DRUG-RESISTANT BACTERIAL INFECTIONS AMONG RENAL TRANSPLANT RECIPIENTS: RISK FACTORS AND CLINICAL OUTCOMES

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Aim:

Analyze the incidence and localization of bacterial infection in RTx recipients, thephenotype pattern of susceptibility to the routinely available antibacterials, risk factors for acquisition of antibiotic-resistant bacteria and the impact of infection with suchbacteria on graft survival and estimated- glomerular filtration rate (e-GFR) at one year

Methods:

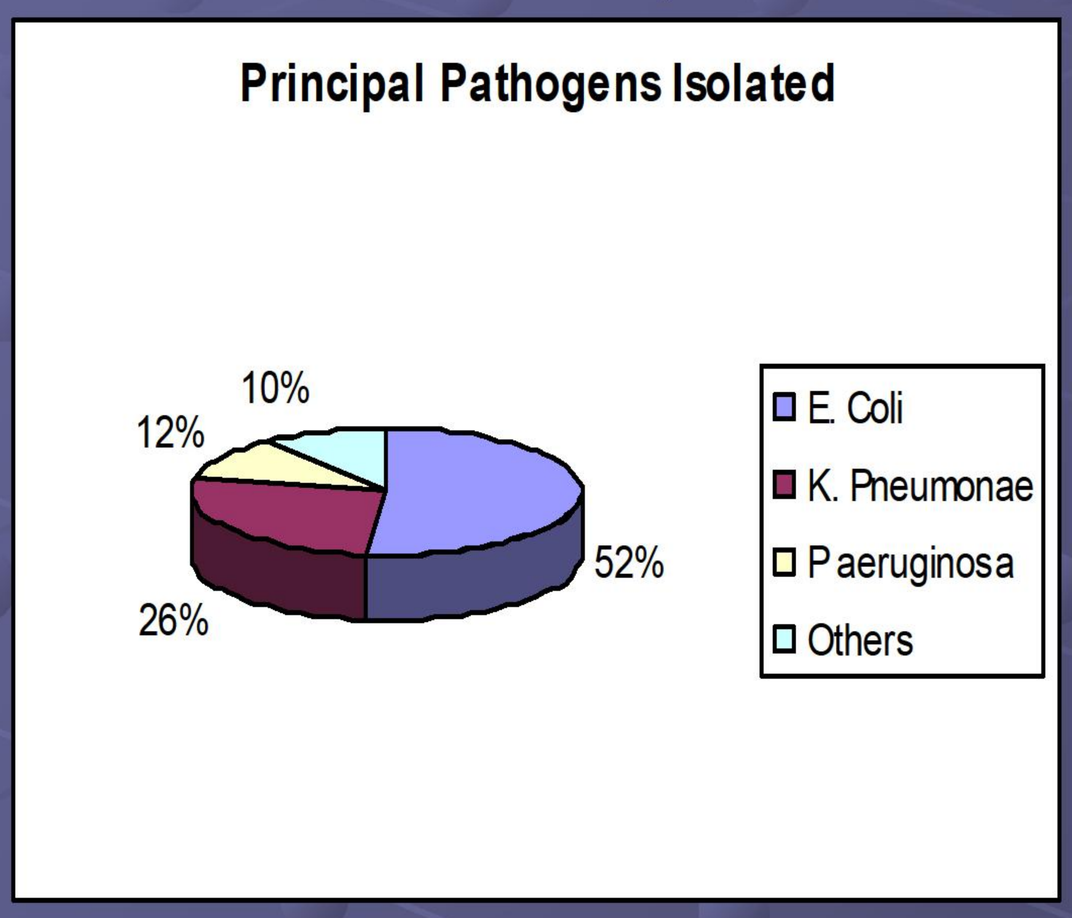
We conducted a descriptive, restrospective study from the medical records from all the transplanted patients between 2009-2013. The end-points examined were: Phatogen Isolated, Antibacterial resistance, Urinary tract manipulation, Previous infestions treated, first year graft survival.

