

## **Acute renal failure and uveitis: Which diagnosis is most likely in internal medicine? TINU syndrome, through two observations**

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### **Abstract:**

TINU syndrome is characterized by the occurrence of tubulointerstitial nephritis (TIN) and uveitis (U), with unknown pathogenesis, autoimmune origin has recently been proposed. We report two cases of TINU syndrome occurring in adults in which immunological disorders created differential diagnostic difficulties. Observation 1: A 25-year-old woman, presented with asthenia, weight loss, severe hypertension and acute unilateral anterior uveitis. She had also proteinuria, hematuria; kidney failure, and grade I hypertensive retinopathy. Kidney biopsy showed a non caseating granuloma in the interstitial tissue, and TIN with granulomatous lesions in the medullary parenchyma. All explorations was negative but Quantiferon was 10 times normal without Koch's bacillus. No other sites of granulomas. The patient partially responded to corticoid treatment. She relapsed after untimely stopping corticosteroids. Glucocorticoid-sparing was provided by mycophenolate mofetil. Observation 2: A 46-year-old patient, with family history of mother who died of CKD, presented with recurrent anterior uveitis, kidney failure, proteinuria, and inflammatory syndrome, research of infectious agents or auto-immunity origin was negative. Renal biopsy showed tubulointerstitial nephritis lesions in subacute stage; biopsy of the salivary glands showed stage III chronic lymphocytic sialadenitis without Sjogren syndrome or sarcoidosis. The patient received corticosteroid treatment. Discussion: The presence of TIN, recurrent anterior uveitis, no notion of drug intake, response to corticosteroids and exclusion of other diagnoses leads to TINU syndrome. Positivity of Quantiferon is explained by the fact that TINU syndrome is associated with high serological markers in the absence of their corresponding diseases, and presence of chronic lymphocytic sialadenitis explained by these immunological disorders without Sjogren syndrome. Both patients remained well without recurrence of uveitis 2 and 6 years later respectively. Conclusion: TINU syndrome is secondary to immunological disorders as evidenced interstitial infiltrate of the renal parenchyma, the inflammatory disease of the uvea and good response to corticosteroid therapy.

### **Biography**

Laidoudi Aicha has completed her PhD from Ferhat Abbas University and is in the Post-doctoral studies at Mohamed Maherzi University School of Medicine. She is a Doctor in the department of internal medicine, Mohamed Lamine Debaghine Hospital. She is in 5<sup>th</sup> and latest year of Post-doctoral studies. She has many publications.