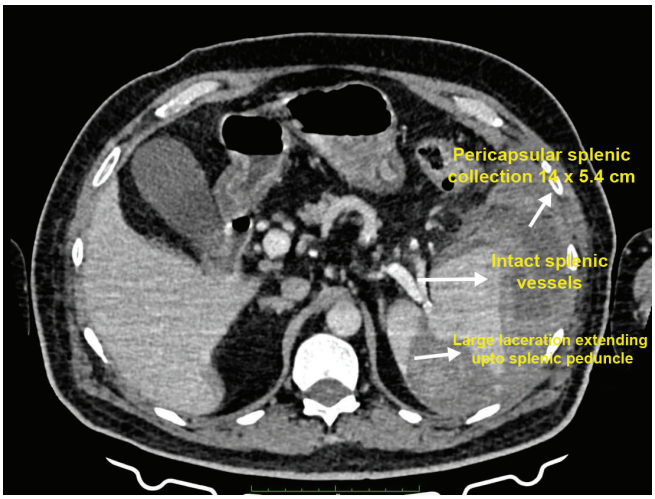

Figure 1: Large laceration extending up to the splenic peduncle. Distorted spleen with heterogenous hyperdense pericapsular splenic collection (14 cm × 5.4 cm).

There are less than 15 case reports of SSR in dialysis patients and all cases underwent splenectomy.[4,5] Our patient is the first case to be successfully managed conservatively. Uremic coagulopathy, the use of antiplatelet drugs and anticoagulants are possible risk factor in such patients. Because of the rarity of cases, there is no laid down management guideline. This report underscores two points: Spontaneous splenic rupture can present subacutely in dialysis patients, and conservative management can be an option for moderate-severe injuries in hemodynamically stable patients.

Conflicts of interest: There are no conflicts of interest.

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Tenofovir-Induced Fanconi Syndrome Associated with a Fragility Fracture of the Right Femoral Neck

Dear Editor,

Fanconi syndrome is a metabolic defect in renal transport caused by proximal tubular cell dysfunction. It impairs the reabsorption of water, glucose, phosphate, potassium, amino acids, and other substances.[1] We present a case of renal dysfunction and osteoporosis associated with tenofovir use.

A 36-year-old female, a known case of HIV-1 since 2005, presented with complaints of proximal muscle weakness, muscle pain, and pain in the right hip joint for the past two months, with history of slipping on the floor four months ago. She had been taking a combination of tenofovir, lamivudine, ritonavir, and atazanavir for the past two years. She was diagnosed with a malunited fracture of the right femoral neck [Figure 1]. She underwent evaluation for osteoporosis. Her hemoglobin was 9.0 g/dL, vitamin B12 912 pg/mL, urea 48 mg/

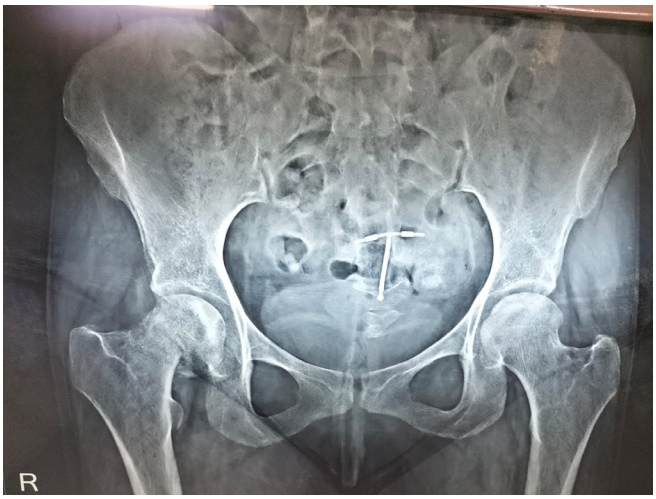

Figure 1: X ray imaging of the pelvis with bilateral hip joint showing fracture in the right neck of the femur.

dL, creatinine 4.16 mg/dL, alkaline phosphatase 1220 U/L, serum sodium 142 mEq/L, potassium 3.6 mEq/L, calcium 8.5 mg/dL, albumin 3.85 g/dL, phosphorus 2.2 mg/dL, vitamin D 122.8 ng/mL, serum bicarbonate 11.0 mEq/L, thyroid-stimulating hormone 1.9 µIU/mL, and urine albumin-to-creatinine ratio 283.6 mg/g. Her urine examination showed glycosuria and proteinuria. The tubular maximum phosphate reabsorption was 2.0 mg/dL, suggesting phosphaturia [Supplementary Table 1]. Ultrasonography was suggestive of bilateral small kidneys with medical renal disease. Dual-energy X-ray absorptiometry scan showed a Z-score of –3 at the left hip joint, indicating osteoporosis. The patient was diagnosed with Fanconi syndrome with right femoral neck fracture with osteoporosis. Tenofovir was discontinued, and she was started on sodium bicarbonate, telmisartan, calcium, iron, potassium citrate syrup, phosphorus, and injection denosumab 60 mg subcutaneously. Over the six-month follow-up period, the patient had marked symptomatic improvement and her renal function improved.

Tenofovir can lead to acute kidney injury, chronic kidney disease, proximal tubular cell damage, and Fanconi syndrome as well as bone problems like osteopenia and osteoporosis. Therefore, patients on long-term tenofovir should undergo close monitoring of renal parameters and bone mineral density markers to prevent nephrotoxicity and adverse bone effects.[2]

Conflicts of interest: There are no conflicts of interest.

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Intravascular Hemolysis During Therapeutic Plasma Exchange Using 5% Human Albumin: What is Missed?

Dear Editor,

Therapeutic plasma exchange (TPE) is the backbone of ABO-incompatible transplant. An untoward event like hemolysis during pretransplant procedures can lead to unnecessary blood transfusions, impacting graft survival. We highlight a rare case of hemolysis during a TPE session using centrifugation method with 5% human albumin.

A 38-year-old woman with end-stage renal disease was scheduled for ABO-incompatible renal transplantation from her 44-year-old husband with 6/6 human leukocyte antigen (HLA) mismatch. To lower pretransplant antibody titer, the patient underwent plasmapheresis, and 5% human albumin of the brand Albufirst (Halstead Pharma Pvt. Ltd., Hyderabad) was used as the replacement fluid.

During the first session, after processing half of the calculated plasma volume with 5% albumin, the patient experienced severe abdominal pain with cramps and the TPE machine triggered a red cell detector alarm. Plasma waste bag observation revealed reddish discoloration [Figure 1] suggesting hemolysis and was confirmed by the

Figure 1: Reddish discoloration of plasma waste bag due to hemolysis during TPE procedure. TPE: Therapeutic plasma exchange.