**Case Report: A case of bile salt malabsorption with CMV infection causing kidney transplant failure**

**Abstract**

This is an unusual case of renal transplant failure primarily due to bile salt malabsorption causing oxalate nephropathy. The case was also complicated by CMV colitis.

This case focuses on a 45 year old patient with a 9 month old renal transplant. She was admitted with, lower abdominal pain and diarrhoea. Two kidney biopsies showed that this patient had evidence of oxalate nephropathy. She also at the same time had evidence of CMV colitis.

Further investigations showed that this patient did not have type 1 primary hyperoaxuria and actually had secondary hyperoxaluria. The patient was on several medications which could have contributed to this. This patient also had many food intolerances and was diagnosed with bile salt malabsorption.

There is a debate in this patient what role her CMV colitis had in her transplant failing. It could be that diffuse erythema (reported on her colonoscopy) due to CMV colitis made her gastrointestinal tract more susceptible to oxalate absorption.

In summary this patient had a failed transplant with evidence of oxalate nephropathy and CMV colitis on a background of inadequately treated bile salt malabsorption.

**References**

1. Stewart CS, Duncan SH, Cave DR: Oxalobacter formigenes and its role in oxalate metabolism in the human gut. FEMS Microbiol Lett 230: 1–7, 2004
2. Lieske JC, Goldfarb DS, De Simone C, Regnier C: Use of a probiotic to decrease enteric hyperoxaluria. Kidney Int 68: 1244–1249, 2005
3. David W. Kaufman et al. Oxalobacter formigenes May Reduce the Risk of Calcium Oxalate Kidney Stones., J Am Soc Nephrol. 2008 Jun; 19(6): 1197–1203.
4. Morfin D, Chin A. Urinary Calcium Oxalate Crystals in Ethylene Glycol Intoxication, N Engl J Med 2005; 353: 2005.