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## **Transplant renal artery pseudoaneurysm presenting with C4d positive antibody-mediated rejection**

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**Case Study:** Transplant renal artery pseudoaneurysm are very rare complication associated with high rates of graft loss and mortality. Transplant renal artery pseudoaneurysm can be asymptomatic, graft dysfunction, fever, pain of transplant site, or a combination of these presentations. A case of a 51-year-old female was end stage renal disease due to hypertensive nephropathy and underwent deceased donor kidney transplantation on 3 years ago. She skipped the immunosuppressant medicine for 6 days due to emotional stress and complained of oliguria on 1 day ago at admission. Serum creatinine was increased from 1.58 mg/dL to 4.56 mg/dL. Ultrasono-guide graft biopsy and empirical steroid pulse therapy were done. Pathologic findings were C4d positive antibody mediated rejection with transplant neutrophilic glomerulopathy. Follow-up Doppler sonography shows a 4.6 cm sized vascular outpouching lesion with partial thrombosis at renal artery anastomosis site. Selective pelvic arteriography shows a large vascular outpouching lesions in the mid portion of right external iliac artery but interventional recanalization of transplant renal artery was failed. CT scan shows multifocal perfusion defect in transplanted kidney and 6 cm in hematoma with 2.1 cm saccular aneurysm in right external iliac artery. Hemodialysis was begun and a catheter for peritoneal dialysis has been inserted and ongoing follow-up.

CT scan shows multifocal perfusion defect in transplanted kidney and 6 cm in hematoma with 2.1 cm saccular aneurysm in right external iliac artery



Fig 2. CT scan shows multifocal perfusion defect in transplanted kidney and 6 cm in hematoma with 2.1 cm saccular aneurysm in right external iliac artery.