

Candida glabrata induced granulomatous interstitial nephritis

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Patient History

60 Year old male

Insulin dependent diabetes type 2

Hypertension

Psoriasis

Depression

Patient History

Hospitalisation due to

- Symptoms of sepsis

- Acute dialysis dependent renal failure (creatinine 10 mg/dl)

- Insertion of a double pigtail stent: no improvement

- PET-CT: No inflammatory focus found.

- Microbiology: No possible pathogen found.

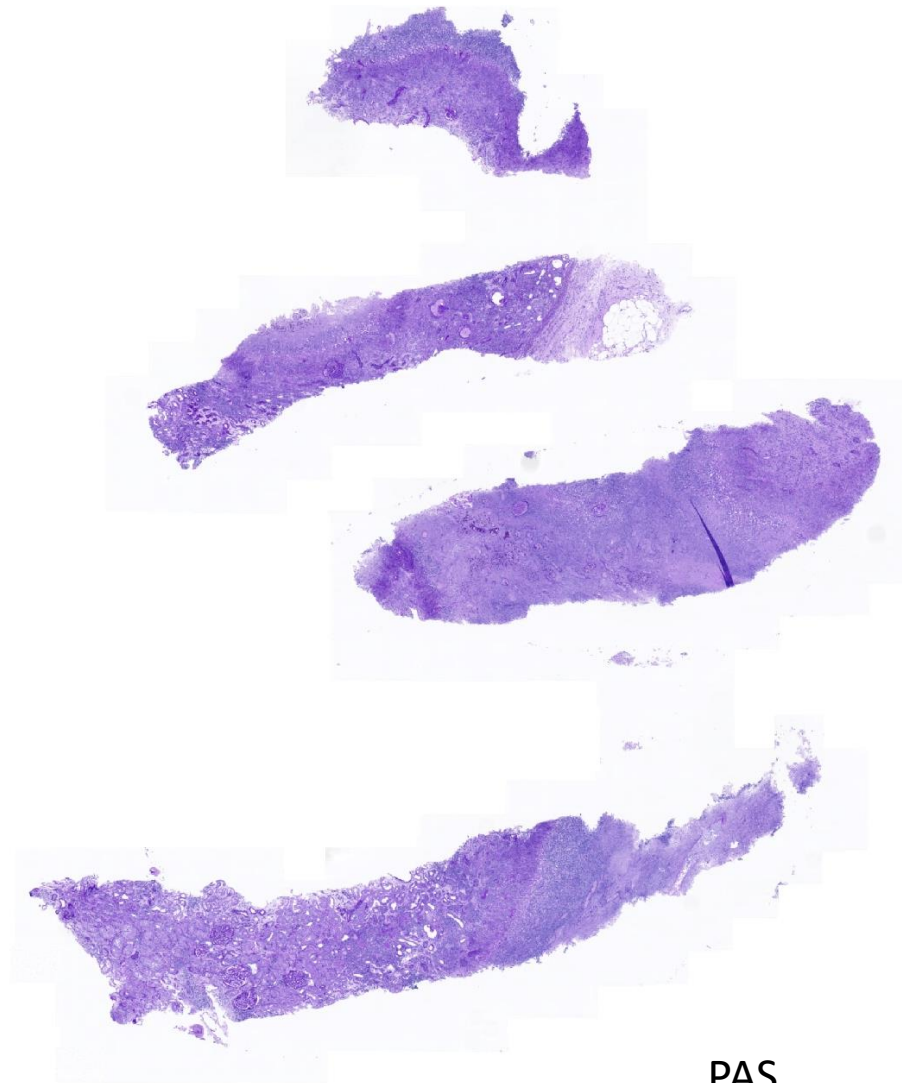
- Autoimmunserology: ANA (-), ANCA (-), Anti-GBM (-)

2 days after admission: Renal biopsy due to unexplained renal failure.

