

**FIRST CASE OF VANCOMYCIN RESISTENT
BACTEREMIA(VRE) WITH ACUTE INTERSTITIAL
NEPHRITIS(AIN).**

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An elderly nursing home female patient was admitted due to worsening CHF & CRI. She was discharged from our hospital with a PICC line 6 weeks earlier on IV Daptomycin for VRE bacteremia. Past history included Anemia, CKD Stage 2,CABG, Porcine AVR and AFIB. Interesting findings included persistent VRE bacteremia, fever, oliguria with raised creatinine (100%), eosinophilemia(14%), elevated CRP & ESR, hyperkalemia with sterile pyuria. Urine for eosinophils was positive with persistent negative Urine cultures. All her medications were reconciled and none of them were recently started or changed. Pertinent negatives included serology for connective tissue disorders, rash or uveitis and rbc casts/proteinuria. TEE revealed healed subvalvular mitral endocarditis. Change in antibiotics from daptomycin to linezolid resulted in disappearance of bacteremia along with improved urine output, creatinine and disappearance of eosinophiluria/ eosinophilemia. Gallium scan was consistent with AIN. Biopsy was not done due to co morbidities.

Infections are a known cause of AIN, but this is a first case of VRE bacteremia causing AIN. Long term hospitalized patients and those in ICUs, nursing homes and on hemodialysis are frequently colonized with VRE. Infection control reduced endemic prevalence of VRE from 75 to 36%. This VRE is treated with two different class of antibiotics - streptogramins and oxazolidinone. Linezolid led to bacteremia resolution and all parameters improved. Biopsy is the gold standard but not always feasible as in this case scenario.Granulomas were expected with classical picture of inflammatory cell infiltrate on biopsy.

CONCLUSION:1. First case of VRE bacteremia causing AIN and reversal after successful treatment.2:Gallium scan can also aid in the diagnosis of AIN,when biopsy is not feasible.3:VRE is colonizer bacteria, common in immunocompromised host.4:Steroids do not have a role in Infection associated AIN.5:Long term outcome is favorable in infection associated AIN with disappearance of infection.