



Inside the Kidney

MUHC Medical Graduate Res

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PGY-2 Internal Medicine

MGH



Physical Exam

- Onset is usually insidious.
- Physical exam reveals tachycardia, hypotension, and cyanosis.
- Remainder of the clinical exam is unremarkable and normal.

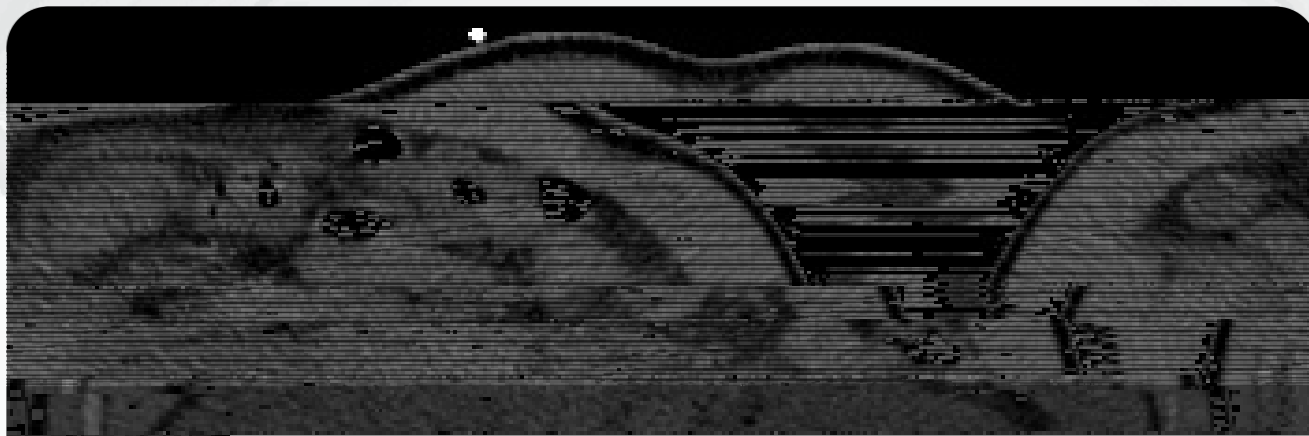
Lab investigations

- Hemoglobin 109, HbA1c 10.1, WBC and PLT
- Serum Na: 99, serum osmolality: 262 mosm/L.
- Creatinine: 1240, proteinuria: >10 g/L on 2 occasions, serum albumin: 15 g/L and glycosuria on 2 occasions.
- PO4 of 3.7, ionized calcium: 0.8, metabolic acidosis
- Urea Na: 51, creatinine 221, bicarbonate 15.
- LDH: 2223
- TSH, lactate, c-peptide, LFTs, lipids/albumin and HIV negative

Fiberoptic

- CXR: bilateral perihilar opacities





Real Big

- Extra nodal NK/T-cell lymphoma nasal type

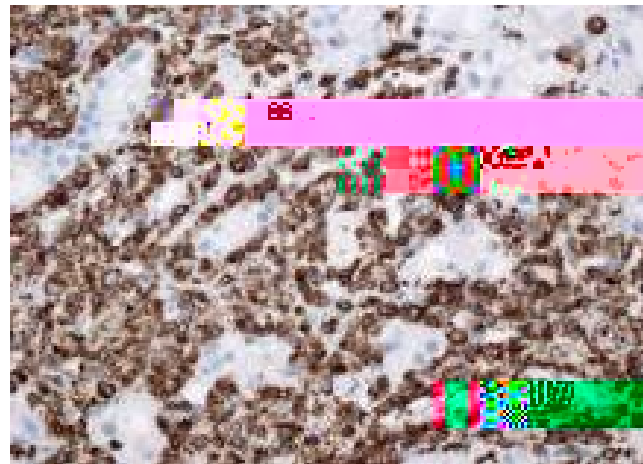
Real Big

- The real big revealed FSGS (class) and independent
- A large area of the initial compartment is filled by a large number of cells, including the -histiocytic cells (Next Fig)

