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Light chain deposition disease in kidney transplant patient

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Case Study:

The light chain deposition disease (LCDD) is a range from normal glomerular morphology to mesangi oproliferative to mesangiocapillary to nodular sclerosing patterns. Due to the inconsistencies treatme nt and the poor graft outcome of LCDD, it is importent to investigate for clinching this diagnosis. A 5 3-year-old male was diagnosed end-
stage renal disease dut to chronic glomerulonphritis and underwent a live unrelated kidney transplan tation in 20 years ago. Serum creatitnine level gradually increased to 2.41 mg/dL and sub-
nephrotic range proteinura was observed. A kidney biopsy was performed, there are 9 glomeruli, whi ch 3 glomeruli show global sclerosis and remaing 6 glomeruli show segmental sclerosis with luminal hyalinosis and hyaline thickening of capillaries. There is no evidence of prominnent tubulitis in non-
atrophic tubules, vasculitis and capillaries. Electron microscopic examination showed the characteristi c intramembraneous, subendothelial and paramesangial granular deposits and detached podocytes a nd diffuse effacement of foot processes 80%. The spectrum of LCDD has a wide range of differential diagnosis and resulting in potential underdiagnosis.