

COLLAPSING GLOMERULOPATHY ASSOCIATED WITH STEVEN-JOHNSON SYNDROME

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Collapsing focal segmental glomerulosclerosis (Collapsing Glomerulopathy, CG) was primarily associated with HIV infection. Non HIV causes of CG include viral infections, autoimmune diseases, malignancies and exposure to Pamidronate/ α -interferon. We report a case of a 35 year old African American female with a history of mixed connective tissue disease(MCTD), chronic kidney disease(creatinine last 3 yrs 1.4-1.8 with Proteinuria<1g/day) was admitted with subarachnoid hemorrhage(SAH) and was started on prophylactic phenytoin after craniotomy. She developed acute kidney injury (AKI) and 34 grams of Proteinuria. This was accompanied by fever and an erythematous rash that progressed to sloughing of oral mucosa and skin over hands. Steven-Johnson syndrome was confirmed on skin biopsy. Renal biopsy diagnosed CG with no immune deposits on immunofluorescence and electron microscopy

This is the first reported case of phenytoin induced Steven Johnson accompanied with CG. The pathogenesis of drug induced CG is unclear; a mechanism of direct podocyte toxicity has been suggested with Pamidronate.

The case recognizes phenytoin as cause of CG and should be considered in differential of sudden onset Proteinuria and AKI.