BRAIN LESION BIOPSY AFTER RENAL TRANSPLANT: A REVIEW OF 13 CASES

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INTRODUCTION AND AIMS

Renal transplant recipients may present with intracranial space-occupying lesions (SOLs) due to infections (opportunist or not) as well as a post-transplant lymphoproliferative disorder (PTLD) therefore SOL in this population constitute a diagnostic challenge. We aimed to characterize the patients with SOL at our center

METHODS

Study design: Cross sectional study

Setting: Outpatient Kidney transplant recipients

Population studied: Adult renal transplant recipients who had a stereotaxic brain biopsy preformed between january 2014 and december 2015

Exclusion criteria: <18 years old; CKD 5D

Primary endpoint: Space occupying brain lesions

Definitions: Renal function was evaluated by the CKD-EPI Equation.

Data collection: Demographic, clinical and laboratorial data was registered and collected into a database until the end of follow-up.

Statistic Analysis. Data is presented as mean ± SD or median and interquartile range (IQR) for continuous variables.

RESULTS

Demographics

- n = 13 patients (6♂, 7 ♀),
- Mean age = 45 ± 8anos
- Time after transplant = 6,6 ± 3,4 anos
- Median eGFR 86.4mL/min (IQR 74-98)
- Live donor – 23,1% (n = 3)

- Primary Complaint:
  - Decreased conscienciousness – 46,1%
  - Headache – 38,5%
  - Focal neurologic signs – 15,4%
    - + Fever – 38,5%

- Diagnoses
  - Infection (7 cases) - 5,7 ± 3years
    - Fungal (3)
    - Mycobact. (2)
    - Bact. (2)
  - PTLD (5 cases) - 7 ± 3,9 years
    - B-cell lymphoma (EBV in Liquor positive in 40% of the patients)
  - Primary CNS tumour (1 case) - 9 years
    - Astrocytoma
- Immunossupression
  - FK & MPS 76,9% (10 cases – inc. 3 live-donors)
  - FK & AZA 23,1% (2 cases)

CONCLUSIONS

Cerebral SOLs are a rare but serious finding after kidney transplant. No clinical features appear accurate to estimate de lesion etiology. A high suspiction index is required and a biopsy of the lesion is vital for appropriate diagnosis and management.

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