



Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care

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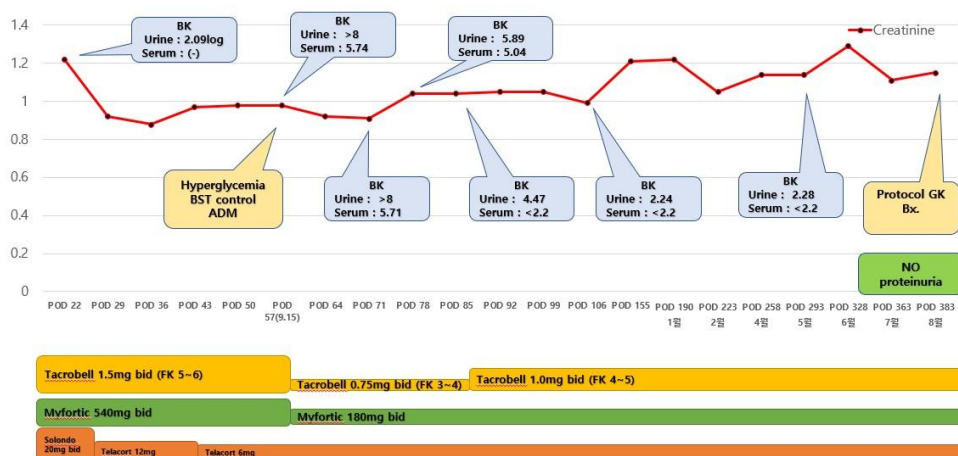
## **Case Report: Diagnosis and Management of Chronic Active T Cell-Mediated Rejection (CA-TCMR) Detected by Protocol Renal Biopsy in a Patient with Stable Graft FunctionC**

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**Case Study :** Chronic Active T Cell-Mediated Rejection (CA-TCMR) with interstitial fibrosis and tubular atrophy (IF/TA) typically carries a poor prognosis, yet standardized therapeutic strategies remain limited. This case report describes a 43-year-old male with HBV and IgA nephropathy who underwent kidney transplantation in July 2023. Following surgery, he maintained stable graft function with serum creatinine levels between 0.8 and 1.2 mg/dL. Although immunosuppression was temporarily reduced due to BK virus detection at one month post-transplant, his renal function remained stable. However, a one-year protocol biopsy revealed subclinical Grade 1A CA-TCMR (Banff scores: i2, t2, IF/TA 3) despite normal laboratory findings. To address this, the clinical team intensified treatment using high-dose steroid pulse therapy, increased mycophenolic acid and tacrolimus dosages, and the addition of everolimus. Six months later, the patient maintains stable renal function (Cr 1.0 mg/dL). This case underscores the vital role of protocol biopsies in detecting subclinical CA-TCMR in patients with stable creatinine, highlighting that early histopathological identification and prompt intervention are essential for long-term graft survival.

TCMR CA.jpg



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