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Infectious Complications in Kidney-Transplant Recipients Desensitized with Rituximab and Intravenous Immunoglobulin

Joseph Kahwaji, Aditi Sinha, Mieko Toyoda, Shili Ge, Nancy Reinsmoen, Kai Cao, Chih-Hung Lai, Rafael Villicana, Alice Peng, Stanley Jordan, and Ashley Vo

Erratum


On the Cover

What’s the diagnosis? Lithium-induced chronic kidney disease occurs most commonly after 10–20 years of lithium therapy. Accumulation of lithium in cells of the distal nephron and early collecting duct via epithelial sodium channel is most likely responsible for the chronic nephrotoxic effects. Histologically, the injury is characterized by the presence of chronic tubulointerstitial nephritis, with interstitial fibrosis, tubular atrophy, and dilatation of distal tubules and collecting ducts that eventually leads to formation of small cysts within both, cortex and medulla. The findings are, however, somewhat non-specific and the diagnosis of lithium-induced nephropathy should be made if tubulointerstitial nephritis is found in a patient on long-term lithium therapy and other causes of renal disease have been excluded; magnetic resonance imaging can also be very helpful in establishing the diagnosis. (Image and text provided by Dr. Vanesa Bijol, Brigham and Women’s Hospital)