INTRODUCTION

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Kidney Transplant in a CDC Crossmatch Positve patient with high titres of Donor Specific Antibodies without desensitization (P.338)

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INTRODUCTION

Kidney transplantation in the presence of high-titre of DSA results in hyper-acute or accelerated antibody-mediated rejection and allograft loss.

We report a rare case of highly sensitized liver transplant patient who subsequently underwent renal transplant without need for desensitization therapy from the same donor.

CASE REPORT

A 55 year old type II DM male post liver transplant (donor-wife,etiology –NASH).

He was subsequently diagnosed with CKD (kidney biopsy-diabetic kidney disease).

Maintenance hemodialysis followed by transplant workup was started (Donor-wife).

His pre transplant immunological workup revealed-

Number of HLA MISMATCHES	8/12 MISMATCH
FLOWCYTOMETRY CROSSMATCH	B cell positive (MCS-208)
DSA Class II (MFI)-	DQB1*03 (>19,000)
CDC CROSSMATCH	T cell negative B cell positive

DISCUSSION

Transplantation in such cases results in hyper-acute or accelerated antibody rejection.

However, our patient had stable liver function probably due to development of tolerance.

Subsequently allograft liver biopsy was done which revealed no evidence of rejection.

He underwent renal transplant with ATG induction without any desensitization therapy.

CONCLUSION

Our case, thus, highlights the immunoregulatory role of liver in protecting the kidney allograft.

If the recipients immune system is exposed to defined alloantigen previously, the immune response to the antigen will be modulated

Subsequent unresponsiveness can occur as seen in our patient.