



PATIENT PRESENTING AS FEVER WITH SORE THROAT WITH LATER PRESENTATION OF PEDAL OEDEMA - CASE OF GLOMERULONEPHRITIS

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ABSTRACT

Patient presented as fever with Leg Swelling, with presentation as UTI with pyuria. With history of fever / sorethroat 10 days before and values showed Hypoalbuminemia, Urine routine showed Albumin 3+, Pus cells - 6-8 cells, Rbc -6-8. Patient had high CRP, nephrotic range proteinuria, hypocomplitemia, high ASO Titres. With ANA, DsDNA, ANCA negative, Patient was done Biopsy which was suggestive of glomerulonephritis.

KEYWORDS :**HISTORY**

- 21 Year old female came with complaints of abdomen pain for 3 days, lower abdomen, not relieving.
- History of vomiting, 2 episodes, associated food particles, no bleed.
- History of fever 2 days, low grade, associated with chills
- History of bilateral limb swelling for 2 days, progressive, not relieving
- No history chest pain / breathlessness / bleeding manifestations / burning micturition / cough expectorations / loose stools / difficulty using limbs.
- Patient had been admitted in our hospital before 10 days with history of fever for past 3 days, sore throat for 3 days. No other significant histories. Patient had normal system examinations.
- Patient had Tc -14200, Rft normal limits, Lft normal, Urine routine was normal. Urine / Blood Cultures had no growth. Patient was discharged as URTI.

PAST HISTORY..

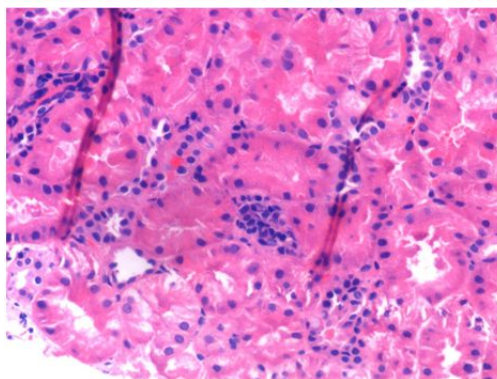
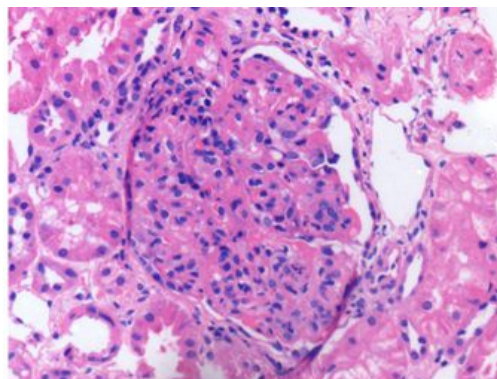
- Not a known case of DM/HTN/CAD/Bronchial Asthma

PERSONAL HISTORY..

- Not a Smoker / Alcoholic, Mixed Diet
- EXAMINATION
- Conscious, oriented.
- Afebrile.
- Bp - 150/90 mmHg SpO₂ - 99% on room air
- Pulse - 78/min, Respiratory rate - 18/min
- B/L Pitting Pedal Odema
- No pallor, icterus, cyanosis, clubbing, generalised lymphadenopathy
- L/E - Palpable purpuric rashes all over upper, lower limb.
- CVS - S1 S2+, regular rhythm
- RS - clear
- P/A - Soft
- CNS - No Focal Neurological deficit
- CBC was having Hb - 9.9 gm/dl, Pcv - 30, TC - 22700 with Poymorphs - 84%, Mcv - 74.6, Mch - 24.0, Plt - 4.25 lakhs. Pt / PTT/INR was normal.
- Rft showed Bun - 24, Creatinine - 1.7 Electrolytes showed Sodium - 138, Potassium - 5.3, Chloride - 110, Bicarbonate - 17
- Lft showed T.Protein - 5.9mg/dl, Albumin - 2.9, Globulin 3.1, SGOT - 17, SGPT - 15, other Lft normal. Urine routine showed Albumin 3+, Pus cells - 8-10, Rbc - 6-8, No casts/crystals.
- Ecg showed Normal Sinus rhythm, Chest Xray was normal. 2d ECHO was done which was normal.

T.Bil-0.52, D.Bil-0.20, SGOT-13, SGPT - 9, T.Protein -7.2, Alb-3.8, Globulin - 3.4, Alk Ph-92	T.Bil-0.32, D.Bil-0.16, SGOT-17, SGPT-15, T.Protein-5.9, Alb-2.9, Globulin-3.1, Alk Ph-89
Na-139, K- 4.5, Cl-108, cHco3 - 21	Na- 139, K-4.9, Cl-106, Chco3-23

- Patient was initially managed as ? UTI. Patient had Usg abdomen showed right Mild hydronephrosis, bilateral mild pleural effusion. Patient was started on Inj .Piptaz 2.25 gm iv tds. Urine culture was sent.
- Nephrology opinion was sought for patient who advised CTKUB.
- 24 HR URINE PROTEIN - 6107 mg/day.
- C3 - 55 (90 - 207)
- C4 - 18 (17 - 52)
- ASO Titre - 400 IU/ml (0 - 200)
- CRP - 2.4mg/dl (0 - 0.6)
- URINE EOSINOPHILS - Negative.
- C-ANCA, P-ANCA - Negative.
- Procalcitonin - 0.52.
- ANA, DsDNA - Negative
- Urine culture came no growth. CT KUB showed bilateral perinephric fat stranding, minimal ascitis, moderate bilateral pleural effusion. Patient was continued on Inj .Piptaz.
- Nephrology review advised Kidney Biopsy for the patient. Biopsy was done for the patient which showed infection related glomerulonephritis with no evidence of vasculitis.



PREVIOUS ADMISSION	THIS ADMISSION
HB-11.6, TC - 14200 WITH POLYM, -73, PLT -3.51, PCV - 35	HB-9.9, TC -22700 WITH POLY-84, PLT-4.25, PCV-30.9, MCV-74, MCH 24.0
STRAW YELLOW / Protein-NEGATIVE RBC -Nil, Glucose/bilirubin /ketone - Negative, Pus cells -4-5	YELLOW/TURBID Protein-3+, RBC -6-8, Pus Cells - 8-10, Glucose /Bilirubin/ ketone -negative
BUN -6 Creatinine -0.8	BUN-24 Creatinine- 1.7

CONCLUSION -

Patient presented as fever with leg swelling, with presentation of UTI with pyuria. With history of fever / sorethroat and values of Hypoalbuminemia, Urine routine showed Albumin 3+, Pus cells 8-10 cells, Rbc -6-8. Patient had high CRP, nephrotic range proteinuria, hypocomplitemia, high ASO Titres. With ANA, DsDNA, ANCA negative, Patient was done Biopsy which was suggestive of glomerulonephritis.