

신이식 환자에서 발생한 항체매개성 거부반응이 의심되는 세포거부반응 증례

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A Case of Suspicious Humoral Rejection associated with Established Cellular Rejection in Renal Transplant Recipient

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Antibody-mediated rejection (ABMR) in kidney transplant recipients is mediated by donor-specific antibodies. It is the major cause of graft failure in noncompliant patients and is associated with reduced long-term graft survival. We report a case of suspicious humoral rejection associated with established cellular rejection in a renal transplant recipient. A 34-year-old female on triple-drug maintenance immunosuppression (tacrolimus, mycophenolate, prednisolone) developed azotemia after kidney transplantation. Kidney biopsy revealed that numerous peritubular capillaries in the medulla were congested and dilated and demonstrated mononuclear inflammatory cells and PMNLs, some of which were found along the vessel wall. The interstitium showed patches and/or sheets of mononuclear inflammatory cells, with a few lymphocytes in the tubular epithelial cells. We began steroid pulse therapy, and serum creatinine decreased gradually and returned to baseline.

Key Words: 신이식, 세포성 거부반응, 항체매개성 거부반응
KTP, ACR, AAMR