

## **Abstract: Recurrence of Disease after Kidney Transplantation - Special Consideration in Management**

Recurrent disease in a kidney transplant is defined as recurrence of the original cause of renal disease (primary or secondary) leading to ESKD. This is one of the common causes of kidney graft loss, in addition to acute or chronic rejections, infections and death with functioning grafts. Different kidney diseases have different rate of recurrence, and this comprises a heterogeneous group of predominantly glomerular and some tubulointerstitial and vascular lesions. Common glomerular diseases that have high risk of recurrence are focal segmental glomerulosclerosis (FSGS), membranous glomerulonephritis, IgA nephropathy, membranoproliferative glomerulonephritis (MPGN), C3 nephropathy. Conditions related to vascular disease include thrombotic microangiopathy (TMA), atypical haemolytic uremic syndrome (aHUS), ANCA-associated crescentic glomerulonephritis and antiphospholipid syndrome.

The role of nephrologists or transplant physicians in the management of recurrence disease starts from donor selection and risk assessment, effective immunosuppressive therapies, early diagnosis and proper treatment strategies. The manifestations of recurrence disease range from subclinical to clinically overt, acute, subacute, or chronic clinical presentations. A systematic examination of the renal graft biopsy with routine special stains for light microscopy (LM), a complete panel of immunofluorescence (IF) staining, and Electron Microscopy in some difficult cases, are essential in the definitive diagnosis of recurrence disease.

The speaker will discuss the practical aspects of management of recurrence disease in kidney transplantation by using few common case scenarios.