EARLY RECURRENCE OF ISOLATED RENAL MICROPOLYANGIITIS DURING THE FIRST THREE MONTHS OF KIDNEY TRANSPLANTATION

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Introduction and Aims: Kidney graft and patient survival for ANCA vasculitis is not different than in other renal diseases. The relapse rate post-transplantation is estimated between 0.01 and 0.04 per patient per year. Early recurrence diagnosis is necessary to adapt therapy.

Methods: Patients and Method: Six patients (3M,3F, mean age 60.3 years) received a first kidney transplant for micropolyangitis. At MPA diagnosis 5 patients (P) out of six have been treated by corticosteroids, cyclophosphamide, and also plasma exchange (PE) in 2P. Mean hemodialysis treatment was 57.6 months [6-156]. At transplantation, all P were ANCA (MPO type) positive without clinical disease activity. Immunosuppressive regimen associated thymoglobulins, corticosteroids, mycophenolate mofetil and calcineurin inhibitor.

Results: Because of serum creatinine level (SCL) increase, a kidney transplant biopsy was performed between day 15 and day 28 (m=22) in 5 P. Mean SCL was 222µmol/l [153-360], proteinuria was 0.8 to 2g/day. One P had protocol biopsy at 3 months, whereas SCL was 101µmol/l. MPA recurrence diagnosis was identified by floculus fibrinoid necrosis (5P/6) and/or presence of crescents (5P/6). One P had also acute rejection (grade I-II). No other visceral vasculitis activity was present. All 6P were treated by increase corticosteroid doses and 2 or 4 Mabthera® infusions (375mg/sq m²) associated with 6 PE sessions in 2 out of 6P. Mean follow-up was 58 months [2-96]; mean SCL at the end of the follow-up was 191µmol/l [83-360]. One patient died 2 months after recurrence diagnosis because of cerebral and pulmonary aspergillosis, with SCL at 162µmol/l.

Conclusions: These 6 MPO early recurrence cases occurred despite any activity clinical symptom and lymphocyte depletion induced by thymoglobulin induction. MPO positivity is not significantly correlated with disease activity. From a physiopathological point of view, recurrences as soon as 2 or 3 weeks after grafting might suggest other circulating mediators, which have to be identified.