Repeated renal failure with use of captopril in a cystinotic renal allograft recipient

The orally active converting-enzyme inhibitor, captopril, is extremely valuable for the management of hypertension. Side effects are, however, common. Acute renal failure has been reported both with and without preceding hypertension. We describe a patient in whom captopril was associated with three separate occasions with deterioration in renal function and in whom biopsy showed acute interstitial nephritis.

Case report

A 7-year-old girl weighing 20 kg had end-stage renal failure secondary to cystinosis. Peritoneal dialysis was started in March 1980. She required antihypertensive treatment.

A cadaveric renal graft from a 48-year-old donor was transplanted in February 1981. Initial oliguria persisted for 22 days and an episode of rejection was diagnosed by needle biopsy one month after operation. After standard treatment with intravenous methylprednisolone she was discharged home. Serum creatinine concentration was 60 μmol/l (0.7 mg/100 ml) and blood pressure 120/70 mmHg. Prednisolone 20 mg daily and azathioprine 25 mg daily were started.

Changes in plasma creatinine concentration and mean arterial pressure during treatment.

Conversion: SI to traditional units—
Plasma creatinine concentration: 1 mmol/l = 0.01 mg/100 ml.