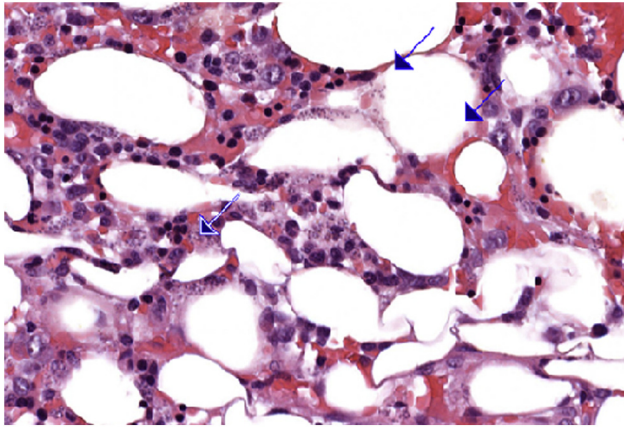




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macrophages (Image). Patient was treated with Liposomal amphotericin for 12 consecutive days, with a total dose of 48 mg/kg. Dexamethasone was decreased and then switched to prednisone.

**Conclusions:** Patient's clinical condition significantly and rapidly improved, with resolution of fever, pancytopenia and coagulopathy, and dramatic decrease of Leishmania copies on blood. Two further doses of Liposomal Amphotericin were given weekly. Our case focuses on the importance of considering leishmaniasis in the differential diagnosis for fever with pancytopenia and coagulopathy, especially in countries where the disease is endemic.

Magnification (40x) of the bone marrow aspirate smear: the arrows indicate the presence of amastigotes.

No conflict of interest

## POS-721

### COVID-19 INFECTION IN KIDNEY TRANSPLANT RECIPIENTS : A RETROSPECTIVE STUDY



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**Introduction:** The novel coronavirus was first identified toward the end of 2019, designated as coronavirus disease 2019 (COVID-19). The morbidity and mortality from COVID are particularly high among patients with underlying health conditions and chronic diseases. Kidney-transplant recipients appear to be at particularly high risk for critical Covid illness due to chronic immunosuppression and coexisting conditions. The outcome of covid 19 infection in transplant patients is unclear. Hence we have retrospectively analysed covid positive transplant recipients to assess the clinical profile, Outcomes and Management.

**Methods:** A retrospective, observational, multicentre study conducted between August 1<sup>st</sup> and October 10<sup>th</sup> 2020 at 2 tertiary care hospitals in India. All transplant recipients who were suspected to have Covid 19 and were positive for Reverse-transcription polymerase chain reaction for Covid 19 infection were included in the study after obtaining ethics committee clearance.

**Results:** We identified 20 consecutive adult kidney-transplant recipients who tested positive for Covid 19 between August 1 and October 10, 2020. 18 recipients (90%) were male, and the median age was 40 years (IQR 36 to 50). 3 recipients (15%) had received a deceased-donor kidney. 8 recipients (90%) had hypertension, 8 (40%) had diabetes mellitus, and 3 (15%) had heart disease. All the patients were on triple immunosuppression regimen. As shown in table 1, fever was the most common presenting symptom followed by myalgia and breathlessness. 2 patients who were in a stable condition without major respiratory symptoms (10%) were monitored at home, and 18 patients (90%) were admitted to the hospital. Table 2 summarizes the initial laboratory results in the 18 hospitalized patients. 12 (66%) were lymphopenic and 3 (16%) had thrombocytopenia. Inflammatory markers were measured, and 6 patients (30%) had ferritin levels higher than 900 ng per mL, 18 (90%) had C-reactive protein levels higher than 5 mg per dl and 6 (39%) had d-dimer levels higher than 0.5 µg per ml. 18 of the hospitalized patients (90%) had radiographic findings that were consistent with viral pneumonia, 9 (45%) of the patients had severe

covid 19 requiring ICU treatment and 4 of those (20%) received mechanical ventilation. Graft dysfunction was noticed in 4 patients (22%) and only 1 required dialysis. Standard treatment protocol for management of Covid 19 was followed as per institute. Immunosuppressive management included withdrawal of the antimetabolites in 17 of 20 patients (86%). In addition, tacrolimus was withheld in 1 patient (5%). High dose steroids was administered to 14 patients (70%). 16 patients received Remdesivir (80%) and no adverse events were noticed. At a median follow-up of 21 days (11 to 28), complete renal recovery was seen in those with AKI and a mortality of 5 % (1/20) was noticed. Immunosuppressive regimen was resumed for all recovered patients at follow up at 3 weeks.

