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Successful treatment with bortezomib in antibody mediated rejection with renal medullary lesions: a case report

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Case Study:

Acute antibody mediated rejection (AMR) is one of the critical causes of renal failure after kidney transplantation (KT). Diagnosis of AMR is mainly based on pathologic changes in renal cortex. The conventional treatment is used for plasmapheresis, immunoglobulin and rituximab, but in some cases their responses are poor. In these cases bortezomib, a proteasome inhibitor, can be used. We review the case of recovery renal function after bortezomib treatment in AMR with pathologic changes in medullary lesion. A 60 years old male with history of diabetic nephropathy performed transplant from a living unrelated donor. Before KT, the patient received rituximab and performed plasma exchange until the ABO antibody titer was reduced to 1:8. Immediately after surgery, urine volume and creatinine level recovered, but suddenly urine volume decreased and creatinine level increased on day 3 of surgery. There was no abnormality in ABO antibody and donor specific antibody titers. A kidney biopsy showed normal finding in renal cortex, but medullary lesions were compatible with AMR. The patient was treated with plasma exchange and immunoglobulin three times, but serum creatinine and urine outputs were not improved. When his serum creatinine rose to 2.76mg/dL, he received bortezomib (1.3mg/m²). He was treated with reduced dose of bortezomib (1mg/m²) due to neutropenia two more times at weekly intervals. Serum creatinine and urine volume gradually recovered. His serum creatinine remains stable in the normal range at 6 months after KT.