





E-Poster number P.144

Is not treating ≤ 3000 IU /ml of Cytomegalovirus viremia safe in Living Donor R+D+ Renal Transplant Recipients?

Dr. Sunil Kumar Dodani, Dr. Asma Nasim

Department of Infectious Diseases

Sindh Institute of Urology and Transplantation



Background:

- Graft dysfunction with morbidity and mortality
- Living donor program with 99% R+D+
- Non-availability and cost of oral Val ganciclovir
- Event driven CMV treatment
 - No fixed CMV
- PROTOCOL-Treat all CMV with viral load of >3000 IU/ml in WHOLE BLOOD
- Objective
 - Outcome of not treating patients with CMV viral load ≤3000 copies/ml among living donor D+R+ renal transplant recipient

Methods:

- Renal Transplant Recipients
 - January 2018 to December 2020
- CMV viral load of ≤ 3000 in Whole Blood
- The first CMV episode is taken
- Patient are divided into those who are treated and those who are not
- Demographics, HLA match, time since transplant, immunosuppression at the time of transplant and 90 days before CMV episode, rejection 90 days before and after CMV episode
- Outcome
 - Tissue invasive disease
 - Recurrent CMV
 - Serum creatinine at the last follow up (4 years post-transplant) are compared

Results

A total of 112 had viral load of ≤3000 IU/ml. Out of these 78 (69.3%) are not treated

	Treated n=34	Not Treated n=78	p Value		Treated n=34	Not Treated n=78	p Value
Age	28.68 ± 6.83	29.6 ± 1.21	0.768	Immunosuppression at 90 days prior to CMV			
Gender	27 (79.4)	62 (79.5)	0.993	TAC based	19 (55.9)	38 (48.7)	0.486
HLA Matching*	22 (64 7)	50 (74.4)		CyA based	17 (50)	39 (50)	0.801
Good Bad	22 (64.7) 8 (23.5)	58 (74.4) 12 (15.4)	0.538	AZA based	28 (82.4)	68 (87.2)	0.344
Identical	4 (11.3)	8 (10.3)		MMF based	4 (11.8)	10 (12.8)	0.573
Immunosuppression at Time of Transplant				Rejection in 90 days	6 (17.6)	1 (1.3)	<0.001
Induction ATG	11 (32.4)	19 (24.4)	0.252	Post CMV			
TAC based	8 (23.5)	14 (17.9)	0.494	CMV within 90 days	17 (50)	2 (2.6)	<0.001
AZA based	26 (76.5)	66 (84.6)	0.393		` '	` '	
CyA based	26 (76.5)	62 (79.5)	0.713	CMV Viral Load	2000 [1950-	400 [200-600]	<0.001
MMF based	7 (20.6)	13 (16.7)	0.618	Median [IQR]	3000]		

^{*-}HLA Matching

TAC-Tacrolimus; ATG Antithymocyte Globulin; AZA- Azathioprine; CyA- Cyclosporine; MMF-Mycophenolate Mofetil

Good- 1 Haplotype

[•] Bad- O Haplotype

Results

	Treated	Not Treated	p Value
	n=34	n=78	
Tissue Invasive Disease	1 (2.9)	1 (1.3)	0.517
Recurrent CMV Viremia	13 (38.2)	6 (7.7)	<0.001
Graft Outcome			
S. Creatinine at time of CMV	1.57 [1.37-1.81]	1.56 [1.27-1.84]	0.537
S. Creatinine at Last Follow-up	1.44 [1.21-1.92]	1.36 [1.12-1.77]	0.278
Last Follow-up (Median days	854 [527-1189]	971 [608-1298]	-
from CMV)			

Conclusion:

Viral load ≤3000 can safely be not treated in D+R+ living donor renal transplant recipients