

Outcome of Saudi Patients Returning after Commercial Kidney Transplantation Abroad

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INTRODUCTION

Commercial kidney transplantation (CKTx) continues despite objections by the transplant community and efforts to boost altruistic donation. The aim of this study is to review the outcomes of patients undergone CKTx, and then followed in our center.

METHODS

All recipients of CKTx who presented to our center within a year of their transplants, between September 2008 and December 2013, were included. Data were retrospectively collected from patients' hospital charts. One-year outcome was studied for recipients presented within the first six months after transplantation.

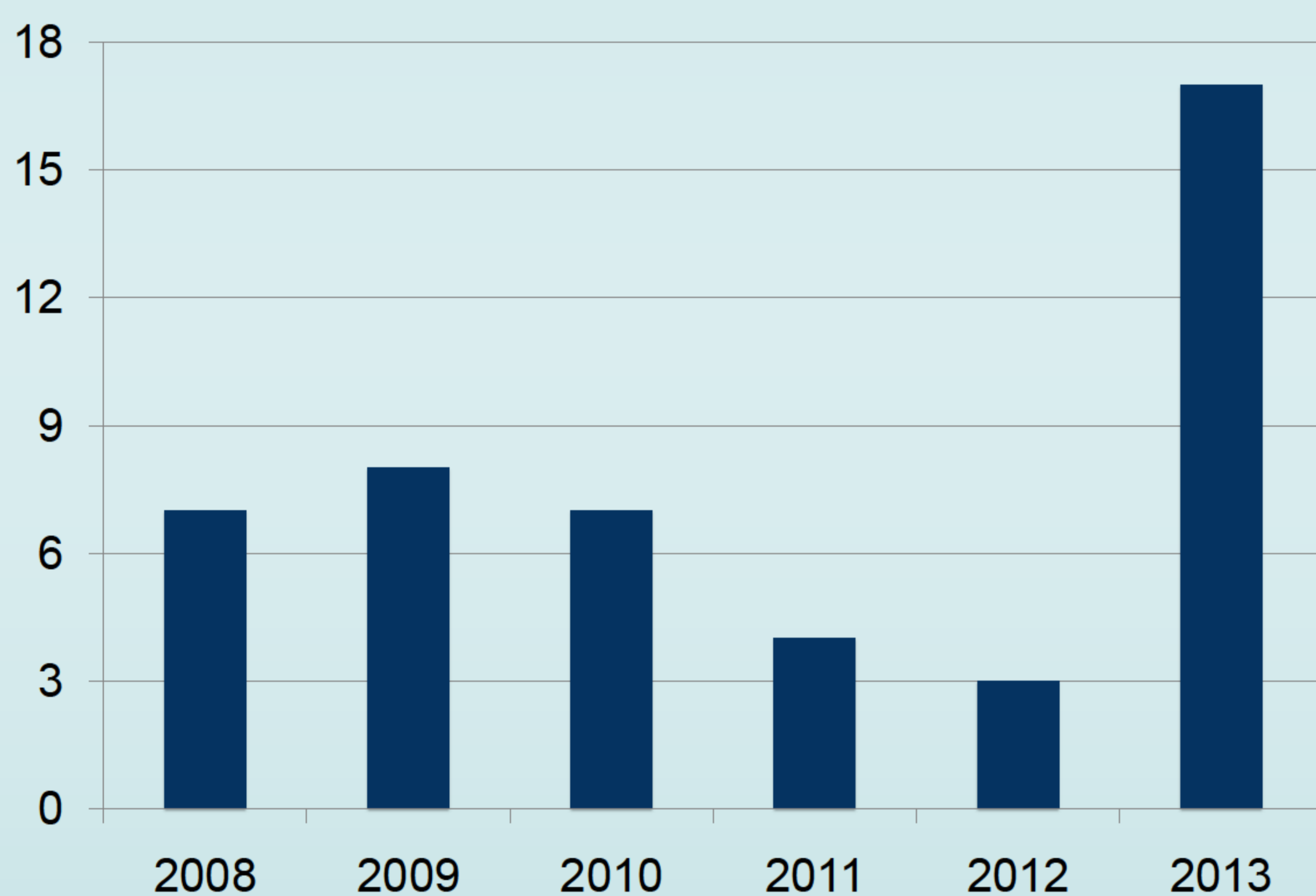


Figure - 1: Number of CRTx presented to our center.

	Recipient
Known to our center (N, %)	19 (41%)
Pre-emptive transplant (N, %)	9 (20%)
BMI (mean, range)	29 (15 - 49)
Diabetes mellitus (N, %)	12 (26%)
Serum Cr (median, range)	117 (41 - 439)
Discharge summary (N, %)	21 (46%)

Table - 1: demographic and clinical characteristics at time of presentation.

RESULTS

Total of 46 recipients (Figure - 1), mean age of 40 years (13 - 62 years), and 17 were females. The median time between transplant to presentation was 14 days (5 - 269 days). 20 presented within 14 days, while 9 were referred by other facilities 6 months after transplant (excluded from analysis).

Table - 1 shows demographic and clinical characteristics of recipients at time of presentation, and Table - 2 lists the complications and outcome during the first year post CRTx, compared to local transplant.

Complication	CRTx N (%)	Local Tx (%)
Perinephric collection	7 (19%)	9%
Wound infection	5 (14%)	13%
Ureteric stricture	4 (11%)	2%
Urinary leak	2 (5%)	1%
Mycotic aneurysm	1 (3%)	0
ACR	12 (32%)	12%
AMR	5 (11%)	4%
CMV infection	1 (3%)	6%
BK nephropathy	1 (3%)	2%
UTI	11 (30%)	40%
Fungal pneumonia	2 (5%)	0
Graft loss	3 (8%)	3%
Recipient death	2 (5%)	0

Table - 2: Complications and outcome during the first year.

CONCLUSION

Patients returning after CRTx suffer a high burden of serious post transplant complications. It is of major concern that a significant number of these patients were known to the transplant service before travelling for their CRTx. A much concerted effort is urgently needed to better inform ESRD patients of the risks and the ethical issues related to CRTx, and to point them towards ethically sound and medically safer alternatives.