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Case Report

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A Case Report of Atypical Hemolytic Uremic Syndrome

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Introduction

Miss NB presented to the emergency department with uremic symptoms, acute kidney injury Creatinine 800, and hypertension in March 2020. She was also noted to have anemia albeit normal platelet. NB was supported with hemodialysis as she has solute clearance issues despite making good urine. Plasma exchange was commenced in the intensive care unit to support her while waiting for the renal biopsy report to be available.

Adam TS13 was negative and renal biopsy shows thrombotic microangiopathy. The working diagnosis was atypical hemolytic uraemic syndrome. Eculizumab was started in April 2020 fortnightly for six months.

She had hemodialysis for about two months followed by peritoneal dialysis in June 2020. Unfortunately, she developed severe peritonitis with a collection of abscesses in the abdomen a year later. The Tenckhoff catheter was removed, and the abscess was drained surgically. She responded well to antibiotics. Serum creatinine hovers at 260 eGFR 18. NB did not require any form of renal replacement therapy since.

In addition, prior to the above peritonitis, she developed a complete heart block in April 2021 and a pacemaker was inserted. She was also commenced on warfarin for her atrial fibrillation.

NB continued to recuperate from a renal point of view. She was supported with antihypertensive initially with 5 medications and currently needs only 3 types.

This is a very interesting case of atypical uraemic syndrome, which took 10 months to have come good effect post-eculizumab. NB did not require any form of renal replacement therapy to date.

References

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