

ABSTRACT

We describe a 29 years old young man with acute febrile illness and acute kidney injury who was treated as leptospirosis with antibiotic therapy and supportive treatment. His disease course got complicated with extreme hyperbilirubinemia, acute liver injury, coagulopathy, hepatic encephalopathy and pulmonary heamorrhages. Early initiation of therapeutic plasma exchange (PEX) dramatically improved patient's clinical and biochemical parameters.

Extreme hyperbilirubinemia in leptospirosis has been reported to exert multiple cellular toxic effects. Treatment of the hyperbilirubinemia by PEX may therefore be beneficial in reducing toxic insults to kidney and liver cells, in addition to mortality benefit provided by PEX in severe pulmonary hemaorrhage syndrome in leptospirosis. However, PEX for hyperbilirubinemia is not a pathogenesis oriented therapy, therefore, proper treatment of any underlying condition is mandatory for a favorable clinical outcome.

Key words; Plasma exchange, Leptospirosis, hyperbilirubinemia, pulmonary heamorrhage