

A SERVICE WITH 4-8 DAILY RENAL TRANSPLANT BIOPSIES: A CRITICAL REVIEW OF HISTOPATHOLOGIC DIAGNOSTIC PROBLEMS

M Franco, S Araujo & I Visona

Departamento de Patologia, Escola Paulista de Medicina, UNIFESP-São Paulo, Capital, Brazil.

The Hospital do Rim e Hipertensão, affiliated to the University Hospital of the São Paulo University (UNIFESP) performs 1 or 4 renal transplantation daily (acute rejection=30%; borderline=19%; acute tubular necrosis=26%; chronic nephropathy=20%; acute pyelonephritis=7%; glomerulopathy=6%). As a consequence, our Pathology service has examined 1548 renal biopsies last year. The aim of this study is to review some diagnostic difficulties in the daily interpretation of the histopathological features of the renal transplant biopsies, and as such to contribute to the update of the Banff classification.

Criteria for evaluation of biopsies of cadaveric donors for adequacy to transplantation.

Biopsies with two fragments showing striking distinct pathological features, since normality in one fragment and tubulo-interstitial lymphomononuclear inflammation with tubulitis in the other.

Biopsies with intense lymphomononuclear interstitial inflammation in the medulla in contrast with preserved cortex structure. Should then the diagnosis of acute rejection be made?

How to evaluate the lymphomononuclear tubulo-interstitial cellular infiltration post-steroid pulse? How much of the inflammation is residual or persistent immunoativation?

Should an intense lymphomononuclear cellular infiltration in chronic atrophic areas in the context of chronic nephropathy of the transplant (chronic rejection) be interpreted as persistence of immunoativation or as a reactive inflammation due to atrophy and ischemia of the tubular component?

What are the morphological criteria for toxicity to drugs?

Collapsing or segmental glomerular lesion should be interpreted as de novo or recurrent glomerulonephropathy or as a non-specific pattern associated with ischemia, drugs or vascular occlusive lesion?

We will illustrate some of the listed difficulties in the poster. Comments and suggestions will be most welcome.