

On A Case of Nephrotic Syndrome

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Patient G.R., 41 years old, comes to our observation for massive, imprinting edema, subcutaneous abdominal tissue edema and significant weight gain. In the medical history he refers hypertension in therapy with zofenopril and depressive syndrome in therapy with escitalopram; he also reports that this symptomatology began a couple of days after the administration of the Moderna Sars-Cov2 vaccine. Upon admission, laboratory tests show mild hyper Trans aminasemia (AST = 42 U / L ALT = 72 U / L), slight increase in cholesterol (205 mg / dl), normocytic anaemia (Hb = 10.6 g / dl) hypo-albuminemia (1.8 g / dl with total proteins 3.6 g / dl); urea, creatinine and serum electrolytes are

normal. The 24-hour proteinuria is over 5 g. Echocardiogram and total body CT scan are negative. Replacement treatment begins with albumin plus intravenous diuretics which improve symptoms and blood-chemistry parameters and strongly reduce declining edema. The patient will then be managed at discharge by the nephrologist colleagues for renal biopsy and follow-up of the nephrotic syndrome. We wanted to disclose this clinical case, because there are many observations in the literature of cases of nephrotic syndrome and glomerulonephritis following administration of the Sars-Cov2 vaccine, under observation by the EMA.