

Efficacy of tonsillectomy for patients with recurrence of IgA nephropathy after kidney transplantation

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From January 2007 Up to September 2008 , the authors started to perform the tonsillectomy for every patient with recurrent IgA nephropathy (IgAN) after kidney transplantation, four recipients with primary IgAN had biopsy-proven recurrent IgAN. They had also progressive hematuria or proteinuria from on the average 14.3 months after transplantation.

All patients underwent tonsillectomy on the average 52.3 months after transplantation.

Abnormal urinary findings of all patients favorably improved after tonsillectomy.

All cases but one had mild renal injury, where the severity of glomerular lesions, glomerular hypercellularity, segmental lesions, and sclerosis was mild, and no deteriorated serum creatinine (SCr) before their tonsillectomies.

Even the case with exacerbated SCr and severe renal injury, where the severity of glomerular lesions was severe, had her urinary findings ameliorated promptly after tonsillectomy likely as others.

At present, they have almost no symptoms after tonsillectomy and no remarkable change of SCr level compared with before and after tonsillectomy and maintain ameliorated urinary findings continuously.

Conclusion

Tonsillectomy had possibility to be a favorable treatment of hematuria or proteinuria in recurrent IgAN recipients.