

Abstract

Renal Thrombotic microangiopathy (TMA) may arise from multiple distinct etiologies. Malignant hypertension can precipitate and worsen renal TMA. A 36-year old male presented with low urine output, bilateral leg swelling for five days and two episodes of hemoptysis. He was identified as a hypertensive emergency with defect in cardiac and renal function. Interestingly, further workup was diagnostic for the presence of thrombotic microangiopathy (TMA): haemoglobin =6 g/dL, indirect bilirubin =2.0 mg/dL, high LDH =1455 IU/dL, platelet count =69 000/ μ L and schistocytes on peripheral smear. Patient refused regarding loose stools, as it made hemolytic uremic syndrome as least possible etiology. Malignant hypertension induced TMA was top on the differential diagnoses. Renal biopsy revealed focal acute tubular injury with moderate tubular interstitial nephritis and hypertensive vascular changes. Multiple anti-hypertensive medications were used for effective blood pressure control. Despite that, patient had worsening renal function and eventually he became dependent on hemodialysis. . Malignant hypertension has to be considered as one of the etiology of TMA as it can lead to end stage renal disease and poor outcomes.