Journal of Clinical Nephrology

Volume - 2, Issue - 1

Case Report **Published Date:-2018-03-23 00:00:00**

Equine Anti-Thymocyte Globulin (ATGAM) administration in patient with previous rabbit Anti-Thymocyte Globulin (Thymoglobulin) induced serum sickness: A case report

Thymoglobulin is a rabbit-derived anti-thymocyte antibody directed at T-cells and commonly used for induction immunosuppression therapy in solid organ transplantation, especially in immunologically high risk kidney transplant recipients. Despite its frequent use and efficacy, the heterologous makeup of thymoglobulin can induce the immune system resulting in serum sickness which typically presents with rash, fever, fatigue, and poly-arthralgia in the weeks following drug exposure. ATGAM is another anti-thymocyte antibody, targeting the same epitopes, but differs from thymoglobulin by the animal in which the preparations are generated (equine vs. rabbit). Herein, we present a case of a patient with a known history of thymoglobulin-induced serum sickness, who presented with evidence of acute cellular and vascular rejection at their 12-month post-operative visit. Given their immunologically high risk status, they were successfully treated with ATGAM with improvement in their rejection and kidney function. To the author's knowledge, this is the first case report of successful administration of ATGAM in a patient with a documented history of thymoglobulin induced serum sickness, demonstrating a possible treatment option for acute rejection in patients with reactions to thymoglobulin.

Case Report **Published Date:-2018-03-08 00:00:00**

Complete recovery of chronic Osmotic Demyelination Syndrome with plasma exchange

A 50-years old female presented with dysarthria, inability to swallow and quadriparesis for three weeks. She had rapid correction of her serum sodium (Na) from 99meq/l to 138meq/l within 24 hours 1 week prior to development of these symptoms. She was diagnosed as a case of Osmotic demyelination syndrome (ODS) formerly known as central pontine myelinolysis (CPM) which was confirmed by MRI. She underwent Plasma Exchange (PE) on the 20th day since her symptoms started and underwent 7 cycles of PE with complete neurological recovery. Pt was discharged with ability to ambulate independently and complete recovery of speech and swallowing. Hence, we report that PE is beneficial in chronic ODS.

Case Report **Published Date:-2018-02-16 00:00:00**

Posterior Reversible Leukoencephalopathy Syndrome in a patient after second dose of Rituximab for treatment of resistant Thrombotic Thrombocytopenic Purpura

Posterior reversible encephalopathy syndrome (PRES) is a neurological syndrome with clinical features of altered sensorium, headaches, visual problems and seizures. It has been associated with uncontrolled hypertension (HTN), thrombotic thrombocytopenic purpura (TTP) and immunosuppressive drugs. Rituximab has also been implicated as a cause of PRES that usually occurs after the first dose. We report a case of PRES that occurred after the second dose of Rituximab. A twenty three years old female known case of resistant TTP treated with multiple courses of steroids and plasmapharesis was admitted with renal failure, severe volume overload ad lower respiratory tract infection. She was treated with hemodialysis, intravenous antibiotics, steroids and plasma exchange (PEX).
