



Renal Impairment during Sarcoidosis: About 3 Cases

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Received: November 06, 2020

Published: November 18, 2020

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Introduction

Sarcoidosis is an inflammatory, multisystemic granulomatous disease of unknown etiology that affects the lung and lymphatic system.

Renal involvement during sarcoidosis is rare.

It may progress to renal failure in about 3% of cases.

Method

This is a retrospective study involving all patients with sarcoidosis with renal involvement observed over a period of 22 years in the internal medicine department of the Hédi Chaker University Hospital in Sfax.

The diagnosis of sarcoidosis was based on a combination of clinical, biological, radiological and histological arguments.

Results

We only collected 3 cases of sarcoidosis with renal damage among a series of 84 cases, i.e. a frequency of 3.5%, and these were 3 women with a mean age of 51 years, with extremes of 43 and 68 years. Renal failure was present in all our patients at the time of diagnosis. Two of the patients had renal insufficiency with a median creatinine level of 160 $\mu\text{mol/L}$. Proteinuria was positive greater than 1g/24h, with two normal sized kidneys without kidney stones on ultrasound. In both cases, renal failure was functional secondary to hypercalcemia, without hypercalciuria. The third case, renal failure was associated with aseptic leukocyturia disease without proteinuria, without hypercalcemia or hypercalciuria, with cytolytic and cholestasis syndrome, and ultrasonography showed two normal sized kidneys. The most likely cause was renal failure by interstitial infiltration. A renal biopsy was indicated but was not performed due to the altered general status of the patient. Treat-

ment was initiated with high-dose corticosteroids in 2 cases. The evolution was marked by hemodialysis in 1 case and stabilization of renal function in 2 patients,

Discussion

Renal impairment during sarcoidosis is underestimated. The diagnosis is based on a cluster of clinical, biological and anatomopathological renal arguments, with an atypical clinical picture made of often extra thoracic localizations (hematological, hepatic, splenic, renal and lymph node). It most often manifests as granulomatous tubulo-interstitial nephropathy. The evolution is generally favorable under corticotherapy and rehydration.

Conclusion

We emphasize the severity of kidney damage during sarcoidosis. The treatment is mainly based on corticosteroid therapy and early treatment allows a better prognosis and avoids the evolution towards chronic renal failure.

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