There are currently no cases demonstrating WISN with renal involvement in the literature. It is unclear what the significance of these findings may be in our patient. Given the pro-thrombotic state of WISN, it is possible that other organs including the kidneys and heart may be affected similarly. Of note, Brodsky et al. suggested that warfarin therapy can result in glomerular haemorrhage and renal tubular obstruction by RBC casts (16, 17). In addition, certain infectious processes may lead to glomerular damage as in the case of post-streptococcal glomerulonephritis, although our patient did not demonstrate such findings.

In conclusion, this case highlights the importance of including WISN in the differential of any patient who presents on warfarin with skin lesions. In addition, WISN may occur at any time period after initiation of warfarin, possibly affecting other organ systems. Finally, novel anti-coagulants may serve as an appropriate alternative therapy after diagnosis.

**Conflicts of interest**
None declared.

**References**

8. The correct affiliations are 2, 9 (Thromb Haemost 2016; 115: 481–482). The affiliations for Dr. Eliza beth A. McClellan were mistakenly listed as 1. 84-Year-Old. J Am Geriatr Soc 2013; 61: 927–931.