

NEPHROMEALY, INTERSTITIAL NEPHRITIS, AND COMMON VARIABLE IMMUNODEFICIENCY

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Several disease processes have been associated with nephromegaly such as cirrhosis, diabetes mellitus, HIV, and leukemia. The following clinical scenario describes a patient with common variable immunodeficiency (CVI). Several years after his initial diagnosis, the patient began to manifest a slow progressive rise in his serum creatinine over a span of two years. Work up for his progressive renal insufficiency revealed nephromegaly as defined by the relative renal length (RRL). RRL is expressed as the ratio of the length of the longest sagittal renal axis measured in millimeters over the patient's height in centimeters. His right and left RRL were respectively measured at 0.84 (0.57-0.72) and 0.87 (0.60-0.74). A renal biopsy revealed interstitial nephritis with a T-cell parenchymal infiltration confirmed with antibody immune staining. Bone marrow biopsy and flow cytometry revealed a non-clonal T-cell proliferation. Despite a treatment trial with prednisone and subsequently with sirolimus progression of his renal disease continued eventually leading to end-stage renal disease. Interstitial granulomatous nephritis has been previously described in the literature as a rare complication of CVI. To our knowledge, this is the first reported case of nephromegaly caused by a T-cell renal infiltration as a disease manifestation of CVI.