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Late renal graft dysfunction—An uncommon cause: A case report**Varun Kumar B, Ram Prasad E and Soundararajan P**
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Patients receiving a solid organ transplant have an increased risk of developing post-transplant lymphoproliferative disorder (PTLD). Incidence of PTLD is 1% in renal allograft recipients. Most of the PTLDs are of B cell origin, and are found to have evidence of Epstein–Barr virus (EBV) infection. The immunosuppressant mediated decrease in activity of the natural cytotoxic T-cells is probably one of the contributing factors. We report a case of PTLD occurring in the transplanted kidney of a 45 year old male, 7 years after transplant who presented with graft dysfunction. The graft biopsy revealed presence of lymphoid proliferation, confirmed by histochemistry and a diagnosis of monomorphic B-cell lymphoma was made. He was treated by reducing the immunosuppression and is doing well on follow up with stable graft function at 8 months follow up. We suggest that allograft dysfunction in renal transplant recipients should have a detailed evaluation, including for PTLD involving the allograft. PTLD limited to the renal allograft in renal transplant patients has a benign behavior; therefore it is important to screen renal recipients with allograft dysfunction for early diagnosis of PTLDs.

Biography

Varun Kumar Bandi has completed his PhD at the age of 25 years from Ramachandra University, India in the Department of Nephrology and he has published more than 25 papers in reputed journals.

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