Journal of Clinical Nephrology

Volume - 2, Issue - 2

Research Article **Published Date:-2018-08-30 00:00:00**

Three year outcomes following positive cross match renal transplantation despite failure to convert to Negative Flow Cross Match after Desensitization

Desensitization allows successful transplantation of patients with a positive crossmatch (PXM) against their live donor. We evaluated outcomes following PXM renal transplant despite failure to convert to negative flow cytometric crossmatch (FCXM) after desensitization. Patients that underwent desensitization before PXM transplant between 1/1/00 and 11/1/11 were identified for analysis. Patients who received a transplant despite failure to convert to negative FCXM were identified as the not converted group. Patients who converted to negative FCXM after desensitization comprised the converted group control arm. 108 patients were desensitized before PXM transplant, (not converted group=42; converted group=66). Mean eGFR was comparable between groups at all time points, and 3-year eGFR was 57.8 mL/min vs. 57.1 mL/min, p=0.91. Patients with eGFR < 30mL/min at 3 years did not differ significantly (28% vs. 14%, p=0.15). Biopsy-proven rejection rates were numerically higher within the not converted group for each type of rejection and time point, but the values did not differ significantly. Opportunistic infections rates were comparable. Patient survival (95% vs. 91%) and death-censored allograft survival (84% vs. 95%, p=0.07) were similar between arms at 3 years post-transplant.

Case Report **Published Date:-2018-08-03 00:00:00**

AngioJetTM rheolytic thrombectomy induced intravascular haemolysis leading to Acute Kidney Injury requiring Dialysis

Background: AngioJetTM rheolytic thrombectomy has been used in the treatment of deep vein thrombosis (DVT) to prevent post-thrombotic syndrome. Though not widely appreciated, it has the potential to cause intravascular haemolysis.

Report: A 37 year old man with no previous medical history presented to his GP with a three week history of progressive right upper limb swelling. Doppler imaging confirmed right upper limb DVT and CT scan demonstrated thoracic outlet syndrome. The patient underwent AngioJetTM thrombectomy followed by IV heparin infusion. Successful revascularisation of the occluded vein was achieved. Overnight he developed haematuria, which was initially attributed to IV heparin. Urinalysis however revealed no red cells or casts. Apart from an Hb drop from 134 to 117 his blood profile and blood film showed no abnormality. He subsequently developed progressive oliguria with marked oedema and acute kidney injury (AKI). His creatinine peaked at 1070umol/l at 96 hours post procedure and he was started on intermittent dialysis. He remained dialysis dependent for 6 days. Ultrasound imaging excluded urinary obstruction. Autoimmune and vasculitic serology were negative. Intravascular haemolysis and haemoglobinuria was confirmed by raised LDH (1714u/L) and low haptoglobin (<0.1units). Direct Coomb's test, Cold agglutinin test and paroxysmal nocturnal haemoglobinuria screen were negative. The patient's renal function normalised over 3 months.

Conclusions: The likely cause of this man's AKI is heme pigment nephropathy from intra-vascular haemolysis. Increased awareness of this condition may allow early identification and intervention to reduce the risk of renal injury from AngioJetTM associated haemolysis.

Research Article **Published Date:-2018-05-03 00:00:00**

Emphysematous pyelonephritis – A case series from a single centre in Southern India

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TEmphysematous pyelonephritis (EPN) is a rare but potentially life-threatening necrotizing renal parenchymal infection characterised by the production of intra-parenchymal gas. The approach and the management of emphysematous has changed dramatically over the last two decades with the advent of computed tomography (CT)-based diagnosis and advances in antibiotic therapy as well as multidisciplinary intensive care of sepsis leading to an overall decline in mortality rates to 20-25%. The previously standard treatment for EPN which included nephrectomy of the affected kidney has been replaced by minimally invasive and nephron sparing surgery with better patient outcomes. We present our case series of 12 patients with EPN over a short period of two years treated at our tertiary care centre in South Western India.