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A Case of Sarcoidosis associated with renal failure and subcutaneous lesion in a kidney transplant patient

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Sarcoidosis is a systemic inflammatory disease characterized by noncaseating granulomas. It affects multisystem, commonly lung, liver, skin and eyes. Sarcoidosis and associated renal failure in a kidney transplant is extremely rare. We report a 51-year-old woman with a kidney transplant who persisted with renal and subcutaneous sarcoidosis. She was followed by out-patient clinic of nephrology department for ESRD which developed due to diabetic nephropathy. She was receiving cyclosporine and mycophenolate sodium for immunosuppressants. She complained a palpable mass in right inguinal area which turned out to be noncaseating granulomas in skin excisional biopsy. At the same time, her renal function was gradually worsening. She underwent a transplant kidney biopsy. At the time of the procedure, laboratory tests showed a creatinine clearance of 10.51 ml/min, a serum level of creatinine of 4.3 mg/dl and blood urea nitrogen of 57.8 mg/dl. Serum calcium level was within normal range, and anti neutrophil cytopasmic antibody was negative. The angiotensin converting enzyme level was elevated to 66 U/L. There was no evidence for sarcoidosis in chest X-ray. Granulomatous interstitial nephritis(GIN) was revealed in kidney biopsy, and AFB stain and PCR for tuberculosis in the renal tissue was negative. The cultures for urine AFB were also negative. Accordingly, the possibility of sarcoidosis was raised and the patient was started on oral prednisolone. She had good response with a decrease in serum creatinine level to 2.2 mg/dl. Additionally, subcutaneous nodules gradually disappeared in response to steroid therapy, which suggests that subcutaneous granulomatous lesion should be sarcoidosis as well. This case showed that GIN due to renal sarcoidosis can be one of clinical manifestations of renal insufficiency in kidney transplants.

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Inherited protein S deficiency associated with recurrent vascular access thrombosis during hemodialysis

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Vascular access thrombosis is one of the major causes of morbidity in patients maintained by chronic hemodialysis. Thrombophilia has been recognized as a risk factor of the vascular access thrombosis. Here, we report a case of inherited protein S deficiency associated with vascular access thrombotic events. DNA sequence analysis of PROS1 gene identified a novel heterozygous nonsense mutation in exon 10 by a transition of AAG (Lysine) to TAG (stop codon) at codon 473 (c.1417A>T, p.K473X). Our case suggests that the inherited protein S deficiency due to a PROS1 gene mutation may cause vascular access thrombosis in hemodialysis patients.

Table 1. Clinical feature and treatment in the patient

Events	At 1st event	At 2nd event	At 3rd event	At 4th event
Clinical feature	Vascular access thrombosis	Vascular access thrombosis	Vascular access thrombosis	Rt. popliteal artery occlusion by thrombus
Treatment	A new Cimino shunt	Another Cimino shunt, antiplatelet start	Thrombectomy	Thrombectomy, anticoagulation start