THE BOLT FROM BLUE : WHERE TRANSPLANTING KIDNEY WAS NOT ENOUGH

PRESENTATION

. 48 year old female

. Hypertensive for 5 years

. Creatinine: 3.6 mg/ dl in Aug 2023

. Single asymptomatic stone 10 yrs back

. Urine - 1 + albumin, 2-3 WBC, nil RBC

. Ultrasound : bilateral small kidneys

. Native kidney disease : presumed CTIN

. Initiated on haemodialysis in Dec 2023

. Live renal transplant May 2024

. Nadir creatinine of 1.0 attained

POST TRANSPLANT

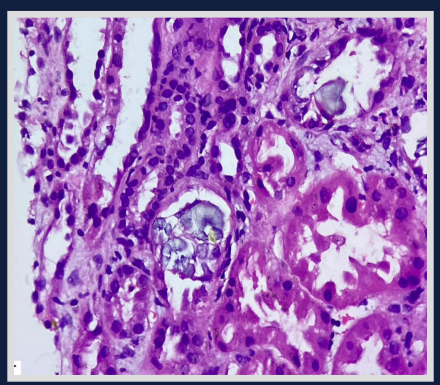
. Graft dysfunction at 1 month: 1.0 -> 1.6

. Graft biopsy : i1 t2 , Borderline TCMR

. few Intraluminal oxalates

. Treated with methylprednisolone

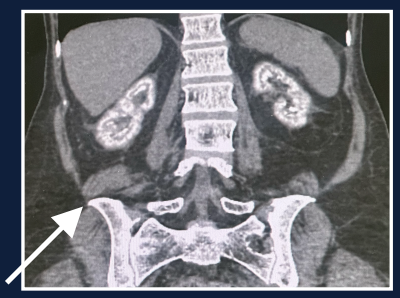
. Worsening graft dysfunction : 2 biopsy



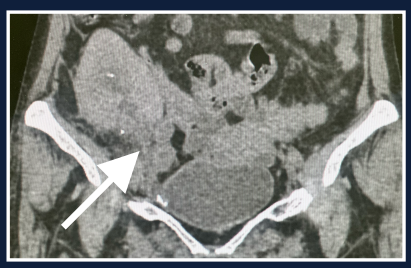
. i3 t2 , oxalate crystals: > 5 % tubules

THE SURPRISE

. CT scan of abdomen



Pseudo contrast kidney



Multiple calculi in Tx kidney

.24 hr urine Oxalate levels : 71.8 (< 50mg)

. Genetic analysis: AGXTI mutation (AR)

. Diagnosis : Primary Hyperoxaluria type 1

. Graft failed -> restarted on dialysis

LEARNING POINTS

. Hyperoxaluria: can present as a single asymptomatic stone

. Genetic test to find a native disease should be preferred over presumed diagnosis of CIN

. CT of the recipient kidney can help you suspect hyperoxaluria

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