

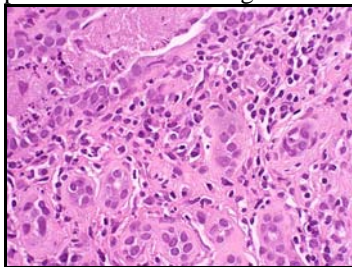
PRILOSEC PREVENTS HEART BURN AT THE EXPENSE OF KIDNEY BURN

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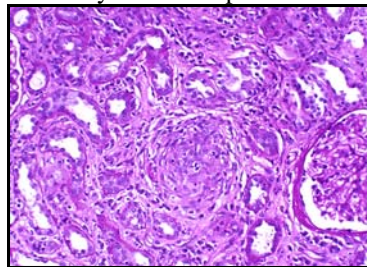
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Case Report: We present a case of Prilosec (Omeprazole) induced Acute Interstitial Nephritis (AIN) in an 88 y/o female who presented with Acute Kidney Injury (AKI). Her creatinine increased from 0.8 mg/dL to 6.5 mg/dL over 6 months and the only new medication addition was Prilosec for dyspepsia. Her only complaint was fatigue and she denied the classic symptom triad of fever, rash and arthralgias. Her laboratory work did not reveal eosinophiluria or peripheral eosinophilia. To further evaluate the etiology of AKI she underwent a renal biopsy which showed chronic active interstitial nephritis with a non-necrotizing granuloma. She was then started on high dose steroids and her creatinine improved to 2.8 mg/dL.

Discussion: Proton pump inhibitors are the one of the top 5 prescribed drugs in United States. Review of literature suggests an association between PPI's and interstitial nephritis. PPI induced AIN is a rare idiosyncratic reaction of hypersensitivity with a good prognosis. A complete and rapid recovery of renal functions is seen upon withdrawal of the medication in most of the cases. It is essential that physicians recognize this condition early and stop the offending agent to prevent permanent renal damage and the need for dialysis or transplantation.



Eosinophilic infiltration



Interstitial granuloma