ABSTRACT BOOK ABSTRACTS



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INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

MESANGIAL IGA NEPHROPATHY IN LEPROSY: A CASE REPORT

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Background: Leprosy is a disease caused by Mycobacterium leprae, which mainly affects the peripheral nervous system and skin, with systemic involvement in some cases. Its clinical presentation is determined by the immunity of the host to the bacillus. Renal impairment, although infrequent, was reported in all forms of the disease, especially in reactional virchowian forms. The pathogenesis of renal injury remains uncertain.

Observation: A 43-year-old female, treated for multibacillary leprosy 12 years ago, attends nephrology department referring lower limb edema, oliguria and spumuria. Laboratory showed hematuria and proteinuria of 2.7g/24hours. After excluded other etiologies, the hypothesis of leprosy nephropathy was raised. Electroneuromyography diagnosed asymmetric multiple mononeuropathy and on examination a thickening of posterior tibial nerves was observed. Renal biopsy identified IgA deposits.

In view of the findings, multibacillary polychemotherapy (MDT) was started.

During the treatment, the patient presented frank neuritis of the right posterior tibial nerve and of the right common fibular nerve and an increased impairement of renal function. The dose of prednisone was optimized, obtaining improvement of renal function and neuritis. That improvement remained after the end of treatment, even with reduced doses of corticosteroids.

Key message: Leprosy is a disabling disease. The mechanism leading to renal insults is not completely established but it seems to be related with the deposition of immune complexes. IgA deposits in the mesangium are described in the literature. In this case, after exclusion of nephropathy by other etiologies, the onset of MDT was chosen. During the therapy, the patient developed a frank type I reaction. Improvement in renal function at the end of treatment, despite a reduction in corticosteroid dose, corroborates the etiology. We concluded that renal lesions are important features of leprosy and that physicians must be alert to avoid serious complications in active disease and in reactional states.





