A Not so Typical Case of Abdominal Pain: A Case of Atypical Hemolytic Uremic Syndrome (aHUS) Induced by Recurrent Pancreatitis

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Learning Objectives

- Discuss the pathophysiology behind atypical hemolytic uremic syndrome (aHUS).
- Describe how recurrent pancreatitis may act as a trigger for aHUS.
- Detail key lab work findings and treatment plans for patients found to have aHUS secondary to recurrent pancreatitis.

Case

- 20-year-old male with a history of autism spectrum disorder, intractable seizures, and recurrent pancreatitis presented due to 2 days of vomiting and low grade fevers.
- Lab work was remarkable for a creatinine of 4.18, a leukocytosis of 18.3, a hemoglobin of 14.8, a platelet count of 34, AST 111, ALT 51, total bilirubin of 4.5, and a lipase of 8771.
- CT imaging showed enlargement of the pancreas with diffuse pancreatic free fluid suggesting acute pancreatitis.
- Began to develop worsening anemia, thrombocytopenia, and AKI with evidence of cell lysis.
- Received plasma exchange, eculizumab, solu-medrol, and HD during hospitalization.
- Lab work returned to baseline and subsequently discharged.

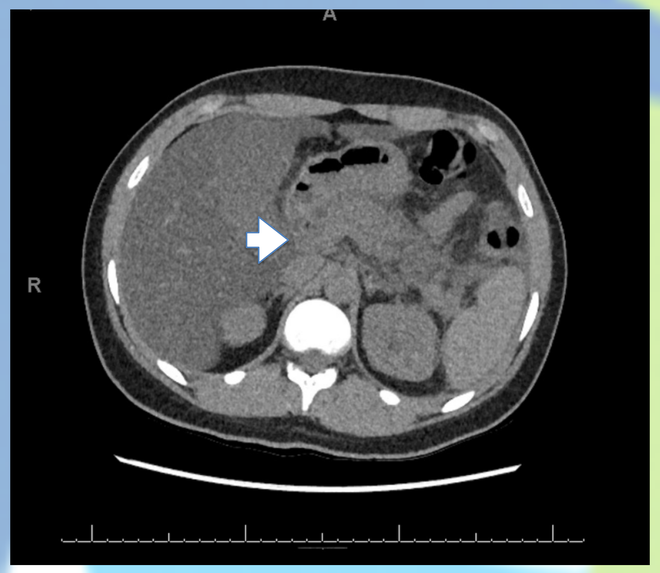

Figure 1: Abdominal CT showing evidence of pancreatic inflammation and edema suggestive of pancreatitis.

Introduction

- Hemolytic uremic syndrome (HUS) is a thrombotic microangiopathy presenting with hemolytic anemia, thrombocytopenia, and acute kidney injury.
- Atypical HUS occurs as a result of systemic disease.
- Identified causes included systemic lupus erythematous, complement disorders, and severe pre-eclampsia.
- Scarce cases of aHUS induced by recurrent pancreatitis.

Discussion

- Atypical HUS is not frequently associated as a sequela of pancreatitis.
- In this case, pancreatitis resulted in system-wide complement dysfunction.
- Through multi-specialty evaluation, the patient was able to receive appropriate care.

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