



# Renal Transplant in Sickle Cell Disease

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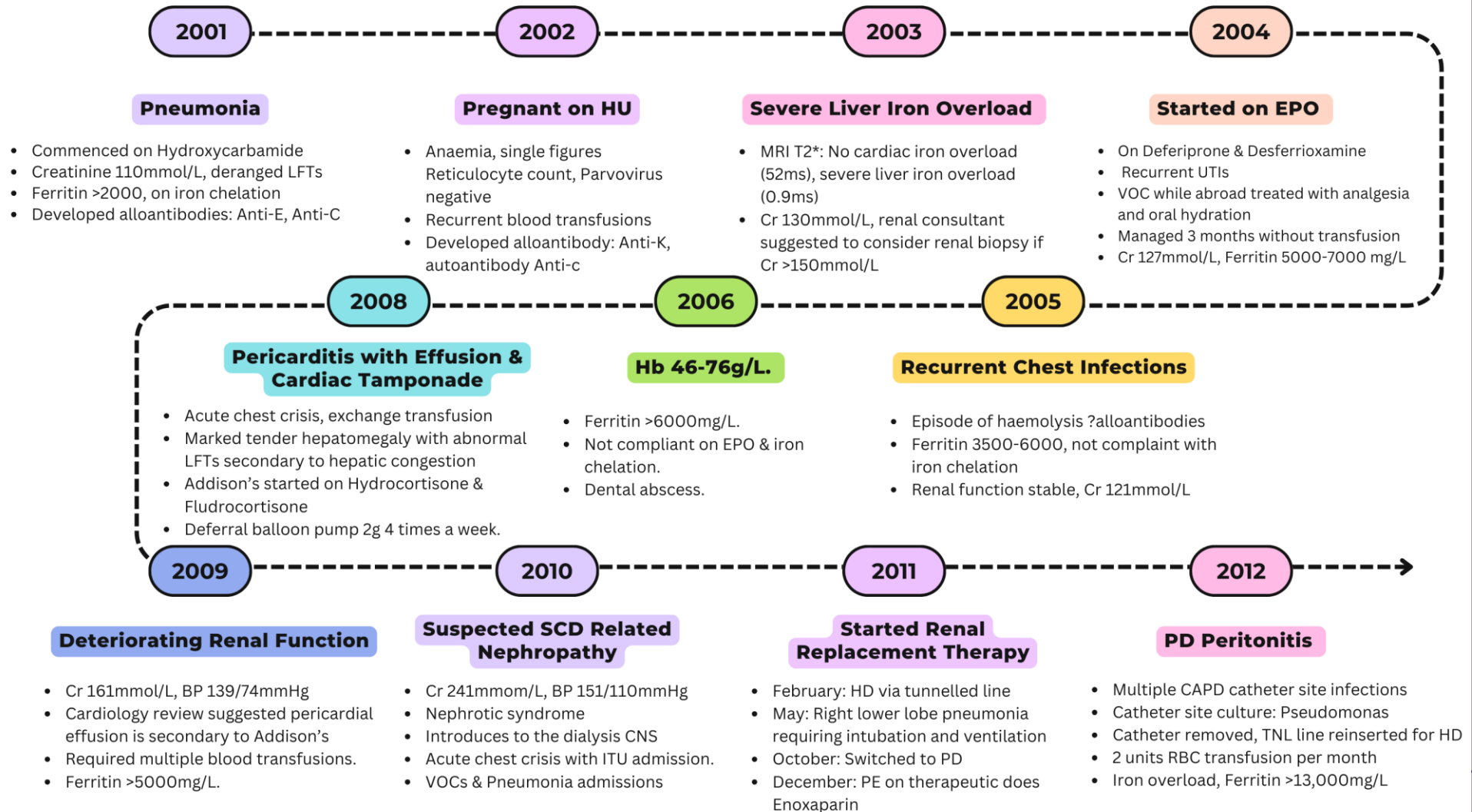
ST3 Haematology

