# ALL INDIA INSTITUTE OF MEDICAL SCIENCES

## DEPARTMENT OF PEDIATRICS-UNIT I

| | | | |
|---|---|---|---|
| NAME: Keshav | AGE: 11 YEARS | SEX: Male | BED.NO: D5/19 |
| CR.NO:H-610489-15<br>UHID No: 20130456387 | DATE OF ADMISSION: 12/09/2015 | DATE OF DISCHARGE: 21/09/2015 | |
| DIAGNOSIS: Post KTP patient with Acute gastroenteritis | | | |
| CONSULTANTS- Dr A Bagga, Dr. Pankaj Hari, Dr. Aditi Sinha | | | |
| Address: H No 515, Kiribi Place, Dhobi Ghat | | | |

**HISTORY AND EXAMINATION AT ADMISSION**: 11 year old boy who underwent kidney transplantation in June 2014 now presented with; Fever – 5 days, Loose stools – 5 days and URTI symptoms – 3 days

Fever was moderate and intermittent in nature and was not associated with any chills or rigors. Loose stools for last 5 days and is not blood stained or with mucous. Passed adequate amount urine and not associated with any decreased orientation or seizures. Associated with non specific upper respiratory symptoms of sneezing and non productive cough. No abdominal pain, jaundice or hematuria.

**Past History:** Underwent renal transplantation (Right kidney) from AIIMS in June 2014 and grandmother was the donor. Pre operative diagnosis was FSGS and post transplantation period was uneventful.

**O/E:** Alert, afebrile and conscious, PR – 100/min, RR-20/min, and CFT < 3 Sec, BP- 102/64 mmHg

No pallor, No lymphadenopathy/No clubbing/Icterus/cyanosis and no feature of dehydration.

RS: B/L Air entry equal, No added sounds.

CVS: S1 S2 heard. No S3/murmurs

P/A: No organomegaly.

CNS - HMF-Normal, Tone - Equal in all 4 limbs, Power- 5/5 in all 4 limbs.

**Anthropometry:** Weight:-21 kg (<3rd centile); Height:- 124 cm(<3rd centile)

**HOSPITAL COURSE:-** Child presented with the above complaints and possibilities of infection, dehydration, rejection and CNI toxicity were kept. Child was started on IVF and antibiotics. Blood investigations showed raised urea creatinine even after fluid correction. Child received one methylprednisolone pulse and plan for renal biopsy to rule out rejection and CNI toxicity. Biopsy findings were non specific and not supportive of rejection, C4d stain was negative, sample for DSA was send. So next possibility of tacrolimus toxicity was kept, but TAC level was 9.5 ng/mL, dose of pangraf was decreased from 7mg/day (4 mg -3.5 mg) to 6.5 mg /day (3.5 mg BD). USG doppler was normal, renal vessels were patent. Urine for cytopathology for Decoy cell was send. In view of leucopenia CMV PCR was sent and is awaited. Plan to review with repeat RFT/CBC and report of CMV.

**Investigations:** HEMOGRAM:

| DATE | HB | TLC | DLC | PLT |
|---|---|---|---|---|
| 12/9/15 | 12.3 | 6100 | - | 1.5L |
| 14/9/15 | 11.2 | 5800 | - | 1.6L |
| 16/9/15 | 10.7 | 2600 | - | 1.59L |
| 19/9/15 | 10.8 | 6200 | N53 L34 | 1.94L |

BIOCHEMISTRY

| DATE | UREA/CR | Na/K | SGOT/PT | TSP/Alb | S.ALP | Ca/P |
|---|---|---|---|---|---|---|
| 12/9/15 | 76/1.4 | 144/3.3 | 40/32 | 7.7/4.9 | 342 | 8.4/2.8 |
| 14/9/15 | 56/1.3 | 134/2.5 | 33/32 | 7.2/4 | 315 | 8.3/2.2 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 15/9/15 | 42/1.2 | 135/2.5 | 36/38 | 7.5/4 | 336 | 8.2/2.8 |
| 16/9/15 | 36/1.1 | - | 28/35 | 7.2/4 | 317 | 8/3.7 |
| 18/9/15 | 72/2.2 | - | 32/38 | 6.7/4.4 | - | 7.6/3.6 |
| 19/9/15 | 97/2.1 | 142/2.8 | 35/37 | 6.8/4 | 399 | 7.8/2.8 |

**Urine R/E (19/9/15) – Protein – 1+, RBCs – 3-5/hpf, WBCs – 1-2 /hpf**
**Tacrolimus levels (15/9/15) – 9.5 ng/mL**
**24 hr urine(14/9/15) albumin – 0.06, creatinine – 0.26, calcium – 0.03, PO4 – 0.10**
**USG Doppler ( 12/9/15) – No e/o DVT**
**DSA (14/9/15)- Awaited**
**CMV PCR(19/9/15) –Awaited**
**Renal biopsy (Provisional) – No f/s/o rejection. Non specific tubular cell vacoulations present**
**Treatment given**: Inj Ceftriaxone, T Cellcept, T Wysolone, T Azithro , T Pangraf, Syp Potklor

**CONDITION AT DISCHARGE:** Alert, afebrile and conscious
PR – 92/min, RR-20/min, and CFT < 3 Sec, BP- 100/68 mmHg
No pallor, No lymphadenopathy/No clubbing/Icterus/cyanosis
RS: B/L Air entry equal, No added sounds.
CVS: S1 S2 heard. No S3/murmurs
P/A: No organomegaly.
CNS - HMF-Normal, Tone - Equal in all 4 limbs, Power- 5/5 in all 4 limbs.

**Plan at discharge:**

1) To collect CMV PCR and DSA report

**ADVICE AT DISCHARGE**

1. **Tab Wysolone 15 mg PO OD for 3 days f/b**
   **12.5 mg PO OD for 3 days f/b**
   **10 mg po OD for 3 days f/b**
   **7.5 mg PO OD for 3 days f/b**
   **5 mg PO OD continued**
2. **Tab Cellcept 250 mg PO BD**
3. **Tab Pangraf ~~3.5~~ mg PO BD** 3.5 — 3.
4. **Tab Shelcal 500 mg PO BD**
5. **Tab Cefixime 100 mg PO BD for 5 days**
6. **Review in tomorrow in D5 ward**

**JUNIOR RESIDENT**

**Dr. Vaishakh**

**SENIOR RESIDENT**

**Dr. Subhankar**

BP :