

Late Acute Antibody-Mediated Rejection Occurring 16 Years Post Cadaveric Renal Transplantation Precipitated By Cutaneous Herpes Zoster Infection.

Murugasu A¹, Crowther N², Sabto J², Mclean CA¹

Departments of ¹Anatomical Pathology and ²Renal Medicine, The Alfred Hospital, Melbourne, Vic., Australia

Introduction: Acute antibody mediated rejection (AMR) classically occur within in the first few weeks after transplantation. Late onset AMR is rare and usually associated with decreased immunosuppression or non compliance. Viral infection in particular cytomegalovirus infection (CMV) and Epstein Barr virus (EBV) has been associated with rejection in renal allografts and non renal allografts. We report a case of acute (AMR) causing acute renal failure sixteen years post cadaveric renal transplantation precipitated by cutaneous herpes zoster infection.

Case Report: This 43 year old male presented with acute renal failure detected at routine review. Two weeks prior to presentation, the patient's children developed symptomatic varicella zoster viral infections. The patient reported having scattered skin lesions himself, but he did not become systemically unwell or seek medical attention at the time the lesions were present. Varicella virus serology was positive for both IgM and IgG. No antiviral medications were taken. The patient had been compliant with his immunosuppressive regime which included prednisolone 5mg daily and azathioprine 75mg daily with no recent changes. A Renal biopsy was performed which showed classical histological features of AMR with positive C4d. ELISA and LUMINEX screening detected HLA Class I and II donor specific antibodies. Cytotoxic assay remained negative as it was at the time of transplantation. The patient was treated with methylprednisolone, mycophenylate and intravenous immunoglobulin (IVIg) which resulted in a return to baseline creatinine within 1 month.

Conclusion: This report highlights that classical acute AMR may occur many years after transplantation. It demonstrates that it can be successfully treated. It supports the contention that viral infection is a trigger for acute AMR.