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Amyloidosis kidney with filariasis presenting as nephrotic syndrome: An incidental finding or unusual association?

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Abstract: Background: It is estimated that around 120 million people in the subtropical areas of the world are infected by filariasis. In the South Asian regions, *Wuchereria bancrofti* is the most prevalent parasite, causing the majority of cases. We report a rare case of amyloidosis kidney with an incidental finding of microfilariae.

Case report: An 85 year old male presented with complaints of generalized edema, anasarca and loss of weight for 2 months as well as vomiting and de

a week. On clinical examination, aside from mild pallor, there was e pitting pedal edema and free fluid in the abdomen. Sonography reve bilateral renal parenchymal disease and bilateral hydrocele with thic Lower lobe consolidation was the only significant finding on the che was rigorously worked up to identify pathology in other systems, bu normal limits. Histopathological examination of the renal biopsy spe to partial replacement of most of the glomeruli by pink, hyaline eosin microfilariae of *Wuchereria bancrofti* were seen incidentally. Bloo hyaline material in their walls. Tubules and interstitium were unrema diagnosis of amyloidosis kidney was confirmed by positivity on meth **Conclusion:** In the present case, the clinical picture did not provide association of amyloidosis kidney with filariasis except for mild perij However, renal biopsy revealed amyloidosis with microfilariae of *W* is presumed that, in this case, microfilariae entered the glomerular ca the blood renal barrier. This is the first case in which renal amyloids associated with microfilariae of *Wuchereria bancrofti*. The possibil condition, resulting in the genesis or development of the former, nee investigated and discussed.

[\[PDF \(150K\)\]](#) [\[References\]](#)

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