Clinicopathological Correlation
ISNSCCON 2018

09-2-2018 **Discussant: Dr. Dilip Rangarajan**

A 65-year-old lady presented with complaints of generalized weakness and low back ache for 6 months. She also had history of nausea, vomiting and loss of appetite for the last2 weeks. There was no history of decreased urine output, breathing difficulty, weight loss, hair loss, oral ulcers, bone and joint pains, rash and haematuria. There was no history of graveluria, polyuria and nocturia. She had history of tingling, numbness and paraesthesia for past 2 months duration.

Patient gave a history of fracture of right tibia after she had an injury to her right leg while getting down from a car three months ago and for this an open reduction and internal fixation was done on the affected fracture leg.

There was no history of use of NSAIDs or any indigenous medicine intake. She was neither a diabetic nor a hypertensive. For similar complaints patients was evaluated at different facility, two days prior to consulting the present institute. The serum creatinine was of 3.2 mg/dL. Repeat serum creatinine at present institute was 6.8mg/dL.

On examination she was anaemic, ill nourished, body weight of 56 kg and height of 162 cm. There was no pedal oedema, jaundice, clubbing or lymphadenopathy. There were sunken eyes. Pulse was 114 bpm, feeble, regular, all peripheral pulses felt equally, no radiofemoral delay and blood pressure was100/70 mmHg both supine and standing.

Cardiovascular system examination: Jugular venous pressure raised with prominent y descent. Apex beat is in 5^{th} left intercostal space, hyperdynamic, on mid-clavicular line, normal cardiac resonance, normal first and second heart sounds. A left ventricular fourth sound present. No murmurs heard.

Gastrointestinal system examination: Oral cavity and pharynx: no abnormality; abdomen: all areas were moving equally with respiration, soft, no tenderness. Liver was palpable, 3 cm

below right costal margin, soft, non-tender. Spleen palpable, 2 cm below left costal margin, soft , non-tender.

Nervous system: Conscious and coherent. All mental functions, cranial nerves and motor system normal. Sensory system examination showed decrease pain and temperature sensation and loss of vibration sense. There were no cerebellar signs or signs of meningitis. Gait was normal. Skull and spine were normal.

Respiratory system examination: unremarkable

Her renal functions deteriorated further and she was initiated on hemodialysis and a renal biopsy was performed.

Table
Laboratory Investigations

Investigation	**Result**	**Range**
Haemoglobin (g/dL)	6.9 Peripheral smear: Normocytic normochromic No schistocytes Roleaux formation	13-17
Total leucocyte count (cells/cu mm)	14710	4000-11000
Platelet count (lakhs/cumm	1.04	1.5 to 4.1
ESR (mm after first hour)	110	0-15
Prothrombin time (seconds)	14.6	11-16
INR	1.12	
APTT(patient/ control) (seconds)	26.1/ 29.30	26-40
RBS (mg/dL)	84	< 200
Serum creatinine (mg/dL)	7.8	0.52 – 1.04
Blood urea (mg/dL)	162	15 – 36

Serum potassium (mEq/L)	5.4	3.5 – 5.1
Serum sodium (mEq/L)	134	137 – 145
Serum calcium (mg/dL)	7.9	8.4 – 10.2
Serum phosphorus (mg/dL)	6.0	2.5 – 4.5
Serum uric acid (mg/dL)	7.7	2.5 – 6.2
Serum parathyroid hormone (pg/mL)	281	14-65
Serum Vitamin D 3 levels (ng/mL)	40.60	6-20
Bilirubin (mg/dL) Total Conjugated	 0.87 0.3	 0.2 – 1.3 0 – 0.3
Serum alkaline phosphatase (IU/L)	178	38 – 126
Aspartate aminotransferase (AST) (IU/L)	13	9 – 52
Alanine aminotransferase(ALT) (IU/L)	17	14 – 36
Total protein (g/dL) Albumin Globulin	7.6 2.4 5.1	6.3 – 8.5 3.5 – 5.1 2.3 – 3.5
LDH (IU/L)	2640	120-260
Radiology	Chest radiograph: Normal Healed fracture of lower 1/3rd tibia No lytic lesions in skeletal survey US abdomen RK 11.2 cm LK 11.6 cm Increased echoes No obstruction Bladder: normal	
Urine culture	Sterile	
Complete urine examination pH	 6.5	 4.7 – 5.5

Albumin Sugars Pus cells/hpf RBCs/hpf Casts/hpf	Nil Nil 2-4 2-4 Granular/Hyaline casts present	Nil Nil 0-5/hpf 0-2/hpf
24hour urine protein	6460 mg/24 hour	
HbsAg/HIV/AntiHCVAb	Negative	
ANA	Negative	
Rhematoid factor	Negative	
CANCA/ PANCA/ Anti GBM antibody	Negative	
C3 (mg/L)	1120	970-1576
C4 (mg/L)	580	162-445