CASE PRESENTATION

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56 y.o. male presents with complains of….

- Persistent fever
- Chills
- Sore throat
- Myalgias

…for the last 2 weeks

Clinical assessment:

- Fever (up to 38,6° C)
- BP 120/80mmHg, BPM 102
- SpO_2 96%

Physical examination:

- Overview, fatigue/ exhausted/ diffuse maculopapular rash
- Auscultation, normal
- Palpation, normal
- Exudative pharyngitis

Patient was prescribed amoxicillin 10 days ago for routine dental works

Serum/Whole blood

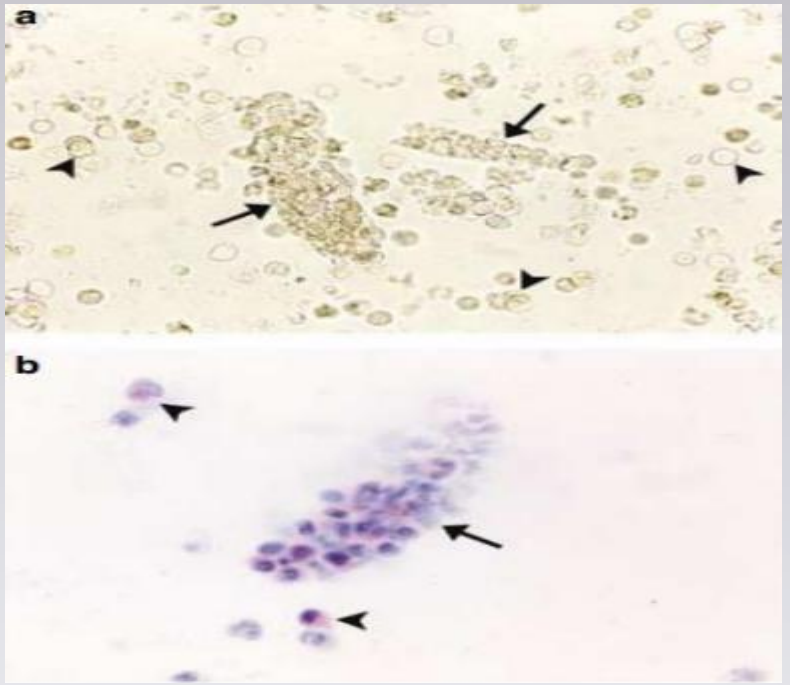
Lab data	Result	N/R
Na^+	134 mEq/L	135-145
K^+	5,7 mEq/L	3,5-5
Cl^-	106 mEq/L	100-111
Urea	99mg/dL	16-48
Creatinine	3,8 mg/dL	0,6-1,0
Glucose	96 mg/dL	60-100
WBC	$12x10^9$ /L	4,5-11,0
Hgb/ Hct	11gm/dL/ 33%	13,5-17,5/ 41,0-53,0
PLTs	$216x10^9$/L	150-440

Urine

Lab data	Result	N/R
Spc. Gravity	1,010	1,002-1,036
Protein	2+	Negative
Blood	Trace	Negative
Glucose	Negative	Negative

Urine sediment

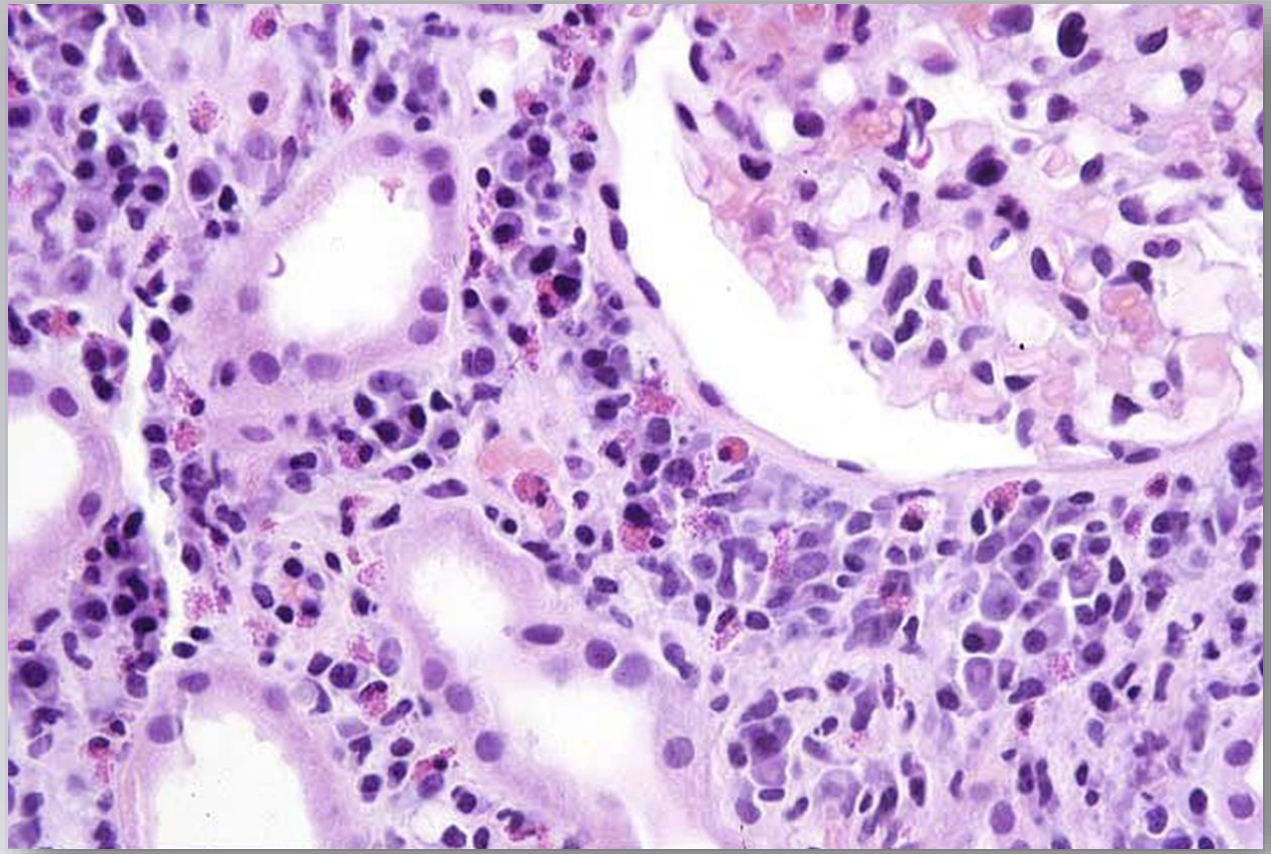
- 3-5 RBCs/h.p.f.
- 20-25 WBCs/h.p.f.
- Coarse granular and white cell casts
- Rare red cell casts



1. What should be the differential diagnoses?

- acute glomerulonephritis - post-infectious GN
- tubulo-interstitial disease, especially acute allergic interstitial nephritis.

2. A renal biopsy is performed with the following findings:



3. All of the following are common causes of this lesion except:

a) Penicillins
b) Prednisone
c) Cephalosporins
d) Sulfonamides
e) Phenytoin

4. How should this patient be managed?

- **Withdrawal of the offending agent.**
- **Corticosteroids**, particularly in aggressive cases where the features are of the **acute type** with marked interstitial inflammation with **minimal or no chronic features** such as fibrosis and tubular atrophy.