KSN 2017 Abstract

KSN-17-P267

Allo- peripheral blood stem cell transplantation induced membranous nephropathy as chronic GVHD

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Case Study : Nephrotic syndrome and proteinuria are uncommon, often unrecognized manifestations of graft-versus-host disease (GVHD) following hematopoietic stem cell transplantation (HSCT). Only a few isolated case reports and case series involving a small number of patients who developed NS after peripheral blood stem cell transplantation (PBSCT) have been published in the Korean literature. A-17-yr-old girl was diagnosed with Non-Hodgkin's lymphoma (NHL). Following remission, she underwent allogeneic PBSCT. Shortly thereafter, the patient developed acute GVHD, which was managed with and significantly improved on medical therapy with prednisolone and cyclosporine. Approximately 13 months following PBSCT, the patient developed proteinuria without peripheral edema. Pulsed steroid therapy was initiated three times, but her condition did not improve. Twenty months after PBSCT, she developed nephrotic syndrome. A renal biopsy was performed, and the diagnosis was histologically consistent with membranous nephropathy. Because the response to steroids was not satisfactory, her cyclosporine was increased. Approximately 3 months after renal biopsy, the proteinuria significantly improved. Given the recent increase in the incidence of GVHD-mediated renal disease, renal biopsy is an indispensible procedure to diagnose the nephropathy and prevent disease progression.

Keywords : graft-versus-host disease, membranous nephropathy, peripheral blood stem cell transplantation