

# Case presentation



- 73 years old male
- Past medical history: hip replacement, HTN
- During the summer of 2013:  
patient noticed edema on his legs, later it progressed,  
became generalized, accompanied with significant  
weight gain
- Medications:  
antihypertensives - carvedilol, enalapril  
pain killers - NSAIDs (aceklofenac, naproxen)

# September-November 2013.



Date	09.24	09.30	10.07	11.12
BW (kg)	84	74	61	63,5
Albumin (g/l)	20	19	30	36
PU (mg/day)	5003		2298	942
Creatinine (umol/l)	261	142	90	67
eGFR (ml/min)	20	42	72	>90

# 2013. Dec: Hurt his arm, took NSAID again



Date	12.15	01.10	01.28	02.07	04.17	05.15
MP (mg)				32→24	16→12	8→4
BW (kg)	75	68	61	68	54	52
Albumin (g/l)	19	21	26	22	30	36
PU (mg/day)	13602		6263	10887	8004	659
Creatinine (umol/l)	416	233	146	199	76	73
eGFR (ml/min)	11	24	40	28	85	87

# Renal biopsy (2014. January)



- No immunopositivity  
LM: 10 glomeruli
  - 6 glomeruli: no abnormality,
  - 2 glomeruli: global sclerosis,
  - 2 glomeruli: segmental sclerosis
- Tubular lumens mildly dilated,
  - epithelial cells mildly flattened
- Intersticium: edematous
- EM: **complete podocyte effusion**

# NSAID caused MCNP



*Warren GV et al AJKD 1989.*

- Five female patients, mean age  $57 \pm 11$  yrs
- Nephrotic sy developed  $6.9 \pm 6.4$  after the administration of NSAID
- Proteinuria  $11.3 \pm 10.2$  g (2.1-21 g)/day
- Acute renal failure in two patients
- Acute interstitial nephritis in three out of the five cases
- Complete remission was achieved in all patients