UHCW

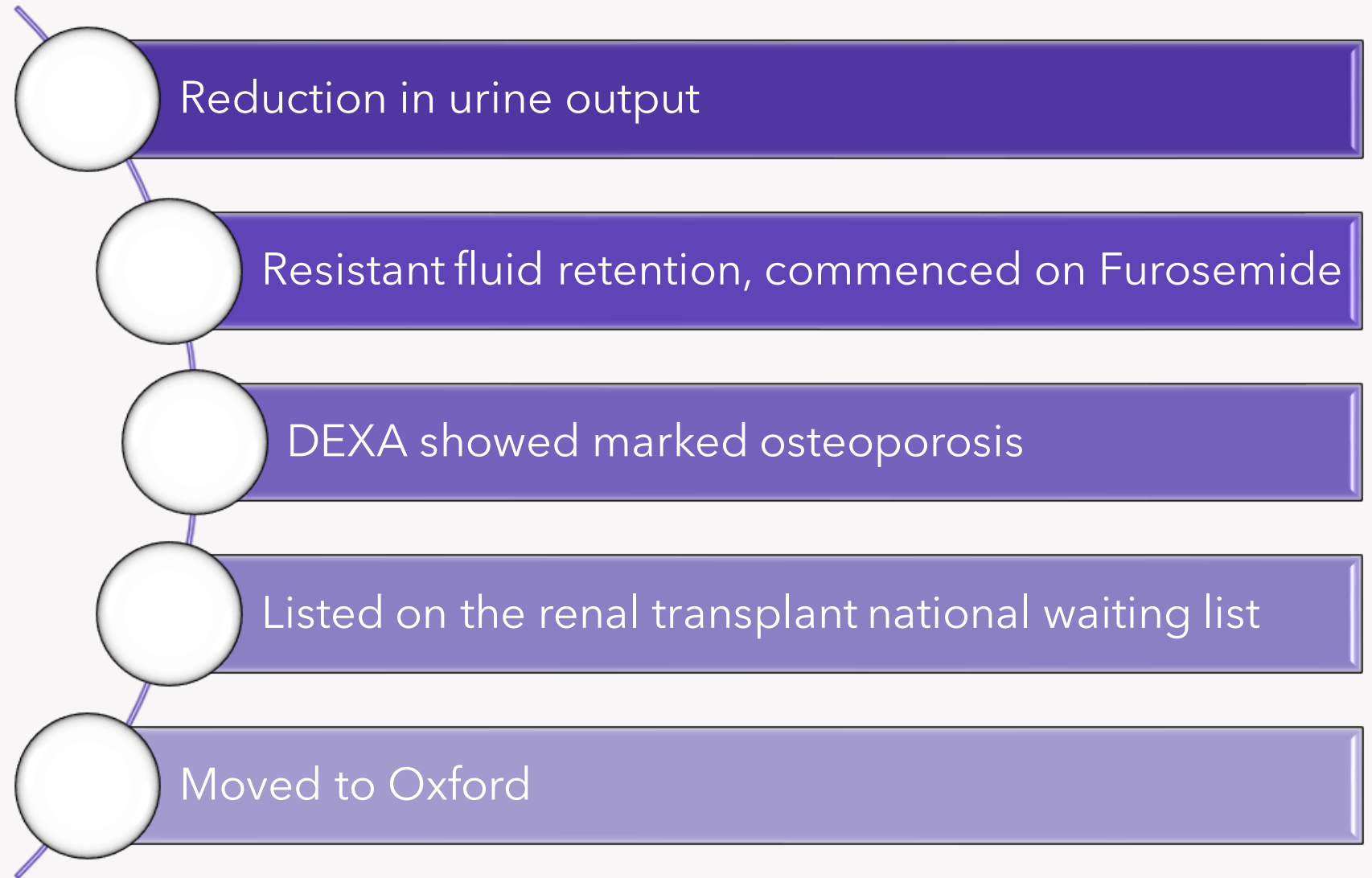
# Patient Information

- Female
- Age: Born in 1978
- Ethnicity: African-British
- Diagnosis: Sickle Cell Disease HbSS
- Blood group: O+, R0r (Dce/dce)
- Born in London, moved to Birmingham in late 1990's
- Was treated at City Hospital then transferred to UHCW in 2001

# Timeline of Events



2013



# Renal Transplant

- In **April 2015** patient was admitted at UHCW for a **renal transplant surgery**.
- **Donor details**
  - Deceased donor.
  - Donation after brainstem death.
  - Mismatch 1:1:0
  - Known IgA nephropathy, Creatinine 87mmol/L.
  - CMV D+/R+.
- **Patient required 2 units RBC transfusion prior to surgery, Hb S 16%.**
- **Kidney transplanted in left iliac fossa.**
- **She was on PCA to manage pain after surgery.**

# Renal Transplant – Day 1 Post OP

- **Patient had an episode of hypotension with decreased urine output**
- **USS KUB showed:**
  - The transplant kidney appears normal in parenchyma and perfusion.
  - Good perfusion seen in all regions of the transplant kidney.
  - No hydronephrosis seen.
  - No abnormal fluid collections seen around the transplant kidney.



# Renal Transplant Day 2 Post OP



## **Patient had a renal biopsy**

Marked acute tubular injury. There is no evidence of rejection.



## **USS KUB showed**

Good perfusion.

The renal parenchyma appears normal.  
A single core biopsy has been taken from the transplant kidney.  
Standard technique. No immediate complication.

# Renal Transplant – Day 5 Post OP

- **USS KUB showed:**

- Good colour flow perfusion demonstrated in all areas of the transplanted left kidney.
- Normal kidney echotexture.
- No hydronephrosis.
- No abnormal fluid collections seen.



# Renal Transplant – Day 12 Post OP

- Patient developed shortness of breath and chest tightness.
- CTPA confirmed new PE.
- Patient was on warfarin prior to transplant, switched to enoxaparin as inpatient.

# Post Renal Transplant

- Patient was discharged on day 18 post OP.
- Readmitted on day 19 post OP with SOB, dizziness and chest pain.
- She was treated for symptomatic anaemia with 2 units RBCs transfusion.
- Also treated for suspected UTI.

# Post Renal Transplant

**2015**

Multiple ESBL Klebsiella UTIs.

**2015**

Fluid retention & SOB with bone pains, had manual RBCs exchange.

**2019**

Chest pain, SOB & palpitations. High D-dimer 3.45. New PE on V/Q scan. No DVT on Doppler.

# Summary

- Patient has a functional renal transplant.
- She went through the renal transplant well as she was supported by exchange transfusions/RBC transfusion.
- The process proceeded smoothly, even though she hadn't visited UHCW in two years. This was possible because the teams on duty during her admission were already acquainted with her complex medical history.
- Currently she is still iron overloaded and transfusion dependent.



Thank you