

P380

P380 -A case of post infectious glomerulonephritis secondary to streptococcus parasanguinis endocarditis

Dr Gemma Thompson¹, Professor John Sayer^{1,2}

¹Renal Services, Newcastle Upon Tyne Hospitals NHS Foundation Trust, Newcastle Upon Tyne, United Kingdom, ²Institute of Genetic Medicine, Newcastle University, Newcastle upon Tyne, United Kingdom

A 46 year old gentleman presented to a local hospital with neck pain, and a rash on legs and arms. He had a background of alcohol excess and a known ventricular septal defect (VSD). His blood tests revealed a class 3 acute kidney injury (AKI), normocytic anaemia, deranged LFTs and a raised CRP. Urine dip showed blood and protein.

He was transferred to the nephrology unit for further investigations. Urine dip was positive for blood and protein, ANA, ANCA, and hepatitis/HIV were negative. Renal ultrasound showed normal sized kidneys. Blood cultures grew streptococcus parasanguinis. Ongoing neck pain prompted a MRI neck which demonstrated C5/6 pyogenic discitis, an echocardiogram showed a VSD with thickened with mobile regions and a CT chest showed septic emboli with pulmonary abscesses.

The AKI fully resolved and he received continued treatment for his VSD and endocarditis.

We describe likely post-infectious glomerulonephritis secondary to infection with streptococcus parasanguinis a species of the viridans group, part of the oral native flora. It is associated with native valve endocarditis, dental plaque formation and low grade bacteraemia. Discitis, secondary to haematogenous spread from a focus of infection, should be suspected in cases of neck pain with systemic illness.