Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
SCEROGERMA RENAL CRISIS AND COVID- IS THERE AN ASSOCIATION?:
Salman Mahmood1, Amit Kaushal1, Milind Junghare1. 1University of Minnesota
Scleroderma renal crisis (SRC) is a rare but potentially devastating complication of systemic sclerosis as it is associated with significant morbidity and mortality. We present an interesting case of a patient who developed SRC following infection with COVID-19.
A 37-year-old female presented with new-onset hypertension, AKI, anemia and thrombocytopenia. She had a history of diffuse cutaneous systemic sclerosis diagnosed 8 years ago, that had been well controlled with immunosuppression. The patient had contracted COVID-19 infection about 2 weeks ago but had remained largely asymptomatic except for a sore throat. Urinalysis revealed sub-nephrotic proteinuria but was otherwise bland. Peripheral blood smear was notable for 12-15 schistocytes per HPF. ADAMTS13 and complement levels were normal. Serologies for ANA, ANCA, anti-Scl70, anti-Jo1, anti-Sm, lupus anticoagulant, anti-beta2-glycoprotein I, anti-RNA polymerase III, RF, cryoglobulin, RPR, hepatitis and HIV, all returned negative. Renal biopsy revealed an arterial predominant thrombotic microangiopathy (TMA) (Figure) consistent with a diagnosis of SRC. The patient was treated with anti-hypertensives including an ACE-inhibitor, but her AKI continued to worsen, ultimately leading to dialysis dependence.
SRC classically develops in patients with early or progressive diffuse cutaneous disease or positivity for anti-RNA polymerase III antibodies. Our patient did not have any such risk factors and rather developed SRC following infection with COVID-19. COVID-19 has been reported to cause TMA by inducing immune dysregulation via an overactive complement system. It is plausible that infection with COVID-19 triggered an exaggerated immune response, in turn leading to the development of SRC in our patient.
COVID-19 may trigger SRC in patients with systemic sclerosis in the absence of other risk factors.

A TERRIBLE TRIP: TUBULOINTERSTITIAL NEPHRITIS AND UVEITIS SYNDROME TRIGGERED BY PSILOCYBE MUSHROOM INGESTION:
Anushka Chadha1, Oscar Garcia1, Oliver Lenz1. 1University of Miami
Tubulointerstitial nephritis and uveitis (TINU) syndrome is characterized by concomitant renal and ocular inflammation, predominantly affecting adolescents and women. The underlying mechanism is thought to be immune-related. While many risk factors have been reported, up to 50% of cases have no known trigger. Here, we present a previously unidentified association with commercially available Psilocybe mushroom (PM)-laced chocolate.
A 28-year-old male with keratoconus presented to the ED for 2 days of nausea, vomiting, and watery diarrhea. Labs were notable for low Na 131 mmol/L, high Cr 1.9 mg/dL, high WBC 12,900 /µL with 15% eosinophils, low Hb 12.4 g/dL, and low platelets 112,000 g/dL. He was given intravenous fluids for presumptive viral gastroenteritis and discharged. He returned the next day with fevers and blurry vision in addition to his previous symptoms. The patient admitted consuming “magic mushroom chocolate,” containing 4g Psilocybe cubensis, 3 days prior, which he had purchased from an online vendor. An eye exam revealed bilateral panuveitis. His Cr increased to 4.2 mg/dL, with no obstruction on renal ultrasound. Urinalysis showed no protein or blood, but hyaline, granular and WBC casts were seen on microscopy. Rheumatologic panel was unremarkable. Renal function continued to decline, leading to profound anion-gap metabolic acidosis and anuria necessitating emergent hemodialysis. His kidney biopsy showed acute interstitial nephritis (AIN) with focal interstitial edema, mixed interstitial inflammatory infiltrate with scattered tubulitis and associated acute tubular injury (ATI) for which he was started on steroids. He achieved full renal recovery and was discharged home without relapse.
PM are serotonergic psychedelics with a favorable safety profile. Although ATI and AIN have been reported as rare adverse events from mushroom ingestion, most are linked to the Cortinarius species, which express the nephrotoxin orellanine.
Although it is difficult to tell if the chocolate was adulterated with other mushroom species, in this case if PM alone caused TINU, healthcare providers should recognize TINU as a possible adverse effect of consuming “magic mushrooms,” and should consider kidney biopsy to confirm the diagnosis with prompt initiation of steroids.

PAUCI-IMMUNE CRESCENTIC GLOMERULONEPHRITIS WITH ANCA-ASSOCIATED VASCULITIS; PROMPT DIAGNOSIS FOR A FAVORABLE OUTCOME:
Sara I. AlAttal1, Si Yuan Khor1, Issa Haddad1, Nora H. Hernandez Garcia2, Enhuva Wnag1. 1Michigan State University
Pauci-immune crescentic glomerulonephritis (PICGN) is a type 3 rapidly progressive glomerulonephritis (RPGN) in the setting of few or no immune deposits, commonly associated with antineutrophil cytoplasmic antibody (ANCA)-associated small vessel vasculitis that may be renal-limited or part of a systemic disease.
A 68-year-old male patient with the past medical history of hypertension and CKD stage 3 presented to the emergency department with shortness of breath on exertion, generalized fatigue, and decreased appetite of 3-week duration. On presentation, he was hemodynamically stable. Physical examination showed no dependent edema, and lungs with normal breath sounds. Laboratory significant for Creatinine 4.44 mg/dL, eGFR 13, BUN 46 mg/dL, ANA titer > 1: 2560, serum Myeloperoxidase antibody > 8, serum Proteinase 3 antibody 1, Anti-dsDNA antibody and Anti-GBM IgG antibody negative. Urinalysis positive for 100 mg/dL protein and >100/HPF RBCs. Renal Ultrasound showed normal-sized kidneys bilateral with no mass or hydronephrosis. High-resolution CT chest without contrast demonstrated moderate multilobar patchy ground-glass opacities. On day 2, right kidney biopsy was performed, and the patient was started on high-dose Methylprednisolone 500 mg daily for 3 days. On day 5, he had a one-time episode of hemoptysis; started plasmapheresis due to suspected pulmonary alveolar hemorrhage; and switched to oral prednisone 80 mg daily. Renal biopsy confirmed PICGN. Patient was started on Induction therapy with Rituximab and Prednisone and was discharged home with scheduled routine hemodialysis. The patient regained his kidney function after 5 months of hemodialysis.
Patients with PICGN with ANCA-associated vasculitis present with nonspecific symptoms. High clinical suspicion and early testing are essential as renal pathology offers a prognostic value and guidance for management. We present a case where early kidney biopsy assessed in evaluating severity of disease and early aggressive treatment with high-dose corticosteroids with rituximab which had a major role in regaining kidney function in our patient.
PICGN with ANCA-associated vasculitis is potentially reversible with favorable outcome depends largely on timely diagnosis and treatment.

RECURRENT UTI AMONG CKD PATIENTS: WHAT'S BEHIND FREQUENT RECURRENTS. CLINICAL EXPERIENCE OF ONE NEPHROLOGIST:
Olga Chub1. 1Kharkiv Medical Academy of Postgraduate Education
The report reflects three uncommon clinical cases of rUTIs among CKD patients.
Clinical case 1. Right ureteral tumor.
Female patient, 65 y.o. during 5 years has been suffering from rUTIs. She notes that after stopping of antibiotics, herbs etc., all symptoms returned. Each rUTIs episode was associated with...