

Abstract Submission No.: A-1395**Uncommon presentation of adenovirus nephropathy after renal
transplantation - a single centre experience****Phang Yinn Rhu**, Yeoh Hung Yew

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Case Study : Introduction: Adenovirus is a double-stranded DNA virus that can cause mild to severe illness. The virus can infects multiple organ systems, in most are self-limited. However, in immunocompromised individuals, the spectrum of the disease is much more extensive, with outcomes potentially being fatal. Method: The case was managed collaboratively with in-house nephrologists, utilizing clinical information from medical case notes. Case description: 35-year-old man, post deceased kidney transplantation 7 years ago, presented with painless and gross hematuria with fever for 3 days, associated with acute allograft dysfunction. Clinical examination revealed that patient was pale. Blood investigations showed leucopenia with mildly raised infective markers such as C-reactive protein and procalcitonin. Urinary cytological examination showed viral inclusion-bearing epithelial cells. Cystoscopic examination revealed multiple spots of cystitis changes over the bladder mucosa and inflamed mucosa. His serial cultures of blood and urine culture did not yield any bacterial organisms. Adenovirus panels of serum and urine were sent and revealed positive result. For this case, no renal transplant biopsy was acquired as patient did not consented for the procedure. A reduction in baseline immunosuppressive therapy resulted in rapid normalization of allograft function and resolution of the symptoms. Intravenous immunoglobulin of 1g/kg was served to patient. We report this case not only to illustrate an exceptional manifestation of an adenovirus infection in a renal allograft, but also to highlight the beneficial effect of reduction in immunosuppressive therapy and IVIg on viral replication and clinical outcome. Discussion: This case demonstrated the atypical presentation of adenovirus infection and challenges in obtaining a correct diagnosis. A strong clinical suspicion with thorough examination and investigation are essential to acquire the diagnosis. A common virus can present with atypical presentation.