

SUCCESSFUL TREATMENT OF HENOCCH-SCHONLEIN PURPURA NEPHRITIS WITH PLASMA EXCHANGE IN AN ADULT MALE

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Henoch-Schonlein purpura (HSP) frequently occurs in children under 15 years old but gets less common with increasing age. HSP crescentic glomerulonephritis with acute renal failure in adults is rare. While most children completely recover from the illness, up to 40% of adults have persistent hematuria and 10% develop chronic renal failure. Plasma exchange alone has been shown to be beneficial in children who have HSP with renal involvement but its efficacy has not been studied in adults. Here, we present a case of a 59 year old white male with HSP nephritis who developed acute renal failure with proteinuria and hematuria while undergoing treatment with steroids. Renal biopsy showed proliferative, exudative glomerulonephritis involving all 40 glomeruli; some with early crescent formation. The patient's serum creatinine peaked at 2.5mg/dl with 5gms of proteinuria by dipstick. Steroids were continued and the patient received 3 Plasma Exchanges. Cytotoxic agents were not used due to a very low WBC count. Subsequently creatinine level and proteinuria decreased to 1.3mg/dl and 1gm/24hrs. After 9 months his serum creatinine continues at the level of 1.3mg/dL and the patient only has trace proteinuria on low dose ACE inhibitor. This case illustrates the usefulness of Plasma Exchange in adult onset HSP nephritis, even without concomitant use of cytotoxic agents. Majority of reported cases of HSP nephritis in adults has been treated with steroids and cytotoxic agents without plasmapheresis or exchange. A study of plasmapheresis or exchange in adult patients is warranted to illustrate the usefulness of this treatment modality in adult onset HSP nephritis.