



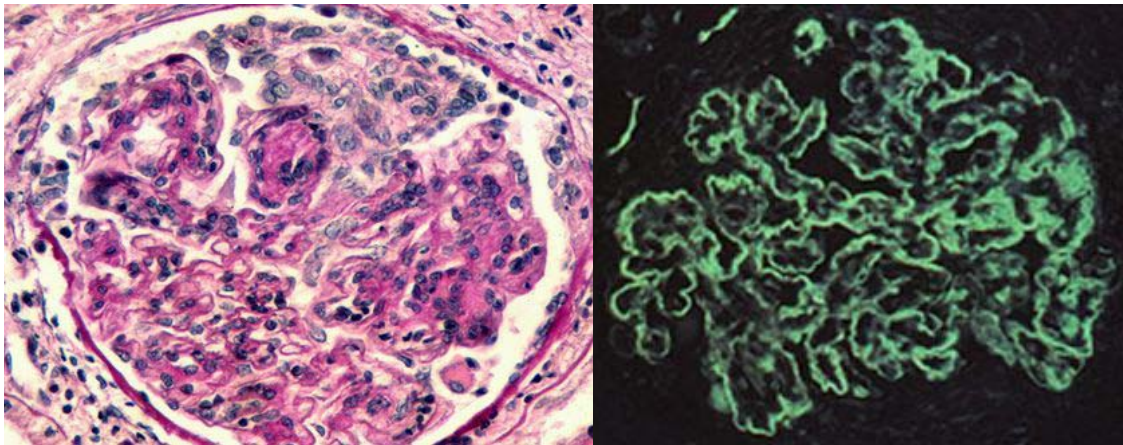
# Holy C.O.W.!

It's...

Clinical Question of the Week #27  
January 12th, 2009 through January 19th,  
2009

Please e-mail your answers to Kuo, Tim, Wendy, and Kevin ([klian@mednet.ucla.edu](mailto:klian@mednet.ucla.edu); [tprovias@mednet.ucla.edu](mailto:tprovias@mednet.ucla.edu); [wsimon@mednet.ucla.edu](mailto:wsimon@mednet.ucla.edu); [kbreger@mednet.ucla.edu](mailto:kbreger@mednet.ucla.edu)) by 0800 on Monday, January 19<sup>th</sup>, 2009. The resident or intern with the most correct answers at the end of each month will receive a prize!

**Case:** A 57-year-old woman with a distant history of IV drug abuse presents for initial evaluation after recently moving to the area. She has been clean and sober for 25 years, does not drink, and smokes a half-pack per day of cigarettes. Her past medical history is notable for hypertension. Family history is unknown. She reports having a flu-like illness several weeks ago with diffuse aches and malaise (she's always catching "some bug or another" during winter), however this resolved after 1-2 weeks. Aside from this, the patient reports being in reasonably good health, although she reports occasional skin changes, which she attributes to her eczema. In addition to routine screening laboratory studies, a chemistry panel was obtained and revealed elevated creatinine. Urinalysis was obtained and revealed proteinuria and few RBCs. The patient later underwent renal biopsy, the results of which are shown below.



H&E staining (left) and immunofluorescence staining (right) from renal biopsy.

#### Questions:

1. What is the diagnosis? What is the likely pathophysiologic process in this case?
2. Name two other manifestations of this condition.
3. Describe the findings shown in the images above.
4. What is the treatment?