



KIDNEY TRANSPLANTATION VS. COMBINED LIVER-KIDNEY TRANSPLANTATION - OUTCOMES OF KIDNEY FUNCTION IN AUTOSOMAL DOMINANT POLYCYSTIC KIDNEY DISEASE.

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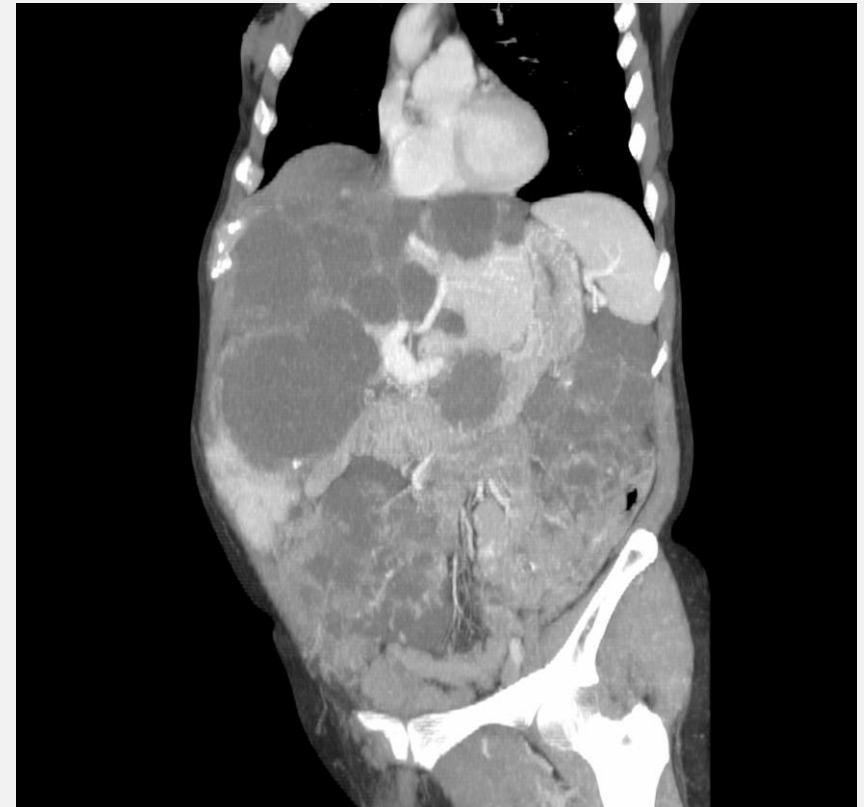
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INTRODUCTION.

Autosomal dominant polycystic kidney disease (ADPKD) is common indication for kidney transplantation (KTx). In some cases with also polycystic liver disease, called autosomal dominant polycystic liver disease (ADPLD) combined liver-kidney transplantation (CLKTx) is considered.

Objective.

To compare immediate and early graft function after KTx and CLKTx in high-volume single-center.



METHODS.

From the whole population (n=22) after CLKTx transplanted at our site, extracted data of 10 patients with ADPKD and ADPLD (9 females) with mean age 52 years (range: 37-62 years) who underwent CLKTx.

Kidney was transplanted during the same procedure from different incisions. We compared the outcomes with 23 patients with ADPKD (8 females) with mean age 56 years (range: 41-71 years) who underwent KTx.

Preemptive approach was: 3 patients in KTx group and 2 in CLKTx.

All recipients from CLKTx received immunosuppression regimen (IS) with tacrolimus (Tac), mycophenolate mofetil (MMF), steroids and basiliximab.

8 patient from KTx had former IS, the remaining had standard protocol with Tac, MMF and steroids.

Kidney ischemia time (KIT) was: 980 minutes (SD±649) and 818 minutes (SD±148 minutes) in KTx and CLKTx, respectively.

In group characteristic age, KIT, preemptive approach did not differ significantly, however gender and IS was significantly different between KTx and CLKTx groups.

One-year recipients survival rate, one year graft survival rate, incidence of delayed graft function (DGF), serum creatinine level (Cr) at discharge and one-year follow-up were analysed.

Kaplan-Meier cumulative survival curves, Wilcoxon, Chi2 and U Mann-Whitney tests were used for statistical analysis. p-value was set up for <.05.

RESULTS.

