MEDITERRANEAN SPOTTED FEVER AND ACUTE RENAL FAILURE: ABOUT 10 CASES AND REVIEW OF LITERATURE

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INTRODUCTION

- Mediterranean fever (FBM) or rickettsial disease is a bacterial infection of Rickettsia conorii occurring mainly around the Mediterranean area.
- Diagnosis is based on epidemiological, clinical and biological data but confirmation remains serologic.
- Although renal disorders are often asymptomatic namely minimal proteinuria, microscopic hematuria or minimal impairment of renal function, renal affection remains a relatively common consequence of infection with R. conorii, since these abnormalities are reported in 50% of the patients.
- Renal failure during the FBM may be of different mechanisms. Occurring early in most of severe rickettsia, moderate functional AKI is show out after a dehydration, and disappears after early rehydration. However, if the diagnosis is delayed, the disease progresses towards acute tubular necrosis.
- Hence the prognosis is framed by the renal disease type and early treatment.

OBJECTIF

- Our study’s aim is to describe the epidemiological, clinical, therapeutic and evolutionary profile of renal disease during the FBM.

MATERIAL AND METHODS

- A retrospective study about 10 cases of FBM with acute kidney injury (AKI), hospitalized in the infectious diseases department of the University hospital Ibn Rochd between 2010 and 2013.
- We analyzed the demographic, clinical, biological, therapeutic and evolutionary parameters, based on patient’s reports.

RESULTS

- Five patients (50%) were from rural areas and reported to have contact with dogs.
- Age average was 48.4 years [32-60 years].
- All patients were male, and all showed a maculopapular rash fever together with meningeal syndrome in 20% of the cases.
- We noted the presence of hematuria (2 cases) and proteinuria (3 cases). One patient was managed in the intensive care unit for a severe form of FBM.
- Risk factors for severe forms are shown in the diagram of Figure 1.
- All patients had AKI; one was oligoanuric and 9 had preserved diuresis. The mean creatininemia was 37.18 mg/l [14-134mg/l].
- Hemodialysis has been performed for one patient whose renal biopsy underlined acute tubulo-interstitial nephritis.
- The therapeutic management included rehydration and antibiotic treatment with cyclins (9 cases) or fluoroquinolones (1 case).
- The outcome was favorable with fever and rash disappearance and renal function’s normalization for all patients.

CONCLUSION

- Renal affection in rickettsial disease are increasingly documented, their mechanisms are different, their pathogenesis remains poorly understood and the prognosis is framed by renal disease’s type and early treatment.
- Therefore, rickettsial disease should be considered whenever there is an IRA combined to an eruptive fever, so as to begin quickly a specific treatment.

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