

OUTCOME OF RENAL TRANSPLANTATION IN PATIENTS WITH MENTAL RETARDATION

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INTRODUCTION AND AIMS

Kidney transplantation requires compliance with prescribed immunosuppressive protocol. For this reason, mental retardation has been considered as a relative contraindication for transplantation. Data about outcome of kidney transplantation in this group of patients is scarce. Aim of our study was to investigate prevalence of patients with mental retardation, posttransplant complications and outcome.

PATIENTS AND METHODS

Prospective follow-up of all renal transplant recipients from January 2007 to December 2013 to identify patients with mental retardation who received renal allograft.



Patient with intellectual disability treated with PD during evaluation for renal transplantation from deceased donor. Supported by her mother.

CONCLUSION

Kidney transplantation should be offered to carefully selected patients with mental retardation who have family or other people support and who may be compliant with immunosuppressive protocol. Kidney transplantation improves quality of life not only of the recipients, but also of all family members or persons providing support to mentally retarded patient. Nutrition remains significant problem with development of either obesity or malnutrition.

RESULTS

797 kidney transplantations, 12 patients with intellectual disability.

Table 1. Patients' characteristics.

Characteristic	No
Male:female	7:5
Physical handicap	9
Primary renal disease	Oligoneganephronia 2 VUR 1 Dandy-Walker sy Chronic pyelonephritis 2 TIN 1 Chronic GN 2 Unknown 3
Previous HD:PD	7:5
Time on dialysis (years)	1-17 (mean 6.4)
Deceased:living donor	11:1

Table 2. Complications.

Infections	Imunological	Other
<ul style="list-style-type: none"> • Viral (1 VZV, 4 BKV, 2 JCV, 1 CMV) • Bacterial pneumonia 	<ul style="list-style-type: none"> • Acute cellular rejection (2) 	<ul style="list-style-type: none"> • Spontaneous tendon rupture • Hypertensive hydrocephalus (2) • Leucopaenia • Lymphocela 2 • Gyngival hypertrophy

100% 1-year and 5-year patient and graft survival

