Candida glabrata induced granulomatous interstitial nephritis

Dr. med. Fermín Person
European Congress of Pathology
Nice, 2019
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 Tubularatrophy
Severe necrotizing granulomatous interstitial nephritis, with fragments of PAS-positive microorganisms inside the granuloma.
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

fermin.person@usb.ch