

Kidney Biopsy: Case Report on Spectacular Biopsy Findings

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Introduction: Focal segmental glomerular sclerosis (FSGS) is histologically characterized by segmental scarring that involves a part of the glomerulus and only affects some but not all glomeruli sampled. Patients with this condition can present with the clinical manifestations of nephrotic and nephritic syndrome or renal insufficiency.

Case presentation: A 64-year-old man was diagnosed with stage 4 chronic kidney disease without any other symptoms or pathological urinary changes. During an ultrasound examination, renal asymmetry was observed. A CT scan and a kidney biopsy were performed during the hospital stay. The biopsy revealed changes characteristic of FSGS, but additionally, tubular nephropathy was observed. Determining its origin required the expertise of multiple specialists. This case report perfectly illustrates that careful collection of anamnesis and chronology is crucial in differential diagnosis. The clinical case highlights the importance of interdisciplinary collaboration and the right timing of kidney biopsy as radiological investigation with intravenous contrast may impact results of kidney biopsy.

Conclusions: Kidney biopsy should not be performed immediately after a radiological investigation with intravenous contrast, because it may mislead correct diagnosis.