Coughing Up the Beans:
A Case of Antibiotic-induced AIN

David Pearson, MD – PGY1
University of Colorado, Dept of Internal Medicine

Story from the Front Lines
I was a newly-minted third-year medical student when I met a young woman admitted to the hospital for renal failure a day earlier. Before I’d even had the chance to ask where the nearest restroom was, my senior resident pointed out her name.

“A good learning case,” he’d said, “Why don’t you take a history from her and get back to me this afternoon? We can talk about why the beans fail.”

Brain still heavy with boards-centric minutiae, I promptly traipsed into her room and began an hour-long interrogation to determine why exactly her kidneys had failed her. She told me about her hobbies (an avid runner) and her dreams (opening her own business), and probably more about her family’s medical history than she’d told anyone. What my line of increasingly obscure questioning didn’t reveal though, was why her ability to produce urine had slowed to a trickle. She described how she hadn’t had any new rashes or hematuria or edematous legs. There’d been no recent fevers or bloody coughing fits, or even any pain. She’d had an upper respiratory infection (URI) a few weeks back, but what did that have to do with the kidneys? When I finally reported back to my senior resident that afternoon, I had that now common but hitherto unknown sensation roiling around in my guts: uncertainty.

“What did you find out?” he asked me.

I ran through the patient’s recent history and physical exam and ended by rattling off a few common diagnoses – and with no small amount of pride, quite a handful of rare ones – that could have caused her symptoms and lab findings.

“Alright, so what do you want to do?”

We ordered a battery of urine and blood tests and peeked at her kidney with an ultrasound, but even after two days of labs and imaging her creatinine was still on the rise and we didn’t have a diagnosis. Unpleasant words like “dialysis,” and “potential transplant” were being tossed around. It wasn’t until my third day on service that we finally made a breakthrough.

“There was something I just remembered,” she’d said that morning on rounds, somehow still in good spirits. “About two weeks ago I had a runny nose and cough, like I told you. I forgot that my doctor gave me some antibiotics for it. Just a couple days, I think.”
Antimicrobial treatment and the natural history

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References

how fallible both our history-taking skills, and our lab tests, can be.

References