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Clinical Nephrology

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Renal allograft rupture caused by acute tubular necrosis after renal transplantation from living donor

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Background: Renal allograft rupture is an early postoperative complication threatening both graft and patient survival. Renal graft rupture is most commonly caused by acute rejection and vein thrombosis, but can also be caused by acute tubular necrosis in rare cases.

Methods: Higher graft salvage rates are possible when graft rupture is associated with acute tubular necrosis.

Results: In this case, a 43-year-old male patient received a renal transplant from his 40 year-old his wife, a 4-mismatched living donor. There were no surgical problems and the recipient's vital signs were stable during the donor nephrectomy and renal transplantation. The patient developed anuria on the 1st postoperative day and sudden flank pain on the 5th postoperative day. The renal allograft biopsy indicated acute tubular necrosis without rejection. The patient was hemodynamically stable after transfusion, the denuded capsule was successfully closed and bleeding was controlled. As a result, the allograft was saved and the patient recovered normal renal function.

Conclusion: This type of spontaneous allograft rupture could develop in a recipient after renal transplantation from a living donor.

Keywords: Acute rejection, acute tubular necrosis, renal allograft rupture, Renal transplantation