Rejection and Kidney Transplant

Rejection is when your body’s immune system attacks your transplanted organ and tries to destroy it. There are different kinds of rejection that need different kinds of treatment.

Acute Cellular Rejection

Cellular rejection is a direct recognition of the transplanted organ. The T or killer cells of your immune system see your organ as foreign. Cellular rejection is diagnosed by a kidney transplant biopsy. The treatment is to receive high-dose steroids. The sooner it is treated, the better the outcome will be. If the rejection does not respond to the steroids, other medicine may be used to treat it.

Antibody-Mediated or Humoral Rejection

Antibody-mediated rejection is an indirect recognition of the transplanted organ. The B cells or memory cells of your immune system recognize pieces of cells from the transplant, start an immune response, and make new antibodies against the organ. It is diagnosed by a kidney transplant biopsy and watching antibody levels in your blood. Treatment usually includes IV medicines. You may need to be admitted to the hospital. Sometimes a procedure called plasmaphoresis is used to remove the antibodies. This procedure is like dialysis, but is usually just for a short time until antibodies are removed.

The sooner a rejection is found and treated, the better the outcome will be.

Signs of rejection

- Increased creatinine
- Increased temperature
- Increased weight
- Decreased urine output
- Ankle swelling
- Swollen kidney, tenderness over kidney site
- Aching all over
- Increasing antibody levels in your blood

Tests that are done to rule out rejection include labs, ultrasound, scans, or biopsy.

Call us if you notice any signs of rejection.
On weekdays call the transplant office at (608) 263-1384.