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abstracts

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IMPACT OF OBESITY ON THE OUTCOME OF KIDNEY TRANSPLANTATION: A SINGLE CENTER EXPERIENCE

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Objective: The number of overweight and obese patients undergoing kidney transplantation is considerably increased over the last decades. In this study we analyzed the short-and long-term outcome in obese patients undergoing kidney transplantation at our center. **Methods**: From 1998 to 2011, 845 kidney transplants were performed. Patients were assigned to four groups according to their body mass index (BMI): Group A: 100 patients underweight (BMI<18.5), Group B: 477 normal-weight patients (18.6<BMI<24.9), Group C: 199 overweight patients (25<BMI<29.9) Group D: 69 obese patients (BMI >30). We compared the frequency of delayed graft function (DGF), acute rejection (AR), incidence of surgical complications, graft and patient survival. **Results**: DGF occurred in 37 obese patients (Group D: 53.6%) with a statistically significant difference compared to the others groups: 24 patients of group A (24%), 174 in group B (36.4%), 57 in group C (28.6%). It was also observed that obese patients were at increased risk of developing AR than non-obese (p:0.04) and more susceptible to surgical complications with longer hospitalization time. However, no statistically significant difference in patient (P:0.2) and graft survival were observed (P:0.9) even if recipients of group D were more likely to encounter a worsening of renal function within 3 years after transplantation (P:0.008).
Conclusions: Obesity increases the risk of developing DGF, AR, and still is responsible for increased hospitalization due to medical and surgical complications. At our center obese transplant candidates undergo a pretransplant complete cardiac, pulmonary, endocrine evaluation and nutritional counseling, which allows the minimization of complications.

LONG TERM OUTCOME OF LIVING KIDNEY TRANSPLANTATION FROM ELDERLY DONORS

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Objective: The expanded criteria donor in cadaveric kidney transplant provides a suboptimal renal function outcomes, but in living donor kidney transplantation should we consider an elderly patient as a marginal donor? The aim of this study was to analyze short and long term outcomes of living donor kidney transplantation in a single center according to donor age.
Methods: we collected data on 93 patients who underwent living donor kidney transplantation between 1998 and 2012. Patients were subdivided into two groups according to donor age: older than 55 years (Group A n:39) and younger (Group B n:54). We compared the frequency of delayed graft function (DGF), acute rejection (AR), chronic allograft disease (CAD), CMV infection rate, incidence of ureteral stenosis and lymphocele, and graft survival.
Results: The mean follow-up time was 76.2 months. DGF occurred in 5 patients in group A (12.8%) and in 8 patients in group B (14.8%), with no statistically significant differences. AR, CAD and CMV infection rates seemed to be similar. Severe ureteral stenosis occurred in 5 patients in group A (12.8%) and in 1 in group B (1.8%), while the incidence of lymphocele was the same in both groups. Graft survival was 97.3%, 97.3%, 93.8% in group A and 96.1%,91.8%, 89.2% in group B at 1, 3 and 5 years, respectively (P:n.s.).
Conclusions: Kidneys from living donors over 55 years of age provide excellent long term outcomes, with no differences in medical, surgical and immunological complications as compared to younger donors, except perhaps for ureteral stenosis.

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ROLE OF SPLENECTOMY IN THALASSEMIA PATIENTS UNDERGOING HEMATOPOIETIC STEM CELL TRANSPLANTATION

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Objective: Currently, the only cure for beta thalassemia is allogeneic stem cell transplantation (SCT). Splenectomy is indicated if there is significant abdominal discomfort, splenic infarction, or symptomatic hypersplenism, but could impact engraftment. We reviewed our experience with splenectomy prior to SCT in patients with thalassemia.
Methods: Seventeen patients previously immunized underwent splenectomy between 2005 to 2011. Mean and median ages were 8 years (range 4 - 16).
Results: Minimum spleen weight was 495 grams and maximum 2397 grams.The median time (range) to reach granulocyte counts of 0.5 and 1.0×10^9/L among splenectomised patients was 18 (14-41) days. The corresponding time points for patients without splenectomy were 25 (20-28) days. Platelet counts of at least 20×10^9/L were reached at 23 (15-71) days. Among splenectomised patients, there was one death from transplantation-related causes (chronic lung graft versus host disease). Two patients had EBV reactivation with a high viral load; one patient developed a lung fungal infection; one patient developed disseminated lung fungal infection two months after transplant; one patient at day +2 after surgery showed an increased level of amylase and lipase. All were treated succesfully with appropriate therapy.
Conclusions: Splenectomy prior to an allogeneic SCT in thalassemia patients is associated with faster engraftment without a significantly increased risk of death from peri-transplant infections. While a larger study is warranted, it appears that pre-transplant splenectomy for thalassemia major is not associated with an adverse impact of ever free survival and overall survival.

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