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SLE patient with an initial presentation of HUS triggered by PSGN: Case report and review

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Background & Aim: Systemic lupus erythematosus is an autoimmune multisystemic disease that can be present in myriad of ways. Thrombotic microangiopathy is a rare complication of SLE; even more rare if it was the initial presentation of the disease. Infection has been suggested to be one of the triggers for such an event. There are few cases reported on SLE patients initially presenting as HUS; other few cases on HUS triggered by a ***Streptococcal*** infection.

Methods: We describe a case of a 9 year old boy who had a history of pharyngitis, 2 weeks later he presented to the hospital with symptoms of severe anemia, hematuria and abnormal renal function. Investigations showed positive ASO , ANA and dsDNA antibodies.

Results: Biopsy revealed a picture of thrombotic microangiopathy in addition to a diffuse thickening of the glomerular basement membrane with membranoproliferative pattern of proliferation. Diagnosis of SLE and aHUS was made. The patient was improved after the treatment with prednisone and cyclophosphamide. No plasma exchange was required.

Conclusions: aHUS is a type of thrombotic microangiopathy that might present as a vascular complication of SLE. Infection is not only an important risk factor for SLE exacerbation but also a common trigger for thrombotic microangiopathic events in these patients. There are several cases reported in the literature of SLE patients first presenting as aHUS. However, the occurrence of aHUS triggered by ***Streptococcal*** infection as the first presentation in an SLE patient hasn't been reported to the extent of our knowledge. The outcome is generally favorable.

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Restored kidney transplantation using kidneys nephrectomized for small renal tumor: Lessons learned from clinical trials to date

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The organ donor shortage is a serious problem in Japan and leads to an increase in transplant tourism to Asian countries. Restored kidneys after nephrectomy for small renal tumor (low-risk of cancer transmission) have been considered as a source for potentially solving the problem. Approximately 100 cases as such were collected by Yu. We are performing two prospective clinical trials that utilize restored kidneys after resection of renal tumors for transplanting into unrelated (20 cases estimated) and related recipients (5 cases). Twelve unrelated patients and four related donors donated kidneys with renal tumors (14RCCs and 2 AMLs). The kidney nephrectomized was restored and transplanted into unrelated and related recipients. Unrelated transplant was performed in 12 patients including 4 with transplant history and related transplant in 4 patients (ABO-incompatible in 2). Ten recipients experienced rejection episodes and the latest serum creatinine levels ranged from 1.10 to 3.19mg/dl at 2 months to 6 years after transplant. One returned to dialysis, one unrelated recipient died of infection and uremia at 5 months and another related recipient died of unknown cause with functioning graft at 2 months. Four restored kidneys from donors over 70 years old are functioning well. There is no RCC recurrence in the recipients so far. In conclusion, selected candidates can benefit from restored kidney transplant, achieving good renal function without recurrence of RCC.

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