Peri and intraglomerular haematoxylinophilic deposits in a newborn: question

Sonia Nemolato¹, Alice Sanna¹, Clara Gerosa¹, Daniela Fanni¹, Giuliana Palmas², Melania Puddu², Cristina Loddo², Claudia Fanni², Peter Van Eyken³, Gavino Faa¹

¹Department of Pathology and ²NICU Center and Institute of Puericulture, University of Cagliari, Cagliari, Italy
³Department of Pathology, K.U. Leuven, Leuven, Belgium

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Corresponding author
Gavino Faa, Division of Pathology, Department of Surgical Sciences, University of Cagliari, Cagliari, Italy; email: gavinofaa@gmail.com.

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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.
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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.