

INDICAZIONI ALLA BIOPSIA DEL RENE TRAPIANTATO

We recommend biopsy before treating acute rejection, unless the biopsy will substantially delay treatment. (1C)

We recommend kidney allograft biopsy for all patients with declining kidney function of unclear cause, to detect potentially reversible causes. (1C)

We recommend kidney allograft biopsy when there is a persistent, unexplained increase in serum creatinine. (1C)

We suggest kidney allograft biopsy when serum creatinine has not returned to baseline after treatment of acute rejection. (2D)

We suggest kidney allograft biopsy every 7–10 days during delayed function. (2C)

We suggest kidney allograft biopsy if expected kidney function is not achieved within the first 1–2 months after transplantation. (2D)

We suggest kidney allograft biopsy when there is:

- new onset of proteinuria; (2C)
- unexplained proteinuria ≥ 3.0 g per gram creatinine or ≥ 3.0 g/24hr; (2C)
- de novo donor-specific antibodies. (2C)

We suggest that the option of performing kidney protocol biopsies is considered when organ quality evaluation and immune monitoring is deemed useful for clinical decision making purposes (2D)