

TREATMENT OF SARCOID GRANULOMATOUS INTERSTITIAL NEPHRITIS WITH ADALIMUMAB

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Sarcoidosis is a systemic disease with multiorgan involvement which causes renal failure through several different mechanisms. Granulomatous interstitial nephritis is an important, albeit less frequent cause of clinically significant renal disease. Here, we present the case of a 46 year old woman with a history of sarcoidosis, steroid-induced diabetes mellitus, hypertension, and chronic kidney disease evaluated for rapidly worsening kidney function over several months. Her creatinine increased from a baseline of 1.8 mg/dL to 3.9 mg/dL with as much as 10 grams of proteinuria per day. Renal biopsy revealed granulomatous interstitial nephritis superimposed on chronic diabetic nephropathy. To avoid additional steroid toxicity, she was treated with subcutaneous adalimumab, a recombinant human TNF-alpha inhibitor. After 6 months of therapy her renal function steadily improved back to her baseline function with a reduction of proteinuria to 3.5 grams per day. Follow-up biopsy demonstrated a complete resolution of renal granulomata. To our knowledge, this is the first report of successful treatment of granulomatous interstitial nephritis with adalimumab.