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Beyond Challenges, Towards Healthier Kidney

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Vesicoureteral Reflux in Allograft Kidney: A Case Study

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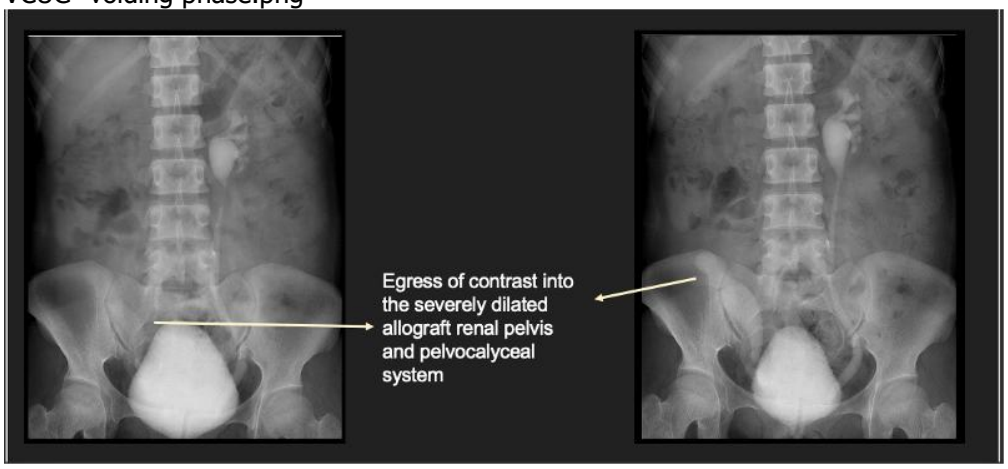
Case Study : Background: Vesicoureteral reflux (VUR) in the post-renal transplant setting is a significant cause of UTIs and graft dysfunction, with the potential for serious long-term consequences. Early detection and management of VUR are essential to prevent recurrent infections, protect kidney function, and improve the long-term outcomes for renal transplant recipients. Case Report: A 40-year-old female who presented with increasing creatinine trends and recurrent urinary tract infection post-transplant. On workup, was seen to have ureteral narrowing on allograft kidney on Computed Tomography Scan (CT Scan); moreover, on voiding cystourethrogram (VCUG) was seen to have residual contrast in the left collecting system, allograft collecting system and urinary system which indicate potential issues with urine drainage or bladder function. She was diagnosed with Vesicoureteral Reflux (VUR), Grade III (low-pressure type) left native kidney and Grade IV-V (high-pressure type) right renal graft. The patient was successfully treated with reconstructive urologic procedure due to episodes of recurrent UTI and high grade VUR on allograft kidney. Conclusion: Vesicoureteral reflux (VUR) is recognized as one of the significant causes of urinary tract infections (UTIs) following renal transplantation. The clinical presentation of VUR can vary from being asymptomatic to recurrent episodes of urinary tract infections (UTIs). The association between post-transplant VUR and an increased risk of UTIs is well established. However, there is still no consensus within the transplant community regarding the best pre-emptive approach, its clinical significance, management strategies, or its long-term impact on allograft function and survival.

VCUG- voiding phase.png



VCUG- voiding phase.png