Light chain deposition disease in kidney transplant patient

조선대학교병원 내과

조세임, 신병철, 김현리, 정종훈

The light chain deposition disease (LCDD) is a range from normal glomerular morphology to mesangioproliferative to mesangiocapillary to nodular sclerosing patterns. Due to the inconsistencies treatment and the poor graft outcome of LCDD, it is importent to investigate for clinching this diagnosis. A 53-year-old male was diagnosed end-stage renal disease due to chronic glomerulonephritis and underwent a live unrelated kidney transplantation in 20 years ago. Serum creatinine level gradually increased to 2.41 mg/dL and sub-nephrotic range proteinuria was observed. A kidney biopsy was performed, there are 9 glomeruli, which 3 glomeruli show global sclerosis and remain 6 glomeruli show segmental sclerosis with luminal hyalinosis and hyaline thickening of capillaries. There is no evidence of prominent tubulitis in non-atrophic tubules, vasculitis and capillaries. Electron microscopic examination showed the characteristic intramembraneous, subendothelial and paramesangial granular deposits and detached podocytes and diffuse effacement of foot processes 80%. The spectrum of LCDD has a wide range of differential diagnosis and resulting in potential underdiagnosis.

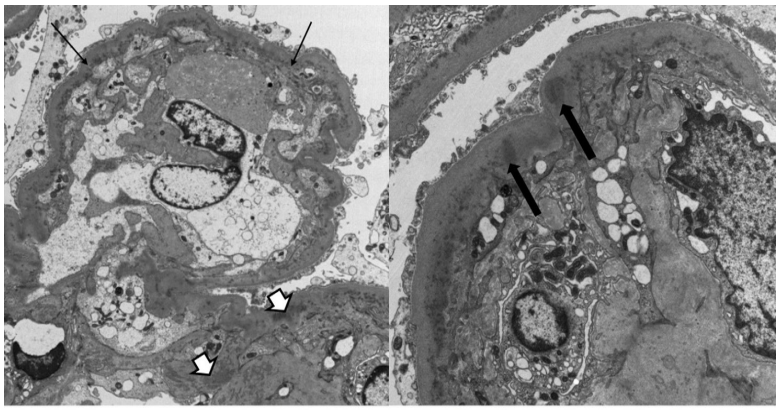

Fig 1. Electron microscopic findings shows a subendothelial granular deposit(slip arrows), paramesangial(white arrows) and intramembranous granular deposits(large arrows).