Clinical pathologic conference

Nov. 6 2015

Patient profile：	**Presented by：**			**Students：**
病歷號碼：21104xxx	腎臟科		田亞中 醫師	醫學六 呂賴穎
年齡：67	皮膚科	鍾文宏 醫師	陳俊賓 醫師	醫學五 徐毓鈞
性別：女	內分泌暨新陳代謝		黃兆山 醫師	醫學五 丘逸恆
國籍：台灣	心臟內科		盧政諱 醫師	醫學五 洪瑋凱
職業：家管	泌尿科		林國仁 醫師	醫學六 洪健睿
	病理科		陳冠樺 醫師	醫學六 林昕儀
	X 光科		吳恩顥 醫師	醫學六 陳柏銘
				醫學六 楊庭安
	Modulator			醫學六 陳鴻儀
	病理科		孫建峰 醫師	醫學六 侯如盈

Chief complaint：

General malaise, puffy eyelids and decreased urine output with skin rashes and blisters noted for about 5 days

Present illness：

The 67-year-old female had the underlying diseases of chronic diabetic kidney disease, stage 5, , diabetes mellitus, hypertension, right renal cell carcinoma s/p right total nephrectomy. This time, she suffered from general malaise, puffy eyelids and decreased urine output for 5 days. She also had poor appetite, dyspnea on exertion and chilliness. Besides, skin rashes with blisters had been noticed since 3/11. She denied fever, abdominal fullness, constipation, diarrhea, nausea and vomiting. At ER, hyponatremia (115 mEq/L on 3/20) and deterioration of renal function (baseline Cr: 5.08 mg/dL on 2/11→ 7.64 mg/dL on 3/20; eGFR: 7 mL/min on 3/15→1.75 mL/min on 3/20) was noted. At the same time, oral/genital ulcers, generalized erythematous macules, patches with some atypical targetoid erythema over extremities and some blisters over trunk developed gradually. Bilateral lower limbs pitting edema, and tremor were also found. Heart beats were regular without audible murmur, and there was no jugular vein engorgement, and no wheezing or crackle. CXR showed cardiomegaly. Tracing her drug history, allopurinol was given for hyperuricemia on 2015/1/21, but allopurinol was discontinued on 3/11 due to suspicion of allopurinal-induced Stevens-Johnson syndrome. HLA-B*58:01 was examined on 2015/1/21 and reported positive on 2/28.

Due to uremic symptoms and severe drug hypersensitivity reaction, the patient was admitted on 3/21.

Past history：

1. Chronic kidney disease, stage 5, diabetic nephropathy related
2. DM type II for 13 years
3. Hypertension for 10 years
4. Right renal cell carcinoma, status post nephrectomy on 2010/3/25.

Personal history：

No food or drug allergy history, smoking(-), alcohol(-), betelnuts(-)

Family history：

Denied any family history

Physical examination finding：

Vital sign: T:36/℃ P:71/min R:20/min BP:136/65/mmHg BW: 60.8 kg

General appearance：acute ill looking

HEENT: oral erosions; conjunctival redness

CHEST: coarse breathing sounds, no wheezing, no crackle

EXTREMITIES: lower limb pitting edema, limbs tremor

SKIN: generalized erythematous macules and patches with some atypical targetoid erythema noted over four extremities and some blisters noted over trunk as well

MUCOSA: multiple oral and genital erosions

Lab data：(2015/3/20)

檢驗項目	單位	檢驗值
WBC	1000/uL	12.5
Hemoglobin	g/dL	9.8
Platelets	1000/uL	192
Eosinophil	%	14
Atypical lym.	%	1.0
BUN	mg/dl	133.9
Creatinine	mg/dl	7.64
eGFR	mL/m/1.73	7
Osmolality(B)	mosm/KgH	280
Na	mEq/L	115
K	mEq/L	3.7

檢驗項目	單位	檢驗值
Ca	mg/dL	7.9
Inorganic	mg/dL	6.0
CRP	mg/L	15.7
BNP	pg/mL	35.9
Free T4	ng/dL	0.95
TSH	uIU/mL	1.218
Cortisol	ug/dL	22.44
Albumin	g/dL	2.72
Uric acid(B)	mg/dL	7.6(3/22)
Na(U)	mEq/L	16(3/21)
Aerobic culture(U)	E.coli >100000	

Image and pathology study： To be presented

Clinical course：

After admission, the patient received temporary hemodialysis on 3/23, 3/25, 3/27 due to acute on chronic kidney disease in uremic stage. Renal echo revealed no stone or mass. Generalized erythematous macules and papules with targetoid lesions and severe bullae over legs, scales over trunk were noted, suspected allopurinol related Stevens-Johnson syndrome overlapping drug reaction with eosinophilia and systemic symptoms (DRESS), so prednisolone was added. Further skin biopsy showed erythema multiforme with negative immunofluorescence, which was consistent with Stevens-Johnson syndrome. Empirical antibiotics with cefazolin for urinary tract infection (urine culture: E. coli) was also given. Because her renal function and urine output improved markedly and skin lesion also faded, she was discharged on 4/1 without further dialysis.

Lab data：(2015/3/30)

檢驗項目	單位	檢驗值
WBC	1000/uL	17.2
Hemoglobin	g/dL	7.6
Platelets	1000/uL	243
Eosinophil	%	6.0
BUN	mg/dl	71.5
Creatinine	mg/dl	4.71
eGFR	mL/m/1.73	9
Na	mEq/L	135
K	mEq/L	3.3

檢驗項目	單位	檢驗值
Cl	mEq/L	97
Ca	mg/dL	8.5
Inorganic P	mg/dL	4.2
Total Bilirubin	mg/dL	0.5
γ-GT	U/L	270
AST	U/L	47
ALT	U/L	13
ALK-P	U/L	179
Uric acid(B)	mg/dL	14.2(4/7)

Issue to be discussed：

1. Current concept in the treatment of hyperuricemia in chronic kidney disease patients
2. The diagnosis and treatment of allopurinol induced severe cutaneous adverse reactions.
3. Association of HLA-B*58:01 and allopurinol induced severe adverse drug reactions.