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A care of reflux nephropathy after renal transplantation from deceased donor

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Case Study:

Reflux nephropathy is not a common condition in hemodialysis patients because of there bladder is degenerated. However, when patients who have been on hemodialysis for a long time receive a transplant, we often experience reflux nephropathy caused by neurogenic bladder. And it sometimes results in graft failure.

A 54-years-old man with a history of hypertension, type 2 diabetes mellitus and end- stage renal disease under hemodialysis of 7 years had renal transplant operation from deceased donor on May 8, 2019. Urinary regurgitation was not found on VCUG on the day of surgery, and the bladder volume was 100 cc.(fig.1)

He was recovering well after renal transplantation and serum creatinine was 0.9 ~ 1.2 mg/dL at POD 30. there was no particular abnormality on the DTPA scan and ultrasonography.

On POD 60, serum creatinine increased to 1.8 mg/dL, and the ultrasonography showed an elevated RI of 0.8 ~ 0.9 and diffuse wall thickening of bladder. Delayed urination was detected on a DTPA scan.(fig.2) Graft kidney biopsy revealed partial findings suggesting reflux nephropathy.

On POD 120, serum creatinine was elevated to 2.4 mg/dL with urinary tract infection, improved after antibiotics treatment, and reflux nephropathy continued from the bladder. After removal of foley catheter, CIC was maintained 4 times a day.

Serum creatinine was elevated continuously and UTI was repeated while maintaining CIC. Cystostomy was performed on day 210 of POD.

Since cystostomy, the frequency of urinary tract infections has decreased and serum creatinine has gradually decreased.(fig.3)

fig 1

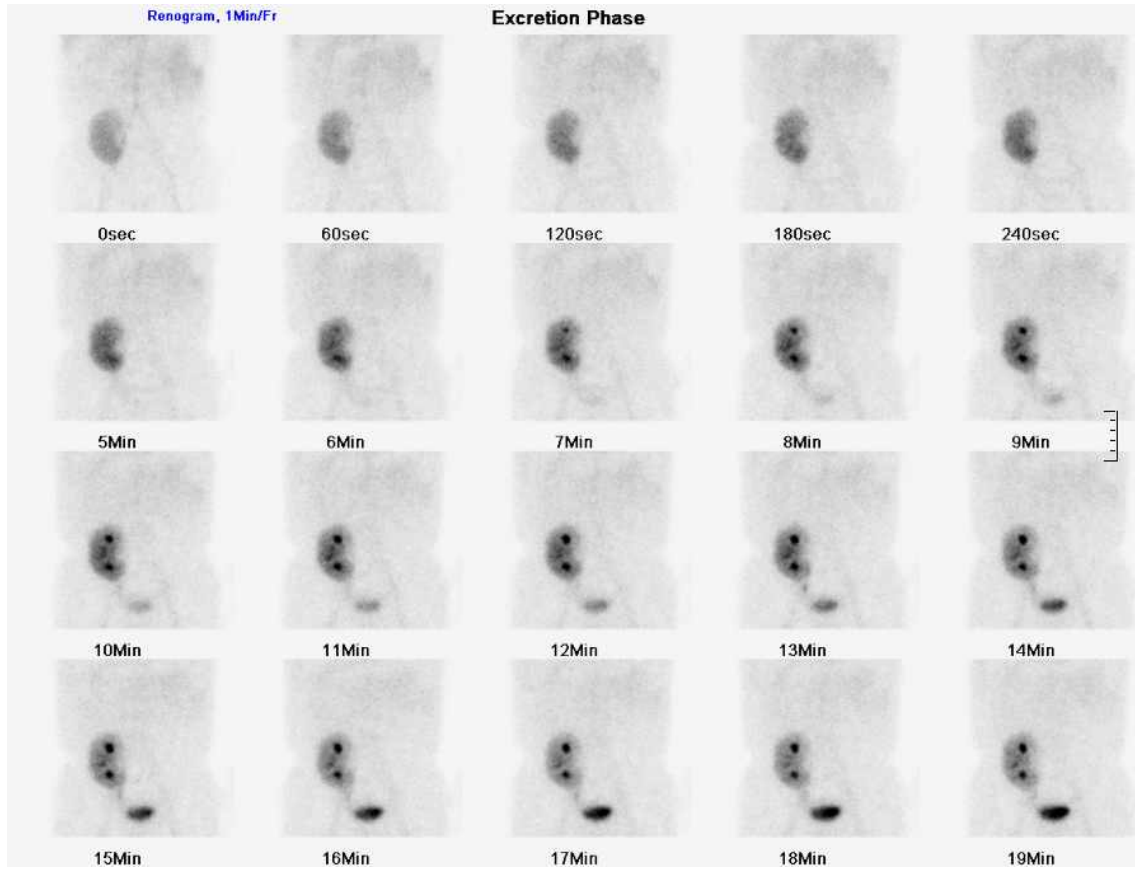


fig 2

