

Nephrolithiasis as the first presentation of sarcoidosis - A case report

Background

Sarcoidosis is a multisystem granulomatous, inflammatory disease of unknown aetiology which can affect a wide array of organs. Although lung is commonly involved (90%) only 20-40% will present with respiratory symptoms. Renal calculi have been reported in 10% of patients with sarcoidosis but it manifesting as the first presentation in the absence of respiratory symptoms is rare in literature.

Case presentation

We present a case of a 52 year old male presenting with left sided colicky abdominal pain with hematuria and dysuria for one week together with intermittent low grade fever with chills, loss of appetite and loss of weight (6 kilograms) for a period of 3 months. Examination revealed a febrile male with discrete inguinal lymphadenopathy and a left swollen, tender knee joint.

Investigations revealed bilateral hilar lymph adenopathy with reticulo nodular lung shadows predominantly in middle and upper lung fields in High resolution tomography (HRCT) scan together with hypercalcemia resulting in bilateral renal stones complicated with acute kidney injury and culture positive urine tract infection. Histopathology of transbronchial biopsy confirmed the diagnosis of pulmonary sarcoidosis.

Conclusion

Sarcoidosis should be considered as a differential diagnosis in patients presenting with renal calculi of an unknown cause. Early diagnosis and treatment of renal stones and acute kidney injury in sarcoidosis is of paramount importance in order to prevent progression of acute kidney injury to chronic renal impairment.

Keywords: Sarcoidosis, renal calculi, acute kidney injury, hypercalcemia