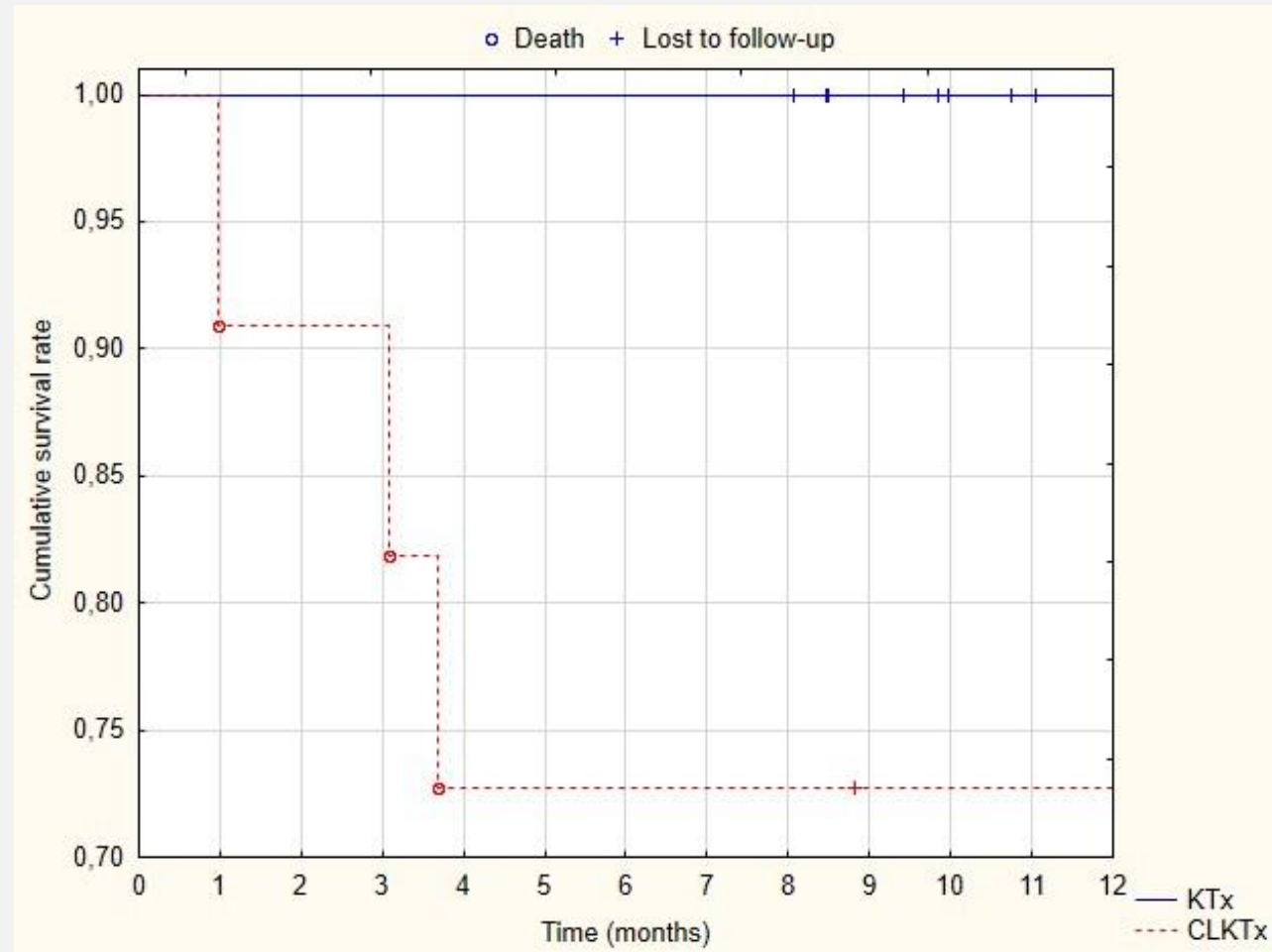
One-year cumulative survival rates among KTx was significantly higher than CLKTx cumulative survival: 1,0 and in CLKTx was: 0,72 (SD±0,13) ($p < .05$, Wilcoxon test).

DGF was observed in 4 and 10 patients ($p = ns$), respectively.

Cr at discharge was 1.7 mg/dL (SD±0,83) and 1,6mg/dL (SD±0,44) ($p = ns$).

One-year follow-up was: 1,49mg/dL (SD±0,48) and 1,25mg/dL (SD±0,23) ($p = ns$) in KTx and CLKTx, respectively.

None of the patient return to dialysis within first year after transplantation.



CONCLUSIONS.

Early kidney graft function is comparable among KTx and CLKTx in ADPKD.

Further observation is necessary to determine outcomes of solitary or combined with liver kidney transplantation in patients with polycystic kidney/liver disease as well as outcomes after CLKTx due to other pathologies.

