NEPHROGENIC FIBROSING DERMOPATHY (NFD) IN A PATIENT WITH ACUTE KIDNEY INJURY (AKI). Ashish Dhungel, Rakesh Lattupalli, Mohammed El Ghoroury, Robert Provenzano, Joel Topf, Division of Nephrology, St John Hospital and Medical Center, MI. Introduction NFD is an acquired, idiopathic skin disorder, reported with increasing frequency in dialysis patients. A more widespread variant with involvement of other organs is described as Nephrogenic Systemic Fibrosis (NSF). Cutaneous manifestations include thickening, and induration of skin over the distal extremities and trunk with sparing of the face. Renal failure and gadolinium exposure continue to be the predominant common denominators. Only five cases of NFD are reported in literature in patients with acute renal failure not on maintenance dialysis. We report a case of NFD after gadolinium exposure with AKI from cresentic glomerulonephritis in renal allograft. Case report: A 60-year-old African American female, recipient of living related renal allograft, admitted with AKI from biopsy proven cresentic glomerulonephritis unresponsive to therapy. Maintenance hemodialysis was initiated after tunneled catheter placement. Patient underwent MRI of abdomen and pelvis with gadolinium during this admission. One month later patient noticed tightening of skin over ankle area, which slowly progressed to involve the entire lower extremity. Stiff knee and ankle joints with limited range of motion restricted her mobility. Similar skin changes were noticed in both forearms. Circumferential thickening and induration of skin with plaques and contractures of knee and ankle joints were noted on physical examination. Skin biopsy findings were consistent with NFD. Discussion Awareness of NFD among radiologists and nephrologists has increased substantially in the recent times. Caution is being exercised to minimize gadolinium exposure in patients on dialysis. Acute renal insufficiency with GFR < 30 ml/min is also listed in Federal Drug Administration (FDA) black box warning as risk for NFD. Over emphasis on dialysis as a risk factor may lead to a patterned behavior and result in under recognition of AKI as an equally important risk. Since GFR can be calculated only in a steady state with a stable renal function any rise in serum creatinine should be treated as risk for NFD with gadolinium exposure.