MINIMAL CHANGE DISEASE (MCD) PRESENTING AS ACUTE KIDNEY INJURY AND NEPHROTIC-RANGE PROTEINURIA WITHOUT EDEMA.

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A previously healthy 33 year old African-American male presented to the emergency room with one week of malaise and 2 days of oligo-anuria. Only medication was a single dose of an OTC preparation of acetaminophen, phenylephrine and diphenhydramine.

On initial exam, he was normotensive, afebrile and without peripheral edema. Urinalysis showed numerous granular casts and greater than 300 mg/dl of protein. Serological wourkup including HIV was negative. The patient was hydrated with normal saline and empirically given a single dose of intravenous methylprednisolone, 1 g. The renal biopsy showed 40 unremarkable glomeruli. The tubules showed tubular debris and multiple mitotic bodies suggesting acute tubular necrosis. Electron microscopy revealed podocyte effacements. On hospital day 5, hemodialysis (HD) was started due to uremic symptoms, blood urea nitrogen and creatinine (Cr) of 132 and 17.4 mg/dl respectively. He converted from anuric to nonoliguric renal failure with ongoing HD dependence. A 24hr urine collection showed 7 grams of protein. He was started on prednisone 80 mg per day. He was discharged from the hospital with cr 4.1 and off HD on day 14. At a 3 weeks follow-up, his cr improved to 1.3 mg/dl.

Hence this was a remarkable case of MCD that presented with anuric ATN without evidence of edema, hypertension or nephrosarca. The oliguric AKI was consistent with the findings of ATN. Typical of MCD, he has been very responsive to steroid.