

included 31 glomeruli and two of them globally have sclerotic changes but the others have no specific morphological feature. The interstitium and interstitial vessels were almost normal. Mesangial IgA deposits were positive under immunofluorescent microscopy investigation and trace amount of anti C3 ab were also positive but anti C4 ab and anti C1q ab were negative. It was speculated that these findings are more common in IgA nephropathy rather than SLE nephritis. Prednisolone 55 mg/day was prescribed and subsequently the dose was gradually reduced and cyclosporin 200 mg/day was added to the treatment. After the improvement of the patient's clinical and biochemical findings the prednisolone and cyclosporine therapy was discontinued in the second year. The patient has normal blood pressure and no proteinuria in routine follow-up and is using hydroxychloroquine for the joint pain.

**DISCUSSION.** Typical LN are characterized by “Full House” stain under immunofluorescent microscopy, staining positively for IgG, IgA, IgM, C3, and C1q. Only IgA staining in LN is a rare presentation. The occurrence of IgAN during SLE is also a rare event. A young women presenting with nephrotic syndrome due to IgA nephritis; extrarenal manifestations must be questioned and SLE should be kept in mind for the differential diagnosis.

**KEYWORDS:** IgA nephropathy, Lupus nephritis, Systemic lupus erythematosus.

## Neurogenic Bladder Case Related to Herbal Medicine Use

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**INDRODUCTION:** Functional causes like neurogenic bladder take place in etiology of obstructive uropathy. A patient with a

neurogenic bladder related to herbal medicine use was reported in this case report.

**CASE:** 65 years old women admitted to ER who were complaining from decrease in urine output and leg swelling. In her medical past, there was no other illness except hypertension. She is not using any medicine, but she has a history of consuming various herbals for more than 10 years. Urinary catheterization was performed upon finding globe vesicale in physical examination and 6500 cc of urine output was observed. Patient was accepted to internal medicine service and diagnosed obstructive uropathy. Grade 3 hydronephrosis was detected in urinary US. No lesions leading to hydronephrosis was found in abdominal CT. There was no pathology on gynecological examination. Neurogenic bladder was detected in urodynamic evaluation. Neurological examination was normal. Brain and spinal MRI show no pathology explaining the cause of neurogenic bladder. Patient was followed up with supportive treatment. Renal function gradually improved. Patient was discharged with intermittent urinary catheterization.

**CONCLUSION:** No cause was found explaining neurogenic bladder in this neurogenic bladder case. However, patient was using various herbals (almost 40 herbals like panax, licorice, eucalyptus, horsetail, melissa, yarrow, echinacea) for a long time. This could be the cause of neurogenic bladder. There are no case reports informing that any of these herbals used by patient as a cause of neurogenic bladder but multiple and long term use may have effect in this case.

**KEYWORDS:** A neurogenic bladder, Herbal Medicine

## Ультразвуковая абляция (HIFU - терапия) в лечении рака почки

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Возможности проведения ранней диагностики бессимптомного рака почек с помощью компьютерной томографии, магниторезонансной томографии, ультразвукографии, диктует поиск новых технологий лечения этого заболевания.