

Spontaneous Renal Allograft Rupture

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Renal allograft rupture is an uncommon but life-threatening complication of renal transplantation. The most common cause of renal allograft rupture is acute rejection but other causes including renal vein thrombosis, acute tubular necrosis and lymphatic obstruction. We report a young female patient who developed spontaneous renal allograft rupture 2 days after second living-related renal transplant without evidence of rejection on allograft biopsy. A 34-years-old woman was diagnosed as IgA nephropathy in 1987, progressed to ESRD after preeclampsia. She received an one-haplotype-matched living related renal allograft from brother in 1992. After late acute renal rejection in 1997, her allograft subsequently deteriorated, and she returned to hemodialysis in 2001. On January 2001 she received second renal allograft from her another brother with one-haplotype-match. Cross match showed no detectable anti-donor antibodies pretransplant. She was treated with conventional triple therapy, and the allograft functioned well immediately. On the night of second posttransplant day we noticed hypotension, a falling hematocrit level, and oliguria. By day 3 posttransplant under emergency surgical exploration renal vein and artery were intact. Even though trial of repair uncontrollable graft bleeding was noticed, and allograft nephrectomy was taken. On graft biopsy only mild interstitial infiltration was noticed without C4d deposits. Because donors were all living-related brothers, we think some humoral-mediated reaction occurred on her second allograft without definite evidence of rejection on allograft biopsy.