

## Acute Obstructive Kidney Failure in A Covid + Kidney Transplant: About A Case

I.EL MOKHTARI\*, A. MAGRAMAN, Z. BENAMARA, M. LOUARDI, A. DAFIR, L. BARROU

Departement of Anesthesiology and Intensive Care, Ibn Rochd University Hospital of Casablanca, Hassan II University, Morocco

\*Corresponding author: I. EL MOKHTARI, Departement of Anesthesiology and Intensive Care, Ibn Rochd University Hospital of Casablanca, Hassan II University, Morocco. Email: Dr.ismail.elmokhtari@gmail.com

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### Introduction

Several studies have reported kidney damage that is extremely common in patients with COVID-19, Kidney transplant patients are particularly at risk of developing dreadful complications given the daily intake of immunosuppressive drugs, this damage can present in the form of AKI, hematuria and/or proteinuria. This kidney damage is associated with the occurrence of major complications, including respiratory failure, the need for invasive mechanical ventilation and death, regardless of comorbidities and other risk factors.

### Case Report

We report the case of a Covid+ kidney transplant patient, hospitalized at Casablanca University Hospital in January 2021, initially admitted to the medical intensive care unit, then transferred to the nephrology department of Casablanca University Hospital, after her covid PCR was negative.

This is a 30-YEAR-OLD patient, originally from and resident in the UNITED STATES, with a history of a kidney transplant in August 2018 from a living donor related to her sister, the patient presented during her stay in Morocco. a lung infection with covid 19, revealed by a positive PCR with lung damage estimated at 10% on the chest CT scan, complicated

by an anuric obstructive ARI at 113mg / l of plasma creatinine for a nadir of 16mg / L, which required a hemodialysis session on FAV with Doppler echo moderate pyelo-calicielle dilation for which a change of JJ probe was scheduled but deferred before the resumption of diuresis of 1500ML/day and improvement of renal function at 17mg/l vs 113 on admission, for the rest of the biological assessment improvement in CRP from 320 to 28mg / l.

Therapeutically, the patient received: Tacrolimus 3mg x 2/day, Mycophenolate Mofetil 500 x mg 2/day, methylprednisolone 60mg.

The evolution was favorable after reduction of immunosuppressive treatment coupled with a low dose of methylprednisolone. Our protocol can therefore serve as a model for the treatment of other transplant recipients.

### Conclusion

Because kidney transplant recipients have only one functioning kidney, and they receive immunosuppressive therapy that can have nephrotoxic effects.

The incidence and severity of ARI are higher in these settings. However, few studies have attempted to compare AKI in kidney transplant recipients and in the general population.