

Abstract:

Tubular interstitial nephritis is a common cause of acute kidney injury. There could be several contributing factors for the development of tubular interstitial nephritis, out of which drug induce tubular interstitial nephritis prevalence is higher. Here, in our case a young male who had a history of ureteric calculi for which he has taken over the counter analgesics for a prolonged period presented with acute worsening of shortness of breath. He was acutely ill with evidence of high blood pressure and pulmonary oedema. Later he was found to be having oliguria which made us suspicious of acute renal failure causing a hypertensive emergency. Further evaluation with renal biopsy revealed that the patient was having tubular interstitial nephritis with secondary focal segmental glomerular sclerosis where we initiated a course of steroid therapy. Immediate attention given during the acute stage with early initiation of hemodialysis led to better mortality and morbidity outcomes. Also, early renal biopsy and proper treatment contributed to the future outcome.