients with chronic hepatitis virus B or virus C positive is possible to have a systemic vasculitis in the context of the disease without clinical manifestations (subclinical) unknown and with secondary nephropathy in this context with minimal nephritic syndrome manifested with isolated proteinuria, isolated hematuria or proteinuria and hematuria identify after summary urine examination was performed. If the patient had this result with nephritic syndrome after urine examination before she start the therapy with @Interferon for active chronic hepatitis with virus C or B positive, the patient has risk to develop after the protocol therapy sub acute or acute renal failure with severe evolution of the patient with rapid progressive azotes retention syndrome to necessary dialysis for the patients.

**Conclusion:** We must monitor very carefully the kidney function with the azotized parameters every day if the patient follow the protocol of therapy with @Interferon for active chronic virus B hepatitis because in context of unknown (subclinical) systemic vasculitis with a secondary glomerulonephritis the patient with virus B positive is possible to develop sudden and unexpected acute renal failure and dialysis is necessary.

## Biography

Manuela Stoicescu is a consultant internal medicine physician, PhD, Assistant Professor of University of Oradea, Faculty of Medicine and Pharmacy, Medical Disciplines Department, Romania. She also works at Emergency Hospital Internal Medicine Department and Internal Medicine Office. She has published two books, one monograph and papers in reputed journals. She was invited as a speaker at 9 national and 20 International Conferences. She is Member of Romanian Society of Internal Medicine, Cardiology, Medical Chemistry, Biochemistry and Member of the Balkan Society of Medicine.

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