CLINICAL OUTCOMES OF PEDIATRIC RENAL TRANSPLANTATION

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INTRODUCTION

- ESRD in children in India: exact figures are unknown.
- Hemodialysis, peritoneal dialysis, and kidney transplant are treatment options.
- Very few centers perform renal transplantation in small children.
- The study analyzed rejection rates, survival, and clinical profiles of children who underwent kidney transplantation.

AIM

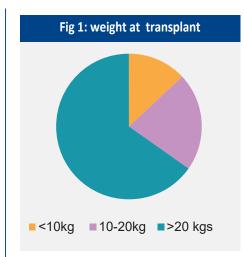
 To study the clinical outcomes of pediatric transplants done at Aster Medcity in Kochi, India from December 2015 to August 2024.

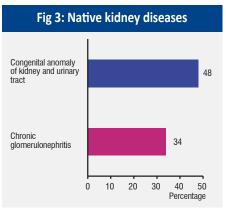
MATERIALS & METHODS

- Analyzed data of kidney transplant recipients who were below 18 years at the time of transplantation
- The donor characteristics such as recipient's age, weight at transplantation, native renal disease, mode and duration of prior dialysis therapy, surgical technique of transplantation, immunosuppression protocol, pre-operative, intra-operative, and post-operative medical, surgical complications, and the outcome(s) were assessed.

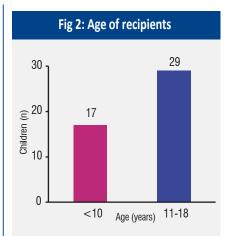
RESULTS

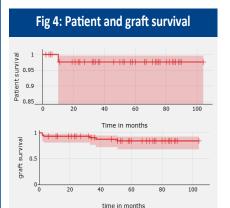
- Number of transplant recipients: 46 (59% males)
- Mean follow-up duration: 55 months (range: 2–104)
- Donor- Mothers (66%), Fathers (13%), Grand mothers (10%), Grand fathers (7%), brothers and deceased donor 2% each
- Hemodialysis:31, Peritoneal dialysis:13, Preemptive transplant:2





- 24 patients (52%) received induction therapy using IL-2 blockers. Seven were treated with anti-thymocyte globulin. Fifteen (33%) did not receive any induction.
- Triple immunosuppressive regimen, (Tacrolimus, Mycophenolate, and Prednisolone).
- Acute graft rejection-15 (32 %) over 104 months;9 patients (60%) showed a complete response to treatment.
- Five patients had urinary tract infections.
- Forty patients (86%) had a functioning graft at 9 years post-transplant
- Graft survival rates: 94% at 1 year and 3 years, and 86% at 5 years post-transplantation





- Six patients had graft loss during the follow-up period and are back on dialysis.
- Causes of graft loss included non-compliance with medication in two adolescent patients and chronic antibody-mediated rejection in another two patients.
- Patient survival rates- 98% at 1, 3 and 5 years post-transplant, indicating a very high overall survival rate for the pediatric transplant recipients in the study
- At the end of 104 months: 86% graft and 98% patientsurvival

CONCLUSION

Renal transplantation in children has excellent outcomes, with 98% patient survival and 86% graft survival at 104 months. It is the preferred treatment for end stage renal disease in children