

DIFFUSE INFILTRATIVE LYMPHOCYTOSIS OF KIDNEYS IN A YOUNG WOMAN WITH HIV AND SLE.

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Diffuse infiltrative lymphocytosis syndrome (DILS) is characterized by persistent CD8 lymphocytosis and CD8+ tissue infiltration of HIV patients. We describe a patient of HIV with coexistent SLE presenting as DILS associated renal syndrome.

A 38-year-old African woman presented with symptoms of UTI and was found to have hyperkalemia (8.4mEq/l) with BUN and serum creatinine (SCr) of 81mg/dl and 6.5mg/dl respectively. Four months ago her BUN/SCr was 18/0.8mg/dl when she was treated for *P. carinii* pneumonia (PCP) and placed on Bactrim for prophylaxis on discharge. Upon admission the Bactrim was discontinued and she was started on Levofloxacin for UTI with E coli and received an emergency hemodialysis. CT imaging of kidneys revealed bilateral renomegaly (right kidney 14.8cm and left kidney 14.9cm) without hydronephrosis. The 24 hours urinary protein was 1.5gms. Her serology workups were significant for reactive HIV-1 with CD8 count of 2713 cells/uL and CD4 of 295, positive ANA, anti-(ds) DNA, anti Smith and anti-histone antibody with low CH50 and C4 but normal C3. Her renal function improved without further hemodialysis and she was discharge with BUN/Cr of 9/1.2mg/dl. A renal biopsy was performed after the clearance of UTI and revealed focal segmental glomerulosclerosis, no collapsing lesion and marked lymphoplasmacytic interstitial infiltrate (mostly CD8 positive) without eosinophils. Immunofluorescent findings were mild and nonspecific. EM showed few tubuloreticular inclusions.

Zafrani et al, has described the renal syndrome associated with DILS characterized by CD8 hyperlymphocytosis, acute renal failure with functional tubular disorders, enlarged kidneys, with a renal biopsy findings of interstitial infiltrates (mostly CD8+ lymphocytes, absence of CD4+ lymphocytes) which are responsive to steroid therapy. In Our patient renal function improved without steroid or antiviral therapy, but with antibiotic treatment for UTI. It may be possible that infectious process in the urinary tract flare DILS of kidney in the presence of deficient CD4 in HIV patients.