13. A CASE OF WILSONS DISEASE WITH MESANGIAL PROLIFERATIVE GLOMERULO NEPHRITIS WITH ACUTE TUBULAR INJURY

A 9 years old male child, born out of non consanguineous marriage from Alirajpur, MP presented with complaints of gradual distension of abdomen for last 4 months, jaundice for 1 month, edema of legs for 1 month, cola colored urine for 20 days and low grade fever for 15 days. He had reduced appetite for 6 months. Past history and family history were not significant. His weight was 26.4kg and height was 120 cm.

His temperature was 100^0 F, pulse rate 70/min and respiratory rate was 16/min. BP was 100/70 mm Hg. On general examination he had pallor, jaundice and clubbing. He had facial and bilateral pedal edema. On systemic examination CVS and RS were normal except decreased air entry in both lower zones. His abdomen was soft, distended with signs of moderate ascitis. Liver was 2cm and spleen was 4cm palpable below costal margin. CNS examination was normal.

His Hb was 7.2gm/dl,. Total count was 6600 with N76/L20/E2/M2, platelets 1.72 lacs, ESR 10, and sickling negative. PT was 19.2, INR 1.33, APTT 41.3. , S.Na 128, K 4.6, Cl 107. On LFT SGPT- 27, SGOT - 105, S.bilirubin 0.58, S.protein 6.3, albumin 3.0, globulin 3.3, A/G 0.91, and S.alkline phosphatase 176 Portal Doppler was normal. Ascitic fluid micro normal. DCT and ICT were negative and HIV, HBsAg, HCV were negative..

Urine routine micro was s/o albumin +3, blood +3, pus cells 10-15, RBCs plenty. USG was suggestive of hepatosplenomegaly with moderate to gross ascities, changes of liver parenchymal diseases and renal parenchymal disease, multiple enlarged mesenteric and paraumbilical lymph nodes. Spot urine protein/creatinine ratio was 8.36. S. C3 level was 68.1mg/dl . On slit lamp examination KF ring was present. 24hrs urinary copper was 118.22ug/24hrs increased

S.creatinine was 3.3, urea 97, uric acid 4.6ANA weak positive. ANCA IF and ANCA ELISA were negative. Anti GBM AB not detected. Renal biopsy was done s/o mesengial proliferative glomerulo nephritis with features of acute tubular injury. **Pt was diagnosed as a case of Wilsons disease with mesangial proliferative glomerulo nephritis with acute tubular injury. Pt was put on copper restricted diet. D penicillamine chelation therapy with tab zinc and tab lasilactone started. On follow up, pt was well with no edema. His renal function was normal.**

Discussion

This was a case of Wilson's disease with increased urinary copper excretion leading to renal injury. Patient presented with renal problem and with conservative management and penicillamine chelation therapy patient's renal functions became normal.

Attending Clinicians were Dr. Indira Parmar, Medical Superintendent and Professor & Dr. Asruti Kacha, Assistant Professor, Dept. of Paediatrics, PIMSR