Transient Ischemic Jejunitis in a Renal Transplant Recipient

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Dear Sir,

Gastrointestinal complication after renal transplantation is frequent and often shows fatal clinical course [1]. The etiology is multi-factorial and the usual clinical manifestations are peptic ulcer, intestinal perforation and obstruction, acute pancreatitis, infection-associated colitis and diverticulitis [1-4].

We recently experienced a 35-year-old male patient who developed bloody stool after repeated solumedrol pulse therapy (fig.1). He showed gradual increase in serum creatinine after renal transplantation. We performed renal biopsy, and findings were consistent with acute rejection. The patient was treated with two courses of solumedrol pulse therapy (one course: 500 mg per day for 3 successive days, and then 250 mg per day for 3 successive days). Five days after two courses of pulse therapy, he complained

about abdominal pain, and physical examination revealed abdominal pain and rebound tenderness on the whole abdomen. The simple abdomen showed thumb printing appearance in small intestine and abdomen CT revealed marked thickening of the jejunal wall (fig.2). Stool study for parasite and infection was negative, and blood coagulation tests were normal.

At first, we planned exploratory laparotomy to rule out mesenteric vein thrombosis because of high mortality by medical treatment, but clinical symptoms gradually improved after low dose of solumedrol therapy (30 mg/ day, single injection). From follow-up abdomen CT, we confirmed the improvement of edema of intestinal wall, and he was discharged on the 56th hospital day with normal renal function.

Fig. 1. Clinical course. SPT= Solumedrol pulse therapy; RB=rectal bleeding.

20 30
Hospital Day

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0028-2766/94/
0683-0397\$8.00/0

Fig. 2. Contrast-enhanced abdomen CT shows the marked thickening of the jejunum (arrows).

In 870 cases of renal transplantation performed at our center, we often experienced intestinal perforation or lymphoma, but this case is unusual in that the bleeding site is uncommon and bleeding episode was spontaneously improved without definite treatment. Although we could not define the etiology and pathogenesis of transient ischemic jejunitis, prolonged solumedrol pulse therapy may be responsible for this event.

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