

Rhabdomyolysis and Necrotizing Crescentic IgA Glomerulonephritis in a Patient with Legionella Pneumonia
Prishanya Pillai, M.D., Maxime Jean, M.D., Ph.D., Michaela Barry, B.S., and Christine Osborne, M.D.

Department of Internal Medicine, University of Rochester Strong Memorial Hospital

A 56 year-old man with schizoaffective and antisocial personality disorders was admitted from the county jail with a 4 day history fever, hemoptysis, severe headaches, hematuria, diffuse myalgias and bloody diarrhea. Officers reported the patient frequently flooded his cell and ingested toilet water. A CXR revealed L>R bibasilar infiltrates, and a diagnosis of *Legionella* pneumonia was made based on positive urinary antigen. While the patient's pneumonia improved on IV levofloxacin, his creatinine continued to worsen. CK was not initially checked, as the patient initially presented with gross hematuria and positive red blood cells on urine microscopy. However CK returned markedly elevated at >12,000 on day 3 and the diagnosis of rhabdomyolysis was made. He was started on IV fluids, but creatinine continued to rise, and nephrology was consulted. The patient underwent extensive workup for immune mediated disease, which returned negative. A renal biopsy was ultimately performed, which revealed diffuse necrotizing crescentic IgA glomerulonephritis. The patient was started on pulse dose methylprednisolone followed by cyclophosphamide and was ultimately discharged to complete a 21 day course of Levofloxacin and tapering doses of steroids. Outpatient nephrology follow-up was arranged for monthly cyclophosphamide infusions. Repeat creatinine values one month after discharge show improvement to 1.72 from peak of 2.87 during his index admission. This case illustrates the known but rare association of Legionnaires' disease with rhabdomyolysis. Furthermore, it highlights the established correlation of Legionnaire's disease, renal failure, and rhabdomyolysis. Early recognition of this triad can prompt swift initiation of treatment, which may serve to reduce mortality in affected patients.