

Classification Restricted

Across the Blood Group Transplantation

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BMC BURJEEL
MEDICAL
CITY
By Burjeel Holdings

RECIPIENT

Donor - 47Y/M

A to B

Initial titer – 1:32

- Inj Rituximab(100 mg)
- Tacrolimus + MMF
- 2 session of Plasmapheresis
- Two doses of Inj ATG(50 mg)
- Pred + Tacro + MMF

DONOR

Donor - 47Y/M

A to B

Initial titer – 1:32 (IgG)

Titer measurement – Column agglutination

- Inj Rituximab(100 mg)
- Tacrolimus + MMF
- 2 session of Plasmapheresis
- Two doses of Inj ATG(50 mg)
- Pred + Tacro + MMF

POST OPERATIVE

- Post operatively good urine output
 - Third POD : S creatinine –normal
 - Fever and high s creat – 4th POD
 - Urine c/s – Klebsiella UTI
 - Graft biopsy on 7th POD – AIN
 - Normalized graft function on 10th POD
 - Discharged on POD14
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- Recurrent Klebsiella UTI
 - Lower ureteric stenosis
 - S/P DJ stenting

Unresolved issues

- Acceptable ABO titers
- Rituximab – needed or not required^{1,2}
- Dose of Rituximab³
- Minimizing immunosuppression
 - Steroid free ABOi⁴
 - Without Rituximab

1. Flint *et al.*, *Am J Transplant.* 2011;11:1016-24
2. Montgomery *et al.*, *Transplantation* 2009;87:1246-55
3. Toki *et al.*, *Transplant Int* 2009;22:447-54
4. Galliford *et al.*, *Transplantation* 2008; 86:901-6

Unresolved issues

- Protocols are evolving
- Lack of controlled trials to favour any specific protocol.

Summary

1. ABOi KT : potent immunosuppression
 - Similar outcome compared with ABOc KT
 - Severe infection in selected patients (aged patient)
2. Strategy changed
 - Rituximab dose (500mg → 200mg)
 - Immunosuppressant reduction (dose reduction , CSA)
 - Infection prophylaxis (in aged patients)
 - Target titer
3. ABO-incompatible KT
 - Accommodation
 - Can improve short & long term outcome