Recurrent Lupus Nephritis After Transplantation: A Case Report

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Systemic lupus erythematosus (SLE) is a chronic, relapsing, inflammatory, multisystem disease of connective tissue. Renal involvement is one of the important complications of SLE, and renal replacement therapy is required in 10-25% of patients with lupus nephritis (LN). Kidney transplantation is an option in these patients. We report a rare case of recurrence of LN after kidney transplantation, which was found in retrospectively analyzing 1275 renal allograft biopsies received during last 10 years in the department of pathology at tertiary care center in north India. A 23-year-old man, known patient of LN, developed end stage renal disease (ESRD) for which he received live related renal allograft from his mother. In the post-transplant period he received triple drug immunosuppression (prednisolone, cyclosporine, and mycophenolate mofetil). 63 months post-transplant he had allograft dysfunction with rise in S. creatinine and mild proteinuria, and received intravenous methylprednisolone and recovered. After 65 months post-transplant he again developed graft dysfunction with S. creatinine of 3.18 g/dl and 24 hour proteinuria of 8.8 g. Renal allograft biopsy revealed recurrence of LN with Class – IV-A/C according to the ISN/RPS classification. Direct immunofluorescence microscopy showed full house pattern (3+ positivity) for the antibodies against IgG, IgM, IgA, and complements C3 and C1q, whereas C4d was negative. Antinuclear antibodies were negative, and serology for DsDNA was also negative (<10 iu/mL). He received intravenous anti-CD20 antibodies along with plasmapheresis. Patient developed ESRD with S. creatinine of 6.4 mg after 70 months post-transplantation, requiring renal replacement therapy. Recurrence of LN should also be considered in the differential diagnosis of graft dysfunction, and a full panel of antibodies with immunofluorescence microscopy may diagnose the recurrence of LN, prompting early and precise management.