

TUBULOINTERSTITIAL NEPHRITIS IN IBD: THE DRUG OR THE DISEASE? THAT IS THE QUESTION

Jorge Fonseca

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Poster

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A 19-year-old man with refractory ulcerative colitis developed tubulointerstitial nephritis after 8 years of disease and multiple therapies, illustrating the challenge of distinguishing drug-induced from disease-related renal injury in inflammatory bowel disease.

KEY POINTS

- The patient was diagnosed with left-sided ulcerative colitis at age 7 and experienced refractory disease requiring multiple therapy changes including anti-TNF agents, immunomodulators, vedolizumab, and ustekinumab.
- Creatinine elevation was detected at age 15 while on vedolizumab, progressing to creatinine 2.2 mg/dL with glomerular filtration rate 43 ml/min and low proteinuria; renal biopsy confirmed tubulointerstitial nephritis.
- The patient had used 5-ASA for only 1 month due to intolerance and took no other medications or supplements beyond UC therapies.
- Renal involvement occurs in 4-23% of IBD patients, and tubulointerstitial nephritis can result from nephrotoxic drugs (including 5-ASA and anti-TNF agents) or may represent an extraintestinal manifestation of active disease.
- This case emphasizes the need for renal monitoring in IBD patients on multiple therapies and collaboration with nephrology for optimal management.

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