

Renal Transplantation in Patient with Systemic Lupus Erythematosus (Case Report)

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Abstract: Background: Systemic lupus erythematosus (SLE) is a chronic inflammatory disease of unknown cause. It can affect the skin, joints, kidneys, lung, central nervous system, serous membranes and other organs of the body. Immunologic abnormalities, especially the production of a number of antinuclear antibodies, are another prominent feature of the disease. The clinical course of SLE is variable and may be characterised by periods of remissions and chronic or acute relapses. Women, especially in their 20s and 30s, are affected more frequently than men.

Objectives: to show course of disease and treatment in patient with SLE in a period of 14 years.
Methods: a case report of a patient of 13 years of age, and diagnostic and therapeutic procedures to kidney transplantation at the age of 27.

Results: patient at the age of 13 years was diagnosed with SLE and antiphospholipid syndrome based on liver biopsy. In the period 2002-2013, in two occasions in 2004 and 2009 because of relapse, patient was treated in the hospital with induction therapy, hemodialysis and plasmapheresis. During remission of the disease the patient was followed as outpatient, without need for dialysis treatment. In 2013 due to end stage renal disease patient was initially treated with hemodialysis and after with continuous ambulatory peritoneal dialysis (CAPD). After a year on CAPD, and two onset of peritonitis, patient again started with hemodialysis. Immunological parameters didn't show disease activity. During 2015 patient was prepared for potential cadaveric renal transplantation, due the lack of a living donor, and was on the national waiting list. Cadaveric renal transplantation was performed on 10.04.2016, with completely normal operative and postoperative course. Graft function is normal, and immunological parameters are within reference range.

Conclusions: Despite all therapeutic measures 10 to 30% of patients with proliferative lupus nephritis become dialysis dependent. Patients with end stage renal disease should be treated with dialysis and drugs at least 3-6 months before kidney transplantation. It is necessary to monitor the presence of antiphospholipid antibodies before and after transplantation. Recurrence of lupus nephritis after kidney transplantation was described in 2-11% of patients, and in 2-4% of patients with loss of the graft. Disease activity should be closely monitored after transplantation.

Key words: SLE, renal transplantation