Renal Involvement in Sarcoidosis

**FIGURE 8-12**
Clinical course of granulomatous nephritis. Extensive granulomatous infiltration of the kidneys can result in acute renal failure as a presenting clinical feature of sarcoidosis in the absence of any evidence of other organ involvement. As a rule, improvement in renal function occurs after steroid therapy (R), as shown here, in the clinical course of one such patient. (From Bolton et al. [2]; with permission.)

**FIGURE 8-13**
Obstructive nephropathy due to sarcoidosis. Acute deterioration of renal function in sarcoidosis very rarely results from obstructive nephropathy caused by intrarenal granulomatous infiltrates or from extensive retroperitoneal lymphadenopathy or fibrosis causing obstruction of the renal vasculature or ureteral outflow [3,4]. (From Grodin et al. [3]; with permission.)

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**CASE REPORT OF A PATIENT WITH SARCOIDOSIS HAVING RETROPERITONEAL FIBROSIS**

**Patient profile**
A man aged 40 years with established diagnosis of pulmonary sarcoidosis that had responded to steroids
Presentation: hypertension (200/140 mm Hg) and proteinuria (4 g/d)
Intravenous pyelogram: asymmetric kidneys with delayed appearance of contrast on right
Surgery: sclerotic matrix affecting aorta and proximal renal artery
Kidney biopsy: focal and global glomerulosclerosis, interstitial fibrosis
Postoperative course: persistent hypertension


**Selected Bibliography**


