

Hantavirus Nephropathy Case Report

Rista Elvana¹, Duraku Ahmet², Mucaj Ermira³, Dyrmishi Blertina¹, Puca Edmond³, Harxhi Arjan³.

1. Department of Nephrology, Hygeia Hospital Tirana, Tirana, Albania.

2. Department of Nephrology, University Hospital Center "Mother Theresa" Tirana, Albania

3. Department of Infectious Diseases, University Hospital Center "Mother Theresa" Tirana, Albania.

Background: Hemorrhagic Fever with Renal Syndrome (HFRS) has a high mortality and is considered a serious life-threatening condition. Early diagnosis and treatment is critical to successful management.

CASE REPORT: Two brothers, 32 and 35 years old respectively, who worked together as shepherds, were admitted at the emergency room several days after mouse bite with the following clinical picture: The first one, had a 5-day history of flu-like symptoms i.e. high fever, headache, malaise associated with abdominal pain, vomiting, cutaneous and mucosal hemorrhage (epistaxis, hematochezia, petechiae), oliguria, and hypotension. The second one was admitted 6 days after his brother with a 3-day history of fever, headache, malaise, myalgia, arthralgia, petechiae, conjunctival and pharyngeal congestion. Both cases had no prior medical history. They lived in northeast of Albania, an endemic area for HFRS.

Serological assay- (ELISA) detected positive IgM and IgG Anti hantavirus. Virus serotype, detected by the real time one step reverse transcriptase polymerase chain reaction (RT-PCR) was DOBRAVA on both patients. This confirmed the diagnosis of HFRS.

Management: The first patient was oliguric since presentation. Dialysis treatment was started on the fourth hospitalization day. He died on the seventh day (during the oliguric phase).

The second patient had gradual decrease of urine output. It was < 0.3 ml/kg for 24 hours on the fifth day of hospitalization. Dialysis treatment was started on the sixth-day. He received four sessions on consecutive days. He developed poliuria on the tenth day, which lasted for eight days. The patient was successfully treated.

Conclusion: Physician should be alert for the possibility of HFRS in patients with acute kidney injury, thrombocytopenia and hemorrhagic signs, notably in endemic regions. These patients should be referred to specialized centers as soon as possible for early diagnosis and treatment since delayed treatment increases mortality. Intensive monitoring, supportive care and appropriately timed dialysis for oliguria, uremia, and electrolyte disturbances are extremely important to survival.

Biography: Elvana Rista is presently completing her PhD from the University of Tirana, School of Medicine. She previously graduated with a bachelor and a master degree from the School of Medicine, at the same university. Elvana is now employed as a Nephrologist with Hygea Hospital in Tirana. Throughout her career, she has published about than 10 papers with health related professional magazines and has been serving these past five years, as a member of ERA-EDTA.

dr.elvana@gmail.com.