



Hospital Admissions in the First Year Post-Living Donor Renal Transplant: Insights from a Tertiary Hospital in Tanzania

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INTRODUCTION

Living related – donor renal transplant was introduced in Tanzania, at Muhimbili National Hospital (MNH) on 21st November 2017. Renal transplantation is the recommended and optimal treatment option for the patients with end stage kidney disease. However, since the initiation of this service at our hospital, the causes of admission, in early transplant period have not been assessed. Identifying the causes influencing admissions within one-year post renal transplantation will guide on approaches to improve this program. Currently, the hospital offers transplant from living related kidney donors only.

METHODOLOGY

This was a retrospective hospital-based cohort study assessing causes of admissions in the 1st year post living related – donor renal transplantation at MNH between 2017 and 2022. Data were collected from MNH patients' medical file record and kidney transplant redcap registry.

RESULTS

The total of 72 living related – donor renal transplantation was performed at Muhimbili National Hospital, majority were males 65.2% (47/72) and their ages ranged from 9 to 62years. In this study we found the proportion of the patients that were admitted in the first year following renal transplantation was 8.3% (6/72). The commonest causes of admission documented were ureteric stenosis 33.3%, high grade fevers 33.3%, and lymphocele and hypoglycemia each of them accounting for 16.7% of these admissions. About two-thirds of the admissions were within the first three months following renal transplantation. The serum creatinine levels of the patients on admission ranged from 114umol/l to 257umol/l. One third of the study population were admitted for more than two weeks. As the hospital protocol all patients were admitted for stent removal and this was not included in the causes of admissions assessed.

CONCLUSION

We found low post-transplant admission rates among living-related kidney donors, with most admissions in the first year linked to surgical complications (e.g., ureteric stenosis) and medical factors, particularly high-grade fever. This low rate of admission could be explained by the highly selective patients on the initial transplant.