

Case report 3

Case history

The patient is a 56-year old male patient with a kidney transplant

Visit 1

You see twice a year a patient: a 56-year old male who received a kidney transplant 4 years ago. He developed a membranous glomerulopathy 12 years ago with marked proteinuria and a gradual decline in renal function despite renoprotective treatment. 6 years ago end stage renal disease had developed, and he then started haemodialysis treatment.

Two years later he received a cadaveric renal transplant, had two early episodes of rejection, and has an excellent 1-year renal function with an iothalamate GFR of 70 ml/min/1.72 m². His current treatment consists of Cyclosporine, Prograft, Enalapril and Omeprazol.

Over the last half year his creatinine clearance has fallen from 75 to 60 ml/min, perhaps in association with a urinary tract infection, treated with Ciproxin. The patient asks you how his long-term prognosis for his renal function is. He has heard about the problem of chronic transplant dysfunction and is worried that he may have to return to dialysis in a few years time. He is now fully active in his current job as a college teacher.

His blood pressure is 140/86 mmHg, his weight 74 kg with a length of 180 cm, BMI 23 kg/m².

Laboratory examination:

Hb 8.4 mmol/l

CRP 6 mg/ml

s-creatinine 110 umol/l

normal calcium, phosphate and PTH levels.

You perform an AGE Reader measurement

The measurement result is AF: 2.3. In the measurement report it is clear that he has a result which is normal for his age. You tell the patient there is no need to worry, but decide to advance his next appointment to 3 months.

Visit 2

The patient feels well, no change has been made in his medication. His blood pressure is 132/84 mmHg, his lab results reveal a s-creatinine of 94 umol/l, and a CRP < 5 mg/ml.

You perform an AGE Reader measurement

The result is AF: 2.25, clearly still a result normal for his age.

Discussion

In the study by Hartog et al in Transplantation 2009 this AF value is representative for a low value in this cohort, and carries a good transplant survival independent of other transplant dysfunction markers. None of these other markers implies an increased risk for chronic transplant dysfunction either.

Conclusion

The consequence is that you may reassure your patient about his transplant function prognosis. His next appointment is scheduled 12 months later.

Summary

The completely normal and stable AGE Reader measurements make chronic transplant dysfunction improbable.