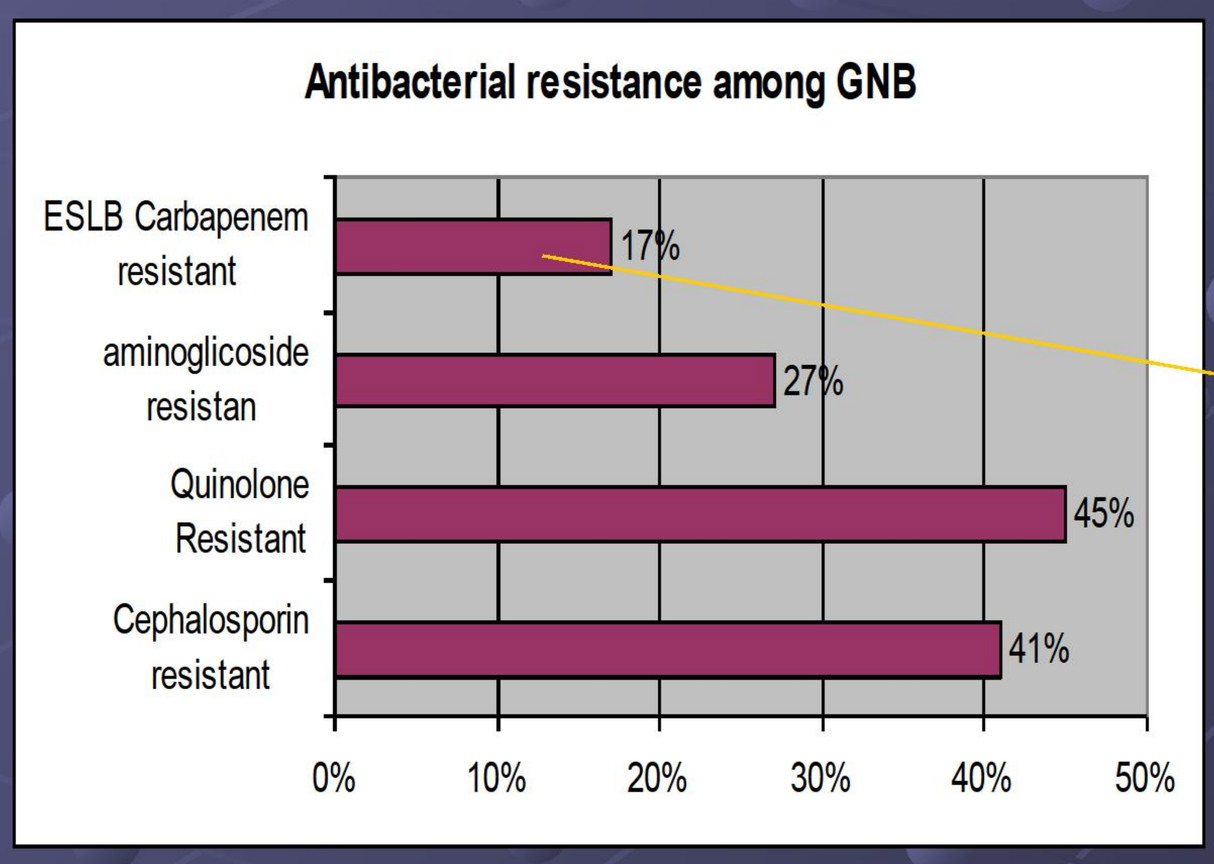
UTI: Urinary tract infections.
GNB: Gram Negative Bacillus
BI: Bacterial Infections
Stadistical analysis: SPSS v.15.0

81 transplanted patients between 2009 -2013

127 episodes of BI in 42 patients

- 72,4% UTI
- 17,3% bloodstream infection





Independent variables associated with resistant GNB infections

Variable	OR	IC 95 %
Urinary tract manipulation	6,4	2,9 - 40,2
Previous infections that required use of antibiotics	5,1	4,5 - 21

- 1 year graft survival was lower (*but not significant*) in patients with antibiotic-resistance GNB infection (100% vs 84,2%, p=0,126)
- e-GFR was **significantly reduced at one year**, compared with patients with no drug-resistant infection (46.1 13.5 vs 57.6 0.15.6 ml/min, p=0.047).

Conclusions: After RTx, most infections are caused by gram negative bacteria. The most frequent source of infection is urinary tract. Infection with multiresistant-bacteria confers a worse prognosis.

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