LONG-TERM KIDNEY TRANSPLANTATION OUTCOMES IN PATIENTS WITH CONGENITAL ANOMALIES OF THE KIDNEY AND URINARY TRACT – A RETROSPECTIVE ANALYSIS FROM TERTIARY CARE CENTRE IN SOUTH INDIA

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INTRODUCTION

- In LMICs like India, People are so hesitant for live donation to children and young adults.
- Though we see lot of CAKUT cases in Haemodialysis units, only small subset of them undergo renal transplant.
- There is paucity of data in this domain in our country.

AIM

- To analyse long-term outcomes after kidney transplantation (KTx) in patients with congenital anomalies of the kidney and urinary tract (CAKUT).

METHODS

- Single Centre Retrospective Case control study
- Study centre : Institute of Nephrology, Madras Medical College
- 49 Kidney Transplant Recipients(KTRs) with CAKUT from 2011-2013 with equally matched Non CAKUT KTRs
- Outcomes studied were Death-censored Graft survival, Patient survival, mean estimated GFR at followup, recurrent / complicated urinary tract infections (UTIs), urological complications, biopsy-proven acute rejections, outcomes of patients on Clean intermittent catheterization (CIC).

RESULTS

CHARACTERISTICS	NON CAKUT n=49	CAKUT n=49
Age (Mean in years)	26.1	25.9
Followup (Mean in months)	64	65
Graft survival	36(73.5%)	39(79.6%)
Patient survival	40(81.6%)	43(87.7%)
Recurrent / Complicated UTI	4(8.1%)	13(26.5%)
Graft Survival	2(5.5%)	15.3%
Graft loss	2(15.3%)	66.6%
Mean eGFR (ml/min)	66.86	62.12
Urological complications	5(10%)	12(24.5%)
Biopsy Proven Acute Rejection	28.6%	22.4%
On CIC	3 patients ; 2 graft loss in 12 mon & 52 months 1 Patient eGFR 22 ml/min at 72 months followup	

DISCUSSION

- KTRs with CAKUT were males 43/49(88%)
- Reflux nephropathy (n=24), Congenital obstructing posterior urethral membranes (COPUM) (n=15), renal dysplasia / hypoplasia (n=4), Neurogenic bladder(n=2) were common etiologies
- Death censored Graft survival CAKUT 79.6% vs CONTROLS 73.5% (p= 0.63)
- Recurrent complicated Urinary tract infections, being on CIC were common in CAKUT patients who had graft loss (p= 0.01)
- Urological complications in CAKUT KTRs were uretheral strictures n=5 , ureteral strictures n=3, CIC usage n=3, urine leak = 1
- CAKUT patients had higher urological complications, lesser biopsy proven acute rejections but statistically not significant.

CONCLUSION

- KTRs with CAKUT had overall good death censored graft survival and patient survival.
- Transplant centers should develop multi-disciplinary educational and social working groups to support and encourage CAKUT patients with kidney failure to seek for transplants.

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