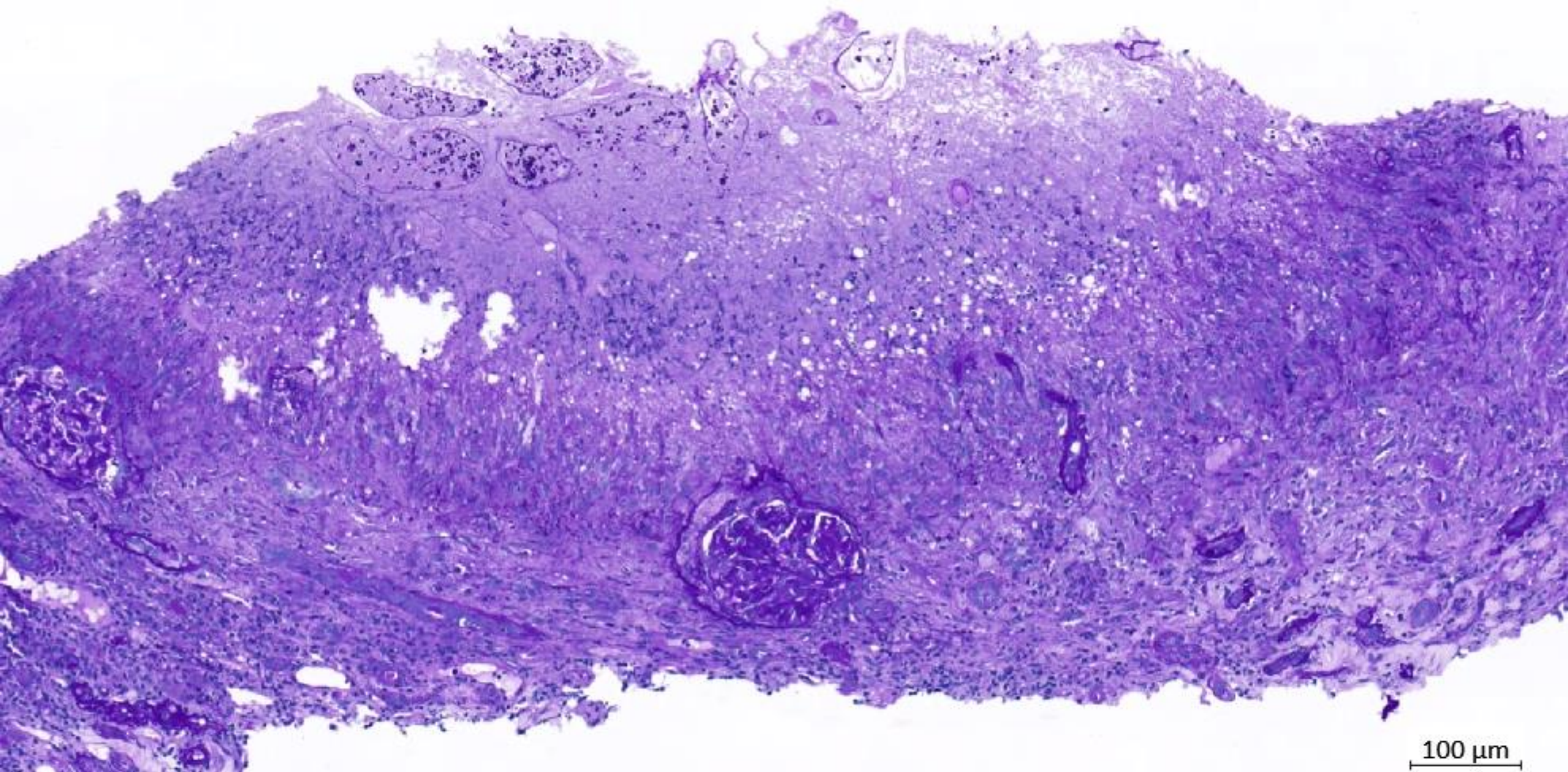
Renal Biopsy results

3 days after admission

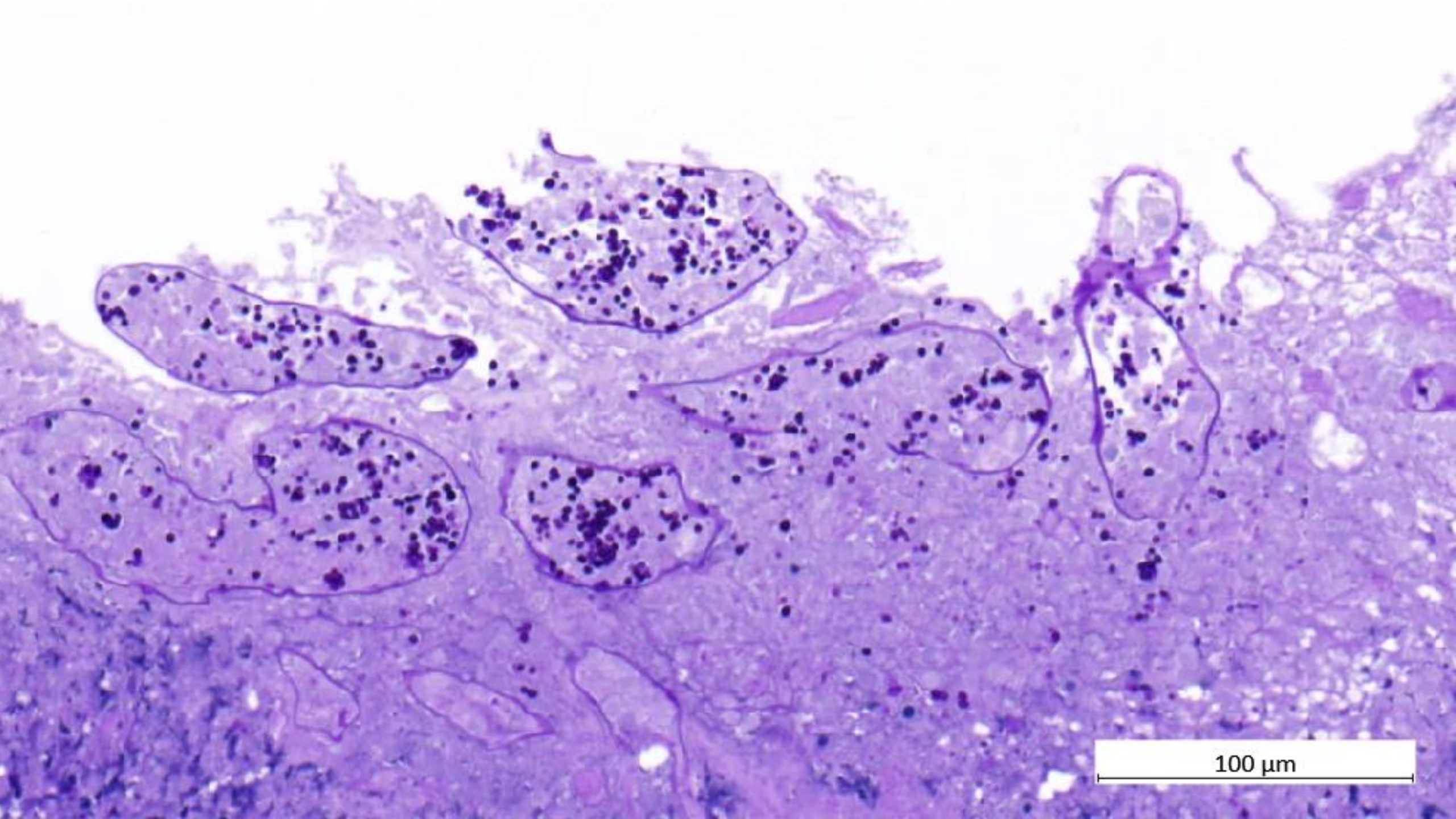
8/14 Glomeruli scarred
60 % Interstitial Fibrosis and
Tubular atrophy



PAS



Severe necrotizing granulomatous interstitial nephritis,
with fragments of PAS-positive microorganisms inside the granuloma.



100 μ m

Ancillary Tests

6 days after admission

- PCR of the material inside the renal biopsy: DNA of *Candida glabrata* detected

Further Course

- Antimycotic therapy with Voriconazol
- Decline of the symptoms of the infection
- Significant improvement of the renal function, with a creatinine of 1.6 mg/dl 15 days after admission.

Conclusio

The course of the case illustrates the usefulness of a combination of morphological analysis of pathological specimen and further molecular pathological analysis, also in infectious diseases.

The Power of Diagnostics

Pathology Basel

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