

ADULT ONSET TUBULOINTERSTITIAL NEPHRITIS AND UVEITIS SYNDROME - A CASE REPORT

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Purpose: To report a case of biopsy-proven tubulointerstitial nephritis and uveitis (TINU) syndrome involving the posterior segment.

Method: Case report.

Results: A 29-year-old male had suffered from painless blurred vision in the left eye for one week. The patient had the history of bilateral anterior uveitis. Initially, his best spectacle corrected visual acuity (BSCVA) was 20/20 in the right eye and 20/40 in the left eye. The ocular examination revealed cells and flares in the bilateral anterior chambers. Fundus examination showed macular exudates, intraretinal hemorrhage, sheathing of retinal vessels, and optic disc edema. Laboratory tests revealed elevated serum creatinine (3.8 mg/dl) and blood urea nitrogen (BUN) (48.3 mg/dl). Percutaneous renal biopsy showed acute tubulointerstitial nephritis. In addition, we excluded other diseases which can cause both acute nephritis and uveitis, such as Sjögren syndrome, Behçet's disease and systemic lupus erythematosus (SLE). The diagnosis of tubulointerstitial nephritis and uveitis syndrome was established. The patient was treated with topical prednisolone and cycloplegics. Intravenous pulse therapy of methylprednisolone (1 gm daily) was also given for three days, followed by oral prednisolone 60 mg daily. Ocular inflammation and optic disc edema in both eyes were resolved and BSCVA of 20/20 was achieved in the left eye after six-month follow-up.

Conclusion: TINU syndrome is probably an under-diagnosed cause of uveitis. Ophthalmologists play an important role in the initial discovery of patients with TINU syndrome. A thorough medical evaluation of any patient presenting with uveitis and systemic disease is crucial to early diagnosis and appropriate management.

Key words: tubulointerstitial nephritis; uveitis; optic disc edema; corticosteroid

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