HEART TRANSPLANT ANTI-REJECTION THERAPY DOES NOT PREVENT DE NOVO IMMUNE MECHANISM KIDNEY DISEASE.

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Background: Heart Transplant patients have been reported to develop kidney disease post transplant due to Cyclosporine toxicity, Diabetes Mellitus, Hypertension, Tubulointerstitial disease, Vascular disease, Infection and malignancy. Anti-rejection medications used in these patients have broad based immunosupression. Development of immune mechanism kidney diseases in these patients has not been described to date.

Case Presentation: We present 2 cases of post cardiac transplant immune mechanism glomerulopathy. Case 1: 62 year old Caucasian male status post Orthotopic Heart Transplant due to Viral Cardiomyopathy with history Hypertension, Diabetes Mellitus, Hypothyroidism, Obstructive Sleep Apnea, Chronic Kidney Disease and Cerebrovascular Disease was referred to Nephrology for evaluation of 3 + proteinuria. 24 hour urine protein was 4.5 gms, Serum creatinine = 2.0. C3, C4, ANA, ANCA, Anti Proteinase 3 Antibody, MPO Antibody, Anti GBM Antibody were negative. HCV RNA: not detectable, Cyclosporine: non toxic range, CEA, CA 125, CA 19 9 were negative. Renal ultrasound showed normal sized kidneys with renal cortical thinning. Kidney Biopsy: Immune-complex deposit Glomerulopathy. Case 2: 49 year old Asian male status post Orthotopic heart transplant x2 due to viral Cardiomyopathy and transplant vasculopathy respectively. He has history of Hypertension and Gout and was found to have nephrotic range proteinuria of 4 gm/24 hours, negative Hepatitis serologies, ANA, Complement levels, SPEP, UPEP. Kidney ultrasound was normal. Kidney biopsy revealed Ig A nephropathy.

Conclusion: We present cases of ‘persumed’ de novo immune mechanism glomerulopathies developing after cardiac transplantation. Pathogenesis of these glomerulopathies is not well understood. More prospective screening of heart transplant recipients is required to recognize the prevalence and etiology of acquired immune mechanism kidney disease.