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Heterogenous Manifestations of Post Renal Transplant Lymphoma

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Title: Heterogenous Manifestations of Post Renal Transplant Lymphoma

Introduction:

Post-transplant lymphoproliferative disorder (PTLD) is a serious complication occurring in 1-3% of adult renal transplant recipients (RTR). We present a case series of 16 RTR who demonstrate a variety of PTLD manifestations.

Results:

63% of RTR received rATG induction and 38% Basiliximab. Maintenance immunosuppression post-transplantation was Prednisone, Tacrolimus, and Mycophenolate Mofetil.

Average time from transplantation to PTLD diagnosis was 96.8 months (<1-20 years). PTLD localized to the GI tract (10), lymph nodes (9), CNS (4), bone marrow (3), lungs (2), mediastinum (2), skin (2), retroperitoneum (1), and native kidney/ureter (2). PTLD was EBV- (8), monomorphic (14), and of B-cell lineage (13). 3 RTR had T-cell PTLD.

Immunosuppression was discontinued in all RTR at diagnosis except Prednisone. Treatment was chemotherapy alone or in combination with radiation, resection, or salvage therapy; complications included Tumor Lysis Syndrome and infections. 56% of RTR developed renal insufficiency.

5 RTR (31%) achieved complete remission with a functioning graft. PTLD mortality rate was 63%; 9 RTR died with a functioning graft. Mortality with Basiliximab induction was 83% and 55% with rATG induction. T-cell PTLD had a 100% mortality while B-cell PTLD had a 54% mortality. EBV- PTLD had a higher mortality rate (88%) than EBV + (38%) PTLD. Patients died between <1-4 years after PTLD diagnosis.

Conclusion:

PTLD with T-cell characterization, EBV negative status, and bone marrow and lymph node involvement demonstrated an increased mortality rate. PTLD has a myriad of manifestations and should be considered as a differential diagnosis in patients presenting with post-transplant lesions.