

ACUTE INTERSTITIAL NEPHRITIS (AIN) SECONDARY TO VANCOMYCIN. CASE REPORT AND LITERATURE REVIEW OF VANCOMYCIN NEPHROTOXICITY IN MODERN ERA.

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Vancomycin use has increased significantly in recent years due to MRSA infections. Classically, nephrotoxicity associated with vancomycin monotherapy is not well characterized and is considered uncommon, with reports of up to 5-15% patients having acute decline in renal function. In most of these reports, early and relatively impure formulations of vancomycin were implicated. Relationships between serum vancomycin concentrations and nephrotoxicity have also not been clearly established.

We report a case of 79-year-old lady with normal baseline renal function, who was being treated with vancomycin for osteomyelitis of foot. No aminoglycoside was given. Patient developed a rash with acute oligo-anuric renal failure after 3 weeks of therapy. Peak serum creatinine went up to 10.4 mg/dl. A renal biopsy showed granulomatous AIN with eosinophils. Patient was treated with vancomycin withdrawal, oral steroids and hemodialysis. She came off dialysis but baseline serum creatinine stabilized at 2.5 mg/dl. Steroids were given for a total of 2 months.

**1.**This is the 5<sup>th</sup> reported case of biopsy proven AIN due to vancomycin. **2.** In absence of impurities in vancomycin preparations in modern era, AIN could be one of the main and underreported causes of vancomycin nephrotoxicity. **3.** The time for development in this case and in other reported cases is up to 4 weeks, suggesting delayed type IV hypersensitivity. **4.** Treatment, apart from drug withdrawal, remains anecdotal with reported use of steroids, Cyclosporin and Mycophenolate Mofetil. **5.** Duration of treatment also remains unclear.