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RENAL TRANSPLANTATION. CLINICAL - 1

FP876 THREE YEARS RESULTS OF RENAL TRANSPLANTATION IN SENSITIZED END STAGE RENAL DISEASE PATIENTS

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Introduction and Aims: Preformed HLA-Antibody due to various reasons is major barrier for renal transplantation.Different combination and doses of immunoglobuline, plasma Exchange, rituximab were introduced to those patients for desensitization. Herein we report three years results of immunologically high risk 15 renal transplant patients desensitized by combination of immunoglobuline, plasma exchange and rituximab

Methods: We performed desensitization for immunologically high risk living-related 15 renal transplant candidates whose flow cytometry cross match tests were positive and or donor specific antibodies were above 5000 MFI detected by luminex single antigen assay. Our desensitization protocol included 200 mg/kg i.v immunoglobulin for 5 days, 5-7 plasmapheresis and one dose i.v rituximab (375 mg/m2) one month before the operation. All patients received combination of tacrolimus, mycophenolate mofetil and stereoid as a maintainence therapy. Blood transfusion history was positive in 10 patients and 2 patients had previous renal transplant history. Median age of patients was 41, 9 patients were female, the commenest cause of end-stage renal disease was glomerulonephritis (40 %).

Results: The median follow up was 3.4 years. There were 8 (53 %) antibody mediated rejection episodes and 5 (30%) acute cellular rejection episodes. Two graft were lost due to transplant glomerulopathy and recurrent urinary tract infection at that period. Hovewer, there was no patient loss. Graft survival was 100% at 1 year, 94 % at 2 years and 87 % at 3 years.Mean creatinine level was 1.9±0.3 mg/dl in functioning graft at 3 years.

Conclusions: This study showed that desensitization in immunologically high risk renal transplant candidates provides favourable patients and graft survival at 3 years follow up despite the high acute rejection rates

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