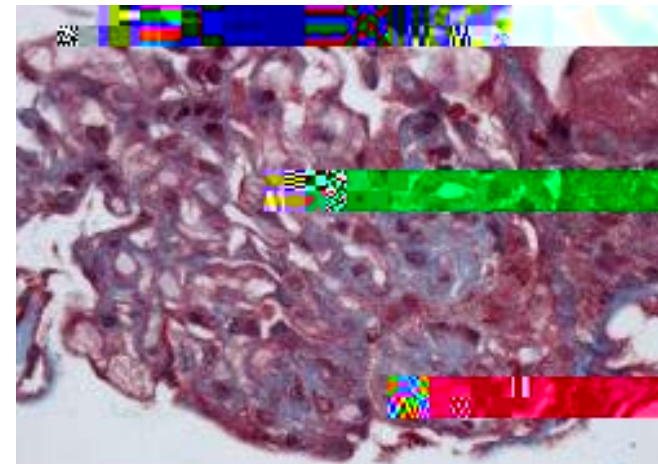
Light micrographs

- A: H & E stain -> normal lymphoid cells between bladder epithelial cells
- B: CD3+
- C: EBV+
- D: Glomeruloid in Mucosa arising FSGS.

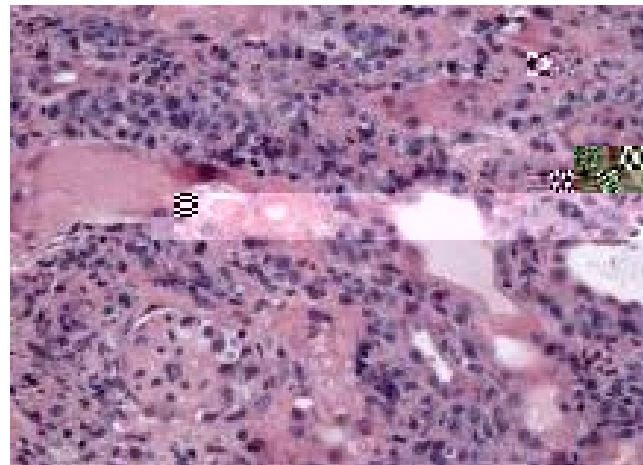
B



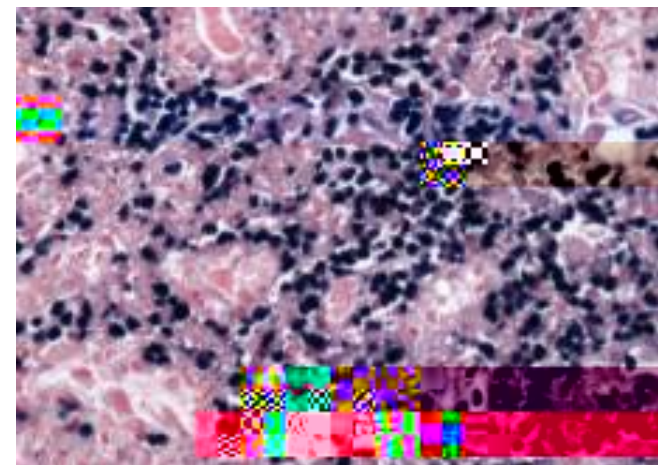
D



A



C



Fiber analysis

- No other seen negative TB seeding, CMV, HepB and HepC.
- EpiBarVis PCR revealed **7.62 log₁₀ copies/mL.**

Edo

- Subsequently developed a mild LGIB which ended with a proctocolitis
- Pathology: proctocolitis
- Died due to bleed deep in the ICU day 20.

Collo

- Opiem had a rare and aggressive EBV- associated non-Hodgkin lymphoma in the kidney (by Caber et al)
- Chaiy focal segmental glomerulosclerosis which are EBV associated as described by Chada et al.

Colloid

- Can be seen as **diffuse**

Real failure in epidemic and ADH release
mediated by **receptor** - **initiation**, high
(**area**, **and** **pi**) had his **type**.

- Can be seen as **real failure**.

References

- Cabre A, Gluhin A, DiG. EBV- associated lymphoproliferative disorders Classification Team The Oncologist 2008; 13: 577-585.



Thank You