

# Non Heart Beating Donation: A valid source of organs 2 kidney transplant's center experience

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## INTRODUCTION

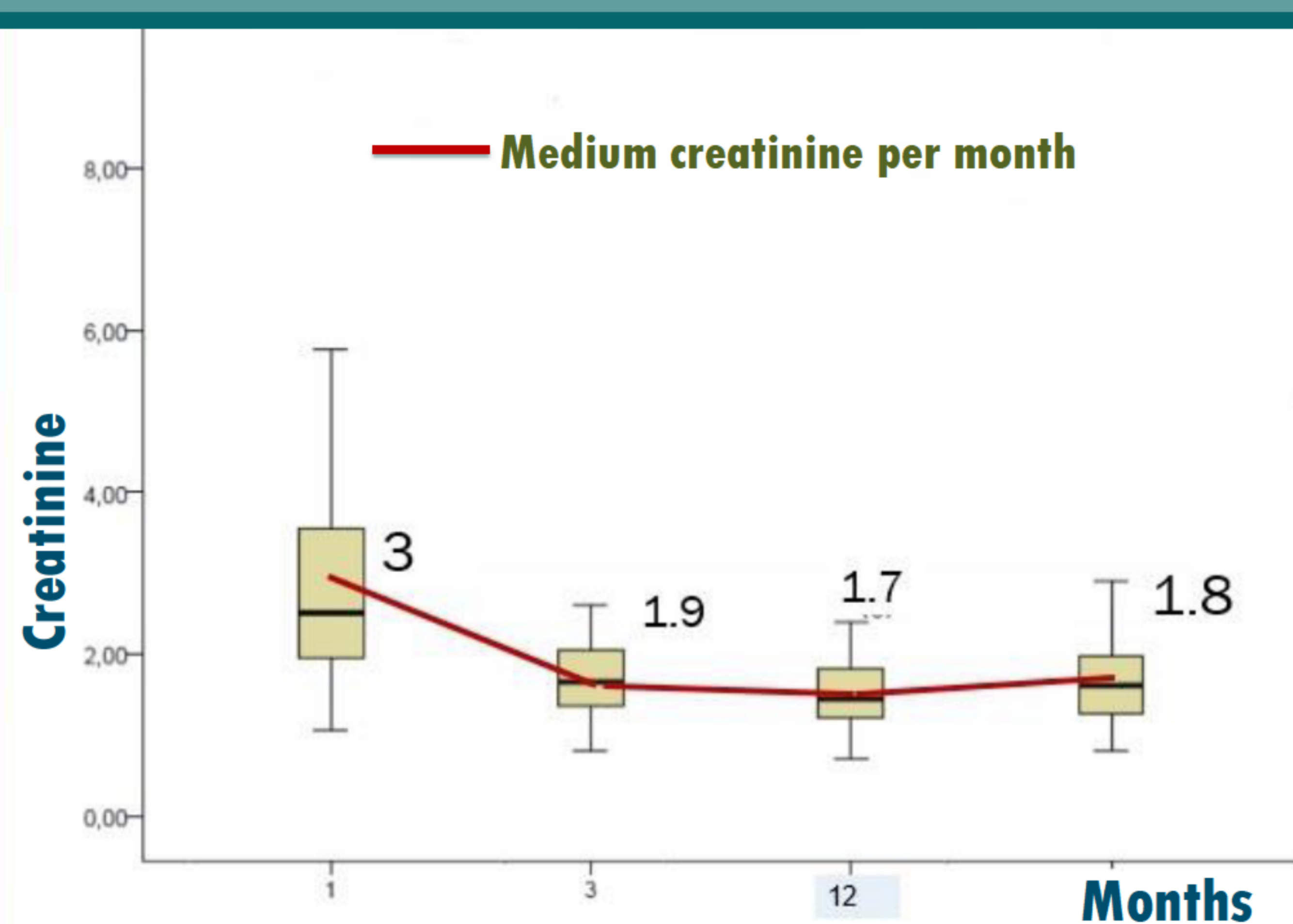
Despite the introduction of new sources of organs, such as expanded criteria donors and living donors, still exists a large disparity between the number of patients on the waiting list and the pool of donors. We combine the two transplant centers experience in using this kind of donation as a valid source of organs.

## MATERIAL-METHODS

In our study, we included 83 patients, between 03/01/2010 and 31/12/2014, who received a kidney transplant from non heart-beating donors (NHBD). 70% of recipients were males and mean age was  $42.4 \pm 13$  years. Mean dialysis time was  $35.7 \pm 23$  months. 90% of the donors were males, mean age was  $42.4 \pm 13$  years and mean cold ischaemia time of  $11.4 \pm 4$  hours. All patients received T-cell depleting antibody induction (rabbit antithymocyte globulin), mycophenolate and prednisone. Delayed introduction of ICN.

Recipients	
Sex	Males (70%)
Age	$49.3 \pm 11$ years
Time on Dialysis	$35.7 \pm 23$ months
Blood Group	A (63%)
PRA	< 25% (98%)
Donors	
Sex	Males (90%)
Age	$41.2 \pm 13$ years
Total PCR Time	$98.17 \pm 10.85$ (78-120)
Cold ischaemic time (minutes)	$11.4 \pm 4$ hours (5-18)

## RESULTS



The median follow-up time was  $28.4 \pm 16$  months. We had 8,5% of primary non-function, 71% of delayed graft function. There was 2,4% of acute rejection at 1 year. Creatinine at 1°, 3° months, at 1° year and the last follow-up, were: 3, 1.9, 1.7, y 1.85 mg/dl. Proteinuria at the same time: 656, 533, 483, y 429 mg/24 hours.

Incidence of CMV infection was 40.3% and BK infection: 3 patients, without nephropaty.

2 patients died at immediate post-operative because of intestinal ischaemia and sepsis, and one more at 3 year after pulmonary embolism. Patients and graft survivals were 98 and 91%; respectively, at 1 year and 98% and 86%, respectively, at 2 year of transplant.

## CONCLUSIONS

We can conclude that despite of high rate of DGF between NHBD recipients, the long-term outcomes in survival and allograf function are similar if we compare with results from heart beating donors.

