



Figure 1: A T2 weighted MRI images of the transplant kidney. (a) Coronal and (b) axial images shows multifocal, wedge-shaped areas of T2 hypointensities (white arrows) suggestive of cortical infarcts.

formation in ischemic graft endothelium. There is a link between hypercoagulable state induced by FVL mutation and immunological injury to graft vasculature.

In our patient, thrombophilia profile led to vascular rejection and ACN. Any patient with history of DVT/PTE should be properly screened before transplant as thrombophilia can lead to RVT, microvascular thrombosis, and precipitate rejection. This can be prevented by pretransplant screening for FVL in high-risk patients and perioperative and posttransplant anticoagulation.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

Conflicts of interest

There are no conflicts of interest.

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Varia



Why We Transplant?

I want to share the story of our first renal transplant, way back in 2005. We were novices then, me and Dr. V Srinivas (my first boss and partner), with only our training to fall back on and with no “hands on experience”.

I first met Ms. M in Srinivas’ chamber, a shy, comely young girl of 18. She was visibly upset then, as she had just lost her father, who was her pillar of strength, to an myocardial infarction. She had been battling chronic kidney disease for some time. Her brother would also be diagnosed with chronic kidney disease later (a familial FSGS). Appropriate consent was obtained. They were preparing for a transplant. Coming from a traditional but well-connected family, they were spoilt for choices regarding the centers for transplant (both in Hyderabad and Visakhapatnam). However, they reposed their faith us, being fully aware that this would be our first transplant—credit to the days

when patients had implicit faith in their doctors. A few words about my boss here would not be amiss. Sometime during his youth, he developed a spontaneous mutation of his “anger gene”, leaving him unable to react angrily to any situation. He genuinely had the interest of his patients at heart and most patients did stick to him for a lifetime. He was the go-to person for patients for all their problems; some approached him unabashedly for their monetary requirements. When I saw the long line of familiar faces outside his chamber, I often wondered how many had come for a review and how many had come with pockets to fill. All carried a promise to return the money “soon”, but I suspect very few did.

The mother came forward to donate, and the surgery went through uneventfully. I did “bedside” night duties for a few days, which were, of course, full of anxious

moments. When the output fell from 700 mL to 400 mL per hour, my heart used to skip a beat. Back then, fueled by my inexperience, I strongly believed in the vulnerability and fragility of transplant patients, and this sentiment led to weeks of home visits to check blood pressure and general well-being and perform other investigations. A strong bond formed between us and the family. Though they never paid in cash for our services, they celebrated our birthdays each year with gifts and genuine warm wishes. They were from a traditional conservative family where the womenfolk rarely ventured out, but we noticed a steady metamorphosis over the years. Frequent interactions with other dialysis patients marked their visits to the outpatient department. They used to hold court to a captive audience, and they alone motivated many of our patients to undergo transplantation.

With the good health the transplantation bestowed, Ms. M and her family expanded their horizons. They took up the task of running a blind school (established by Jeeyar Educational Trust under the auspices of H H Sri China Jeeyar Swamiji). Ms. M plunged head-on to the demanding task of the upliftment of the blind. She took over as head of the sports section (she had by then acquired an MBA) and, along with the coach, by dint of their hard work, made national champions of their wards in para-athletics. She traveled to Sri Lanka, Morocco, and other places, ever the young, loving sister, motivating them to climb higher peaks. These athletes made India's flag fly high worldwide by winning nine gold, four silver, and one bronze medals at the Asian Track and Turf Federation Para Games. The students are Asian champions today, and it is truly inspirational to experience the enthusiasm, grit, commitment, and skills each of them has displayed. To beat the odds and challenges that life throws at you, that is what great sportsman spirit is all about. Ms. M's graft continues to do well and while she continues to soar,

perform, and spread sweetness and light to the blind, she also showed us in her humble quiet way what one can achieve with commitment and effort.

Life does throw curve balls at you and while some cringe and complain, others take the bull by the horns and trail a blaze for others to follow and admire. History is full of people who overcame great adversities and hurdles to create and carve a career that benefits them, their loved ones, or the society they are surrounded by.

A successful transplant always leaves the transplant team with a quiet sense of satisfaction. But when the lives benefitted by a transplant are compounded (as Wodehouse would say), it changes into an orchestra of harps, dulcimers, and sackbuts playing soft music.

Conflicts of interest

There are no conflicts of interest.

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