

KSN 2016 Abstract Submission

Transplantation & Immunology

KSN2016ABS-1347

< Case> where kidney transplantation was held up due to rectal cancer which was incidentally found in a young patient during donor evaluation for kidney transplantation

Jin Hee Park*¹, Seun Deuk Hwang¹, Seoung Woo Lee¹, Moon-Jae Kim¹, Joon Ho Song¹

¹Division of Nephrology, Department of Internal Medicine, Inha University College of Medicine, Incheon, Korea, Republic Of

Background: Kidney transplantation is known as the most efficient treatment method for patients with end-stage renal failure. Prior to the transplantation, it is very important to perform a physical checkup to find whether to make possible a kidney transplant. What matters for the physical checkup is to examine the physical conditions of both recipient and donor. Usually, family members mostly donate their kidney for transplantation. Therefore, it is important to prevent the donor from being developed to end-stage renal failure after their kidney donation. However, it is impossible to make full-body examination. There has yet to be consensus as to how much a donor should be evaluated according to age and physical condition. This case report is about a 37-year woman, a daughter and donor of a kidney recipient patient, who decided donation for kidney transplantation at a given date, underwent endoscopy for physical checkup, and had colon cancer found, and thereby held the donation.

A 37-year woman patient for kidney transplantation was admitted to Division of Nephrology at this hospital on Sep. 21, 2015. At that time, her recipient was a 57-year woman and her mother. She had smoking history in the past and ectopic pregnancy in 2011. She had no underlying diseases such as hypertension, diabetics, hepatitis, and tuberculosis, and didn't take any medication. At the time of her visit to hospital, her vital signs and blood pressure were normal, and crossmatch examination was found to be negative. In the medical checkup, WBC 12160, platelet 320,000 and HbA1C 5.8; in the blood examination for the complete checkup of her kidney function, BUN 9.2, and Cr 0.68; in the urine examination, protein (-), glucose(-), and RBC 3-5; in the urine reexamination: 24hr protein was 58mg/D; creatinine clearance was 95.6ml/min. In the imaging examination, kidney US had no something unusual. In the renal artery CT, normal renal vascular system was found, and there was no other specific finding. As a result, kidney transplantation was decided, and the kidney donor was determined to have medical checkup. In the physical checkup suitable for her age and disease history, there was no special finding. For the purpose of medical checkup, the gastroscopy and colonoscopy were performed. In the colonoscopy, protruding mass was found in the range of the anal verge 22cm to 25 cm. Therefore, EMR was performed. According to the biopsy, adenocarcinoma and liver metastasis were found. Liver metastasis which was not found by renal artery CT was found by PET. Therefore, RFA and anterior resection were performed

In the case of kidney donor examination, endoscopy can be different depending on center. As shown in the case, cancer can be found by incident. Each center needs guidelines about endoscopy for physical checkup. And it will be necessary to conduct a relevant prospective study.

Methods: AND/A

Results: AND/A

Conclusion: AND/A

Keywords: Kidney donor evaluation, Rectal cancer