ERITHROCYTOSIS AFTER KIDNEY TRANSPLANT: PREVALENCE AND PROGNOSIS

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INTRODUCTION AND AIMS

Post-transplant erythrocytosis, is a known complication in kidney transplant recipients, with a frequency range reported in the literature between 2-22%.

We aimed to evaluate and characterize the prevalence of erythrocytosis in our renal transplant population.

METHODS

Study design: Cross sectional study

Setting: Outpatient Kidney transplant recipients

Population studied: Adult patients who had received a renal transplant at our center between January 2012 and December 2014

Exclusion criteria: <18 years old; CKD 5D;

Primary endpoint: Erythrocytosis

Definitions: Erythrocytosis was considered with hematocrit levels above 51%, or a hemoglobin level above sixteen g/dL. Renal function was evaluated by the CKD-EPI Equation.

Data collection: Demographic, clinical and laboratorial data was registered and collected into a database until the end of follow-up.

Statistic Analysis. Data is presented as mean ± SD or median and interquartile range (IQR) for continuous variables.

RESULTS

N = 1948 Renal Tx

Mean follow-up: 18 ± 4 months

N = 329 Erithrocytosis

- 93,6% ♂,
- Idade 42±9 anos.
- Diagnosis 7,2 ± 5 months
- Duration of erythrocytosis 8,3 ± 3 months
- Renal function: 92.8% eGFR > 60 mL/min

Immunosuppressive medication regime:

- Prednisolone (100%)
- Tacrolimus 67,2%
- Cyclosporine 32,8%
- Azathioprine 86%
- Mycophenolate mofetil 14%

- Twenty-four patients (7,3%) were treated with phlebotomies, while 29 patients (17,9%) were given angiotensin-converting enzyme inhibitors. One hundred six patients were left untreated including 92 patients (77,2%) who received prophylactic anti-platelet medications.
- Remission of post-transplant erythrocytosis was seen in all treated and in 89,3% untreated patients at the end of follow-up. No thromboembolic complications occurred.
- Only 9 patients (2.7%) developed chronic allograft nephropathy during follow-up.

CONCLUSIONS

The erythrocytosis in our population, is a benign condition with a frequency close to the upper limit reported in the literature.

This disease affects mainly males, and generally manifests in the first year post-transplantation.

Spontaneous remission was observed in most patients, however, close to 25% required phlebotomy or ACE inhibitors to control hematocrit levels.

Thus close monitoring of haematological values in the post transplant is necessary.

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