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동종 조혈모세포 이식 후 2년 뒤에 발생한 막증식성 사구체신염

가톨릭대학교 의과대학 내과학교실

정성진 · 임지희 · 김민영 · 장세나 · 송준창 · 정현화 · 박철휘 · 김용수 · 장윤식

Membranoproliferative Glomerulonephritis Two Years after Allogeneic Hematopoietic Stem Cell Transplantation

Sungjin Chung, Ji Hee Lim, Min-Young Kim, Se Na Jang, Joon Chang Song
Hyun Wha Chung, Cheol Whee Park, Yong Soo Kim, Yoon Sik Chang

Department of Internal Medicine College of Medicine The Catholic University of Korea

Background : the development of nephrotic syndrome after allogeneic hematopoietic stem cell transplantation (HSCT) is a rare complication, and is usually associated with membranous glomerulonephritis as a part of chronic GVHD. The occurrence of membranoproliferative glomerulonephritis (MPGN) as a complication of chronic GVHD following HSCT has only been reported in two patients to date, including the one described here.

Patient : a 44-year-old male patient with generalized edema was referred to our division for further evaluation. Over a period of 3 months prior to admission, the patient noticed a 10 kg weight gain, abdominal distension and bilateral leg edema. At the age of 42, he was diagnosed as having acute lymphoblastic leukemia (preB) and received allogeneic BMT. Physical examination, blood and urine analyses, abdominal ultrasonography, 24 h urinary protein excretion, minor salivary gland biopsy and renal biopsy were performed.

Results : 2 years after HSCT, increasing generalized edema including ascites and pleural effusions, nephrotic-range proteinuria (4.1 g/d), elevated serum creatinine (1.53 mg/dL) and hypoalbuminemia (1.5 g/L) were noted. Renal biopsy revealed membranousproliferative glomerulonephritis with positive staining for immunoglobulin G and M and subendothelial and mesangial electron dense deposits. A biopsy specimen from minor salivary gland showed positive LCA, which finding was consistent with chronic GVHD, grade I. Improvement of the nephrotic syndrome and renal function was observed within 6 months of treatment with oral prednisolone.

Conclusion : MPGN in patients with HSCT is very rare and its pathogenesis is unknown. Careful monitoring of renal involvement after HSCT is mandatory to ensure that the appropriate treatment can be given as soon as possible.

Key Words : 동종 조혈모세포 이식, 신증후군, 막증식성 사구체신염
Allogeneic HSCT, Nephrotic syndrome, MPGN