



Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care

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Kidney Retransplantation After Graft Loss From BK Polyomavirus Nephropathy: Successful Outcomes in Two Patients

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Case Study : BK polyomavirus-associated nephropathy (BKVAN) is a recognized cause of kidney allograft dysfunction and graft loss, occurring in approximately 1–10% of kidney transplant recipients. Management of these patients presents a clinical dilemma because immunosuppression must be carefully balanced: excessive immunosuppression predisposes to BK viral replication and nephropathy, while overly aggressive reduction of immunosuppression risks acute rejection and graft loss. Once BKVAN leads to irreversible graft failure, kidney retransplantation remains controversial due to concerns regarding viral persistence and recurrence following reintroduction of immunosuppressive therapy. Reports describing successful retransplantation after BKVAN remain limited, particularly in Asian populations. We describe two patients who developed graft failure secondary to BK polyomavirus infection and subsequently underwent successful kidney retransplantation. The first patient was a 56-year-old male with end-stage kidney disease secondary to diabetic kidney disease who underwent kidney transplantation in 2018 and later developed graft dysfunction attributed to BK virus nephropathy, eventually progressing to graft failure requiring hemodialysis. After appropriate evaluation and stabilization, he underwent a second kidney transplant in February 2023 with rabbit anti-thymocyte globulin induction and tacrolimus-based maintenance therapy, achieving immediate graft function and stable renal parameters postoperatively. The second patient was a 58-year-old male with chronic kidney disease secondary to focal segmental glomerulosclerosis who underwent kidney transplantation in 2019 and subsequently developed biopsy-proven BKVAN resulting in graft failure and resumption of hemodialysis. Prior to retransplantation in May 2025, he underwent desensitization therapy with plasmapheresis, intravenous immunoglobulin, and rituximab. Although the postoperative course was complicated by gastrointestinal bleeding requiring surgical intervention, renal allograft function progressively improved with preserved urine output and declining serum creatinine levels. These cases highlight the complex balance between infection risk and immunologic protection in transplant recipients and suggest that kidney retransplantation after BKVAN-related graft loss may be feasible with careful candidate selection, individualized immunosuppression strategies, and close multidisciplinary monitoring.