



Profile of Tuberculosis in Kidney Transplant Recipients: A Single Centre Experience from Central India

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Introduction

- Tuberculosis (TB) is a widespread infection in Indian subcontinent. It is a feared complication in post-transplant period. Evidence indicates TB can develop in nearly 0.3 to 15.2% of kidney transplant (KT) recipients.¹
- Reactivation rather than primary infection is a common mode of activation of TB after KT.²
- In this study, we report profile of post-kidney transplant TB from central India.
- We did retrospective analysis of data obtained from electronic database of our transplant unit with patients who developed TB after KT. Outcomes after antitubercular therapy (ATT) were assessed.

^{1.} Sorohan et al. Pathogens 2022; 11(9):1041.

^{2.} Sundaram et al. Indian J Urol. 2008 Jul;24(3):396-400.

Results

165 KT patients

PREVALENCE

10 (6.1%) Post-Transplant TB DIAGNOSIS

9 (90%): TB gene expert

1 (10%): Sputum AFB positive





TB diagnosed within 1-year of KT (50%) **Focus of Infection**

Pulmonary (70%)

Genitourinary(20%)

Lymph node (10%)

Graft TB Abscess (10%)

Concomitant pulmonary Aspergillosis (20%)

Results

Possible Risk Factors

- ATG induction regimen: 50%
- Rituximab prior to transplant: 10%

Graft Dysfunction

- 2 (20.0%)
- Recovered after ATT

ATT Details

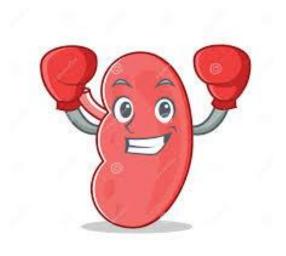
- Rifampin-free ATT: 30%
- ATT successful: 90%
- ATT ongoing: 10%
- Ethambutol related optic neuropathy: 10%

Outcomes

- Graft loss after TB onset: 10%
- Mixed acute antibody and cell mediated rejection after initiating

ATT: 10%

Conclusion



- TB is an endemic disease in India.
- Post-transplant TB poses significant challenges in management due to immunosuppression and drug interactions.
- Timely diagnosis helps in successful treatment of TB.
- Compliance to ATT is of prime importance to achieve optimal patient outcomes