**Conclusions:** In our study, kidney-transplant recipients with Covid 19 had fever as an initial symptom. Majority of them had moderate to severe form of disease. All patients underwent a decrease in the dose of immunosuppressants. Remdesivir was found to be safe in patients with no evidence of any adverse events related to the drug. Results have shown a similar mortality among kidney-transplant recipients with Covid 19, 5 % at 3 weeks, as with the general population who have a mortality of 1%-5%.

No conflict of interest

## POS-722

### SPECTRUM OF RENAL ALLOGRAFT BIOPSY – A SINGLE CENTRE EXPERIENCE



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**Introduction:** Histopathology plays a key role in diagnosis of graft dysfunction in transplant recipients. Apart from graft rejection, many patients are having recurrence of native kidney disease and infections causing graft dysfunction. In this study, we would like to describe the different histopathological profile of transplant kidney biopsy in our centre.

**Methods:** We had conducted a retrospective descriptive study of all transplant kidney biopsies which were performed between Jan 2014 to Nov 2020 in a tertiary care hospital. From the registry, age, sex, duration since transplant and histopathological diagnosis were collected and analysed.

**Results:** Total number of biopsies performed were 587 in the past seven years. Males were 81.3% (n=477). Patients with age less than 20 were 4.9% (n=29), 21 to 40 years were 75.2% (n=441) and 41 to 60 years were 19.9% (n=117). None of them were more than 60 years of age. Duration since transplant was analysed for these biopsies. Patients with less than 1 month, 1 month to 3 months, 3 months to 1 year and more than 1 year were 180 (30.6%), 92 (15.7%), 120 (20.4%) and 195 (33.2%) respectively. Due to the presence of multiple pathologies in a biopsy, a total of 649 pathologies were found. Cellular and humoral rejections were 32.2% and 13.6% respectively. Across these timelines since transplant, cell mediated rejections (CMR) (34.5%, n=72) and antibody mediated rejections (ABMR) (50%, n=44) were more seen during >1 year post transplant. Apart from these, incidence of glomerular, interstitial and vascular pathologies found which were described in table 1 below. IgA Nephropathy and Thrombotic Microangiopathy (TMA) were most seen glomerular pathology (n=19, 2.9%) followed by Focal segmental glomerulosclerosis (FSGS) (n=17, 2.6%). Crescentic IgA Nephropathy was seen in 2 patients who had IgA Nephropathy as native kidney disease. 2,8-Dihydroxy Adenine Crystalline (DHA) Nephropathy was diagnosed at 10 months post transplant in one patient whose native kidney disease was not known. Out of 587 biopsies, 9 were preimplantation and 12 were followup protocol biopsies. In the preimplantation biopsy, 6 were normal and 3 were Acute Tubular Injury (ATI). Special stains for SV 40 and CMV were used in 14 and 2 patients respectively. Two patients had SV 40 and one had CMV positivity among them. Electron microscopy was done in 6 patients. Four of them had diffuse effacement of podocyte foot processes whereas, in light microscopy 3 had minimal change pattern of injury and one had FSGS. One had subepithelial and mesangial electron dense deposits with Membranoproliferative Glomerulonephritis (MPGN) in light microscopy and the other had mesangial electron dense deposits / effacement of foot processes of podocyte with IgA Nephropathy / Collapsing Glomerulopathy in light microscopy. Complications encountered post biopsy were perinephric hematoma and hematuria. One patient with perinephric hematoma had blood clots passed in urine which caused