

Background: Non-HLA antibodies have recently begun to be suspected of playing a role in antibody-mediated rejection and graft survival.

In the absence of any donor specific HLA antibodies (DSA) in the recipient, antibody mediated rejection (ABMR) may be caused by non-HLA antibodies

Eg:Angiotensin II Type 1 receptor (AT1R), Endothelial-1 Type A receptors (ETARs) etc.

Non-HLA antibodies can be *alloantibodies, or auto antibodies*.

We report 7 such cases where the clinical suspicion was targeted towards non-HLA antibodies and the immunological findings.

Methods:

1. On suspecting ABMR, the physicians requested non-HLA antibody testing.
- 2.The test was done on the patient's serum *using the luminex bead based assay by Lifecodes for non-HLA antibodies*.
3. It covers 60 antigens and detects IgG antibodies against them.
- 4.Results, expressed as *mean fluorescence intensity (MFI) were analysed using the accompanying Match It! Software*.
- 5.The cases were encountered over 2 years (October 2022- September 2024).

Results:

- Of the 7 cases, M:F ratio was 4:3, Age range- 30 - 48 years.
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- Relationship of Donors with recipient- cadaver:3 , mother:2, husband:1 and father-in- law:1.
- H/O previous transplant was present in 1 case.
- Pre-transplant testing was unremarkable in all cases. However, post- transplant, all cases presented with features S/O graft rejection and in view of absence of donor specific antibodies, non-HLA antibody screening was requested.**
- Test was negative in 2 cases** (no H/O transplant, Pre-transplant cross-match[CXM] and single antigen bead [SAB] assay for HLA antibodies- negative in both cases).

Sl. No	History	Non Hla Test Result
1	1 st Tx ,Pre Tx CXM & LMX Neg Symptoms started 2 months after Tx	Non-HLA antibodies were positive, 4 antibodies with MFIs between 3000 - 6500). (LMNA – 6373)
2	1 st Tx, pre-Tx CXM- negative. Symptoms started 1 week after transplant	Non-HLA antibodies were positive ,1 antibody IL21 - MFI - 1319
3	2 nd Tx, pre-transplant CXM- negative. Despite positive SAB, the antibodies were not donor specific. So the Tx was performed. Symptoms started 2 months after Tx SAB was positive.	Non-HLA antibodies were also positive >20 antibodies with MFIs between 1000 and 13200. (PRKCZ -13150)
4	1 st TX, pre-Tx CXM- negative. Symptoms started 1 week after Tx SAB Positive	Non-HLA antibodies were positive >15 antibodies with MFIs between 1000 – 4000. (PLA2R1 – 3817)
5	1 st Tx, pre-Tx CXM- negative. Symptoms started 4 months after Tx	Non-HLA antibodies were positive, 10 antibodies with MFIs between 1000 and 5000. (IFNG – 4782)

Conclusion: Understanding and managing the role of non-HLA antibodies in transplantation is an evolving field, with ongoing research aimed at improving transplant outcomes through better screening and treatment strategies. Detection and monitoring are essential for improving long-term graft survival and ensuring more personalized care for transplant patients.

