

LONG-TERM SURVIVAL IN A HEART AND KIDNEY TRANSPLANT RECIPIENT: A CASE REPORT

Petya Yankova^{1,2}, Emil Paskalev¹, Krassimir Yanev^{1,2}, Nezabravka Chilingirova^{2,3}, Elissaveta Naumova¹

¹ University Hospital “Alexandrovska”, Sofia, Bulgaria

² Medical University Sofia, Bulgaria

³ University Hospital “Prof. Dr. Alexander Tschirkov”

In recent years, the number of patients in need both of heart and kidney transplantation (KT) has been increasing. We present a case of a male patient ten years after a successful deceased donor heart transplant (HT) and eight years after a living related donor kidney transplant performed in Bulgaria. The patient was diagnosed with end stage kidney disease, required renal replacement therapy and was put on hemodialysis. The patient developed dilated cardiomyopathy followed by progressive heart failure. So cadaver donor heart transplantation was performed. Cellular and humoral immunity was examined periodically in the post-transplant period to monitor immunosuppression and supporting diagnosis of immunological complications.

On the 10th month after HT a rejection was suspected and a heart graft biopsy was performed, showing microscopic changes corresponding to grade 1R – mild cellular rejection, without evidence of antibody-mediated or cellular rejection. Screening for HLA class I and II antibodies (Luminex technology) was negative but the cellular immune parameters indicated an activated immune status. Treatment stabilized allograft function, but eGFR progressively decreased, necessitating KT. Renal transplantation was performed eighteen months after HT from a living donor – mother. Ten years after the first transplantation, the patient has a stable grafts function, no humoral alloreactivity is detected and the immunological indicators are within reference limits. In conclusion, to our knowledge, this case is the first detailed description of a patient who underwent successful heart transplantation followed by kidney transplant in Bulgaria.