

## **A CASE OF HIV ASSOCIATED NEPHROPATHY IN PRIMARY HIV: A RARE PRESENTATION OF HIVAN.**

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HIV Associated Nephropathy (HIVAN) is a cause of significant morbidity and mortality in the HIV population. It is the third leading cause of ESRD in African-Americans 20-64 years of age and is typically a late stage manifestation of HIV. Here we report a case of HIVAN occurring in a 41-year-old black African American gentleman prior to HIV seroconversion (Primary HIV).

Data was extracted retrospectively from the electronic medical record after IRB approval was obtained.

The patient presented to the emergency department with a one-week history of fevers, abdominal pain and nausea/vomiting. Admission creatinine was 1.3mg/dl and a urinalysis showed 3+ protein. A urinalysis one year prior was negative for protein or blood. A 24hr urine collection revealed 17 grams of protein. An HIV antibody obtained on admission was negative. However, an HIV viral load resulted at 12.8 million copies/ml. A second HIV antibody also came back negative three days later. A third antibody was sent ten days after the initial negative antibody and resulted as positive. The patient was discharged on an ACE inhibitor for proteinuria, which he did not take. He was then readmitted one week later with repeat symptoms of abdominal pain and nausea/vomiting. He was anuric on admission and his BUN and creatinine were 103 and 13.3mg/dl respectively. A kidney biopsy performed at that time was consistent with a diagnosis of HIVAN and severe acute tubular necrosis. Hemodialysis was initiated and the patient was placed on highly active antiretroviral therapy (HAART), and prednisone 60mg/day. At one month after discharge his kidney function improved and he was able to stop dialysis. Two months after discharge, his creatinine was 1.5mg/dl and his HIV viral load was 202 copies/ml. His spot urine protein to creatinine ratio was 6.6 without an ACE inhibitor.

In conclusion, HIVAN can occur at any stage of HIV infection including during primary HIV.