from lack of adequate care than from disease. Obesity is a risk factor for
development of complications even after common diseases. Care, treatment
and transportation of obese patients is real challenge to all medical staff and
patient himself.

EARLY ONSET OF AA AMYLOIDOSIS ASSOCIATED WITH
JUVENILE IDIOPATHIC ARTHRITIS
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Key words. Juvenile idiopathic arthritis, Chronic inflammation, AA
amyloidosis, Renal involvement

Introduction. Juvenile idiopathic arthritis (JIA) is an autoimmune
disease of unknown origin and one of the more common chronic illnesses of
childhood [Kliegman et al., 2013]. Systemic AA amyloidosis is the result of
chronic inflammatory disease with frequent manifestation of renal functional
impairment and with massive urinary protein excretion. Amyloidosis-
associated kidney disease usually progress to end-stage-renal-disease (ESRD)
and is major source of morbidity [December, 2006].

Case report description. A 26-year-old man with anamnesis of JIA
since the age of 8 was admitted for the Infliximab infusion. The patient has
follow-up by rheumatologist, and the use of medications due to diagnosis is
regular: methotrexate once a week, folic acid, methylprednisolone, calcium
and D3 vitamin every day, the course of Infliximab is received in a ward. The
main complaint is diffuse morning stiffness in the backbone. Physical
examination findings are unremarkable, except the Cushing syndrome due to
steroid use and presentation of diminished vision in both eyes because of
chronic uveitis. Proteinuria of 2.35g/day is revealed therefore the kidney
biopsy is indicated. Laboratory results displays hypochromic microcytic
anemia, leukocytosis. C-reactive protein (CRP) is 123.8mg/l with the previous
value of 203.1mg/l one months ago. Glomerular filtration rate (GFR) is
357.7ml/min (creatinine=36μmol/l) but the previous result accounted
224ml/min (creatinine=58μmol/l), serum albumin- 27g/l.

The kidney biopsy sample contains 22 glomeruli, none of them were
globally sclerotic. Congo Red stain is positive with apple green birefrigence
under polarized light for amyloid accumulation in the 5% of the glomerular
area, arteries and arterioles. Immunohistochemical reaction for AA protein is positive in amyloid depositions. The pathological diagnosis of a very early AA amyloidosis is established. 2 months follow-up laboratory results: hypochromic microcytic anemia, leukocytosis with neutrophilia, ESR is 65mm/h, CRP of 84.7mg/l, proteinuria of 0.75g/l and GFR 186 ml/min (creatinine=70μmol/l).

**Conclusions.** AA amyloidosis is the result of continuous, long term inadequate control over chronic inflammation. The early stage of renal involvement is based on absence of nephrotic syndrome, hypertension, edema and ESRD. Early diagnosis of renal AA amyloidosis and management of JIA is paramount to prevent progression of chronic kidney disease.

**Summary.** The case of 26-year-old man with anamnesis of JIA for 18 years is presented. During the regular follow-up and medication course due to JIA the proteinuria is observed in urine analysis. The suspicion of AA amyloidosis is proved by kidney biopsy. The early AA amyloidosis is ascertained by only 5% morphological changes and absence of the nephrotic syndrome and hypertension. Therapy to suppress the inflammatory disease is used whenever possible, and laboratory parameters during follow-up after the kidney biopsy are slightly better than before, however, the significant improvement is not observed which raises the suspicion of still present activity of JIA and ongoing chronic inflammation despite aggressive therapy and consequently AA amyloidosis.

**CLINICAL CASE DEMONSTRATION: CHILD WITH ACUTE LYMPHOBLASTIC LEUKEMIA PRE-B TYPE AND TUBERCULOSIS INFECTION**

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**Introduction.** At the end of January the year of 2015 was announced to be the Cancer Awareness Year. Accordingly, we want to emphasize the great importance of early detection and care for haematologic malignancies in children.

The childhood acute lymphoblastic leukemia (ALL) represents the largest group of pediatric malignancies with long-term survival rates. About