

DE NOVO FSGS IN A RECENT DECEASED DONOR KIDNEY TRANSPLANT RECIPIENT WITH EVIDENCE OF PERMEABILITY FACTOR

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Focal and segmental glomerulosclerosis (FSGS) is a known cause of recurrent disease in a transplanted kidney leading to graft failure. On occasion a patient will develop FSGS in their transplant despite not having primary FSGS. This is a case of de novo FSGS in a transplanted patient in which the patient's serum showed increased permeability to albumin (Palb).

A 54 year-old caucasian male with a history of bilateral nephrectomy due to renal cell carcinoma. Pt was on HD three times per week until his transplant 7 years later. The patient received a deceased donor kidney graft and was discharged on mycophenolate, tacrolimus and prednisone. His baseline creatinine was 1.3 mg/dL at 1 month post-transplant. A random protein/creatinine ratio at the same time showed an estimated 0.5 gm protien/day. Six months after transplant it was noted that the patient's protein/creatinine ratio estimated 6.5 gm protein/day. The proteinuria persisted and the patient underwent a kidney biopsy showing FSGS. Patient's creatinine rose to between 1.4-1.7 mg/dL.

The pt underwent 4 days of plasmapheresis. His serum results showed a Palb value of 0.7. A value > 0.5 is associated with a higher incidence of FSGS following kidney transplantation [1]. After plasmapheresis, his Palb decreased significantly to 0.06. One month later, his urine protein/creatinine ratio estimated 4 gm of protien/day and his serum creatinine was 1.5 mg/dL.

FSGS in a kidney transplant is an unfortunate cause of allograft failure and therapeutic options have not been clearly established or proven. This is a case of de novo FSGS in a kidney transplant recipient with a significant change in his Palb after four days of plasmapheresis. This supports the theory of a circulating factor causing FSGS, as well as a potential use of plasmapheresis to prolong the life of his kidney. [1] Savin et al. (J Am Soc Nephrol 3:1260-269, 1992).