Atypical hemolytic uremic syndrome in patients with pregnancy related renal cortical necrosis: An observational study from western part of India.

MATERIALS AND METHODS :

This is a prospective analysis of patients with pregnancy-related acute kidney injury admitted to the Department of Nephrology at the All India Institute of Medical Sciences (AIIMS), Jodhpur, from February 2022 to June 2024. Only patients who underwent kidney biopsy and were diagnosed with renal cortical necrosis were included. Thrombotic microangiopathy (TMA) was diagnosed when LDH > 500 IU/L, the peripheral blood film showed >1% schistocytes, and coagulation markers were normal with a reduced platelet count. Patients' clinico-epidemiological data, including obstetric history, risk factors, and pregnancy-related complications, were collected.(Table S1: Supplementary file)

All patients received standard of care, including dialysis and supportive therapies such as plasma exchange. We collected complete blood count, blood film morphology with schistocyte percentage, serum lactate dehydrogenase, liver function tests, kidney function tests, coagulation profile, serum C3 and C4 levels. All patients underwent ultrasound-guided renal biopsy, which confirmed renal cortical necrosis, with or without TMA.

Requirement of hemodialysis at presentation and dialysis dependency at 3 month was assessed. All patients were followed for 6 months. Some patients underwent plasma exchange, while others were managed conservatively and the resultant outcomes were observed. In addition to maternal, neonatal outcome were recorded