Question

Peri and intraglomerular haematoxylinophilic deposits in a newborn: question

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Keywords

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Case summary

A female preterm infant, weighing 2,480 g, was born in a first level Hospital, with caesarean section performed for acute fetal distress. The mother, a 34 years old woman, had a previous healthy child. At birth the general conditions were good. At cardiological examination a patent ductus arteriosus was diagnosed. Laboratory values were within normal range. The newborn was discharged after 11 days, in good general conditions and with spontaneous feeding.

During a planned cardiologic follow-up control at day 50, cardiac ultrasounds revealed an increase of volume of left atrium and ventriculus, which appears severely hypokinetic. The baby was urgently transferred in a NICU, where she died after 12 hours for heart insufficiency.
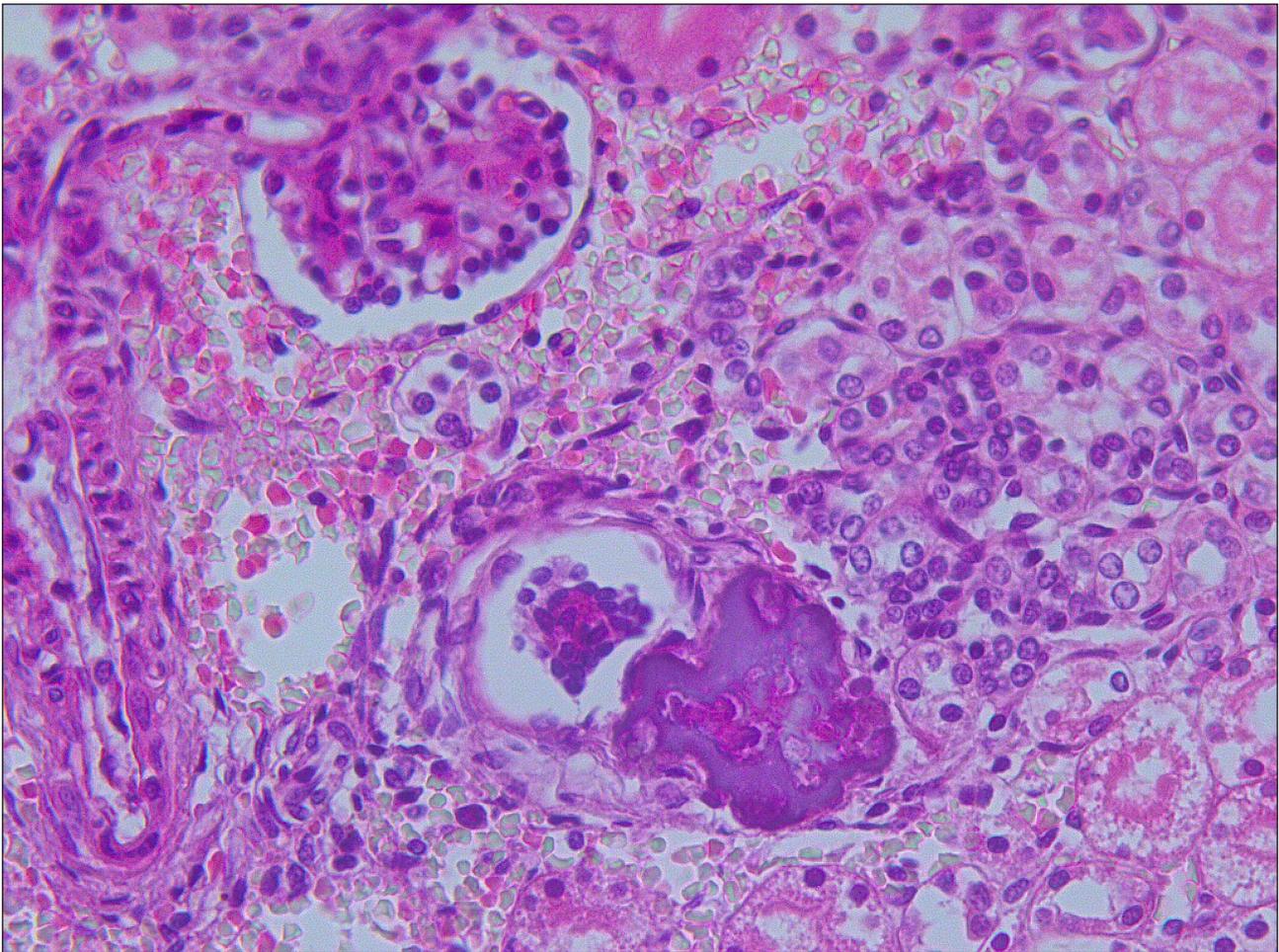
Figure 1. Deposition of amorphous material, mainly stained by haematoxylin, in periglomerular location in a newborn kidney.

Questions

1. What is your morphological diagnosis?
2. Which complementary investigations do you suggest?
3. Could be important the examination of large and medium-sized arteries in the heart?

Declaration of interest

The Authors declare that there is no conflict of interest.