

PRIKAZ SLUČAJA

# **AKI u bolesnika sa transplantiranim bubregom**

Dr Naida Morić, UKC Tuzla

Jahorina, 2019.

# Banff Conference '05 on Allograft Pathology

## Banff '05 Meeting Report

**Table 1:** Morphology of specific chronic diseases

Etiology	Causes of IF/TA (non-rejection)	
		Morphology
Chronic hypertension		Arterial/fibrointimal thickening with reduplication of elastica, usually with small artery and arteriolar hyaline changes.
CNI <sup>1</sup> toxicity		Arteriolar hyalinosis with peripheral hyaline nodules and/or progressive increase in the absence of hypertension or diabetes. Tubular cell injury with isometric vacuolization.
Chronic obstruction		Marked tubular dilation. Large Tamm–Horsfall protein casts with extravasation into interstitium, and/or lymphatics.
Bacterial pyelonephritis		Intratubular and peritubular neutrophils, lymphoid follicle formation.
Viral infection		Viral inclusions on histology and immunohistology and/or electron microscopy.

<sup>1</sup>CNI, calcineurin inhibitor toxicity.

Chronic Allograft Nephropathy



Interstitial fibrosis and tubular atrophy

# PRIKAZ SLUČAJA

## Pacijent B.N.

- 1967. godište, muško
- Transplantacija bubrega prije 16 godina (LRD)
- U matičnoj ustanovi na dan prijema urađen CT mozga, SAH
- 14.11.2018.godine hospitaliziran na Kliniku za neurologiju, UKC Tuzla



# Posljednja kontrola 17.09.2018.

## Lab.nalazi

- urea 16
- kreatinin 274
- ŠUK 4,7
- Ciklosporin 50
- Tgl 3,00
- Chol 5,96
- Ac.uricum 565
- Urin: proteini ++, u sedimentu malo bakterija
- TA 140/80mmHg

## Terapija

- Cyclosporin tbl a 75+0+75mg
- Trixin caps 250 mg 2x1 gram
- Pronison 10 mg. 1 x 1
- Controloc tbl. 20 mg 1x1
- Aldizem tal 60 mg 3x1
- Tritace tbl 5 mg 1x1
- Sortis tbl 10 mg prije spavanja
- Urična dijeta
- NaHCO3 tbl. 1 x 1

# PRIJEMNA AMBULANTA KLINIKE ZA NEUROLOGIJU

## Glavne tegobe

Glavobolja,  
kašalj,  
gubitak  
svijesti

## Status

Somnolentan,  
verbalni kontakt  
se uspostavlja,  
govor očuvan,  
rotatorni  
nistagmus,  
blago zatezanje  
pri antefleksiji,  
babinski  
pozitivan  
TA  
180/100mmHg

## Iz anamneze

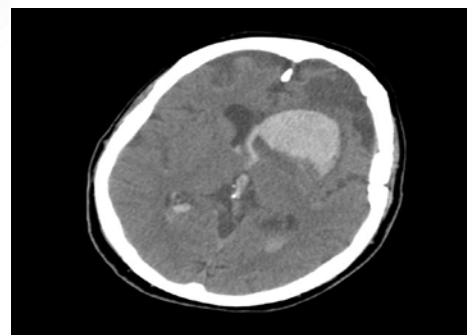
Povišen krvni  
pritisak, pije  
alkohol svaki  
dan,  
konzumira  
cigarete, otac  
umro od Ca  
pluća, majka  
kr.pritisak,  
kćerka  
šećernu  
bolest

## Terapija

Cyclosporin tbl  
25 mg 3+0+3,  
Trixin caps  
250mg 2x1  
gram, Pronison  
10 mg. 1 x 1,  
Controloc  
20mg tbl 1x1,  
Aldizem tbl 60  
mg 3x1, Tritace  
5 mg tbl 1x1,  
NaHCO<sub>3</sub> 1 x 1

# Događaji:

- CT načinjen u matičnoj ustanovi
- 3 CT snimka (mozak i angiografije, 1x kontrast) prije započinjanja HD tretmana + 5 CT snimaka
- Operativni zahvati: plasiranje sistema vanjske ventrikularne drenaže te koilovanje aneurizme desne perikalozne arterije
- U likvoru izolirana: *Klebsiella pneumoniae*
- Aspirat: *Acinetobacter baumannii*



Lab. parametar	14.11.	20.11.	21.11.	22.11.	23.11.	26.11.	02.12.	07.12.
<b>Urea</b> mmol/l	<b>16</b>	<b>37</b>	<b>39</b>	<b>31</b>	<b>28</b>	<b>36</b>	<b>35</b>	<b>22</b>
<b>Kreatinin</b> μmol/l	<b>251</b>	<b>765</b>	<b>722</b>	<b>592</b>	<b>493</b>	<b>518</b>	<b>299</b>	<b>226</b>
<b>Ciklosporin</b> ng/ml	/	<b>32</b>	<b>32</b>	/	<b>30</b>	/	<b>53</b>	<b>62</b>
<b>CRP</b> mg/l	ref.	<b>76</b>	<b>79</b>	<b>89</b>	<b>130</b>	/	<b>60</b>	/
<b>mioglobin</b>	/	<b>1170</b>	<b>1170</b>	<b>1020</b>	<b>750</b>	<b>444</b>	/	/
<b>CK</b>	/	/	<b>453</b>	<b>733</b>	<b>484</b>	/	/	/
<b>Diureza</b> ml	<b>1600</b>	<b>4000</b>	<b>5000</b>	<b>2200</b> <b>+UF</b>	<b>3200</b> <b>+</b>	<b>1100</b> <b>+</b>	<b>800</b> <b>(6h)</b>	<b>1500</b> <b>(6h)</b>

HD tretmani: 4 dana uzastopno + 4x na II dan; UF 250-300ml/h ; perspiracija 1000ml ; dren 300-400ml




# Diskusija



- Kontrastna nefropatija, neadekvatna hidracija?



- Kardiovaskularni rizik i bubrežna oboljenja (1836)



- Rutinski pregledi u transplantološkim ambulancama???

1. Guijarro C, Massy ZA, Kasiske BL. Clinical correlation between renal allograft failure and hyperlipidemia. *Kidney Int Suppl* 1995; 52:S56.
2. Liu M et al.; **Cardiovascular disease and its relationship with chronic kidney disease**; *Eur Rev Med Pharmacol Sci*. 2014
3. Arun Kumar Subbiah et al.; Cardiovascular disease in patients with chronic kidney disease: a neglected subgroup: *Heart Asia*. 2016; 8(2): 56–61.

They don't need to go with you



Be an organ donor

@sofiancyofficial

Hvala na pažnji!