

Quiz 3 - Answer:

A search for Anti-Angiotensin Type 1 Receptor demonstrated the presence of such antibodies.

A retrospective analysis of the sera collected during the first kidney transplant demonstrated their presence even at that time, providing evidence for a missed diagnosis of antibody-mediated rejection secondary to AT1R-Ab.

Losartan was immediately introduced and rituximab was administered. Blood pressure was well controlled, creatinine was stable (1.2-1.5 mg/dl) and proteinuria absent.

Six months later, serum creatinine was 1.28 mg/dl, proteinuria was 0.3 g/24 h and blood pressure in the normal range.

A renal biopsy was repeated showing the persistency of acute humoral rejection with reduced C4d positivity. Losartan was increased to 62.5 mg/day.

5 months later renal function was normal, proteinuria was absent, the patient was normotensive and, most important, a new renal biopsy showed a complete recovery with a normal graft.

If interested, you can read:

Dragun D, Müller DN, Brasen JH, Fritsche L, Nieminen-Kelha M, Dechend R, Kintscher U, Rudolph B, Hoebeke J, Hekert D, Mazak I, Plehm R, Shonemann C, Unger T, Budde k, Neumayer H-H, Luft FC, Wallukat G.: Angiotensin II type 1-receptor activating antibodies in renal allograft rejection. *New Engl J Med*, 2005; 352: 558-569