

CARDIOVASCULAR DISEASE AFTER KIDNEY TRANSPLANT FROM UNCONTROLLED DONATION AFTER CIRCULATORY DEATH (UDCD)

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Introduction

- Cardiovascular diseases (CVD) are the most frequent cause of mortality in kidney transplant (KT) recipients, and 50% of these deaths are due to ischemic heart disease (IHD). Immunosuppression could increase the development of arterial hypertension, dyslipidemia, postransplantation diabetes. On the other hand, renal function could play a role in the CVD.
- The recipients of KT from uDCD received more frequently induction therapy with lymphocytes depleting antibodies and higher dose of inhibitor of calcineurin. The influence of these treatment in the incidence of CVD after this kind of KT is unknown.

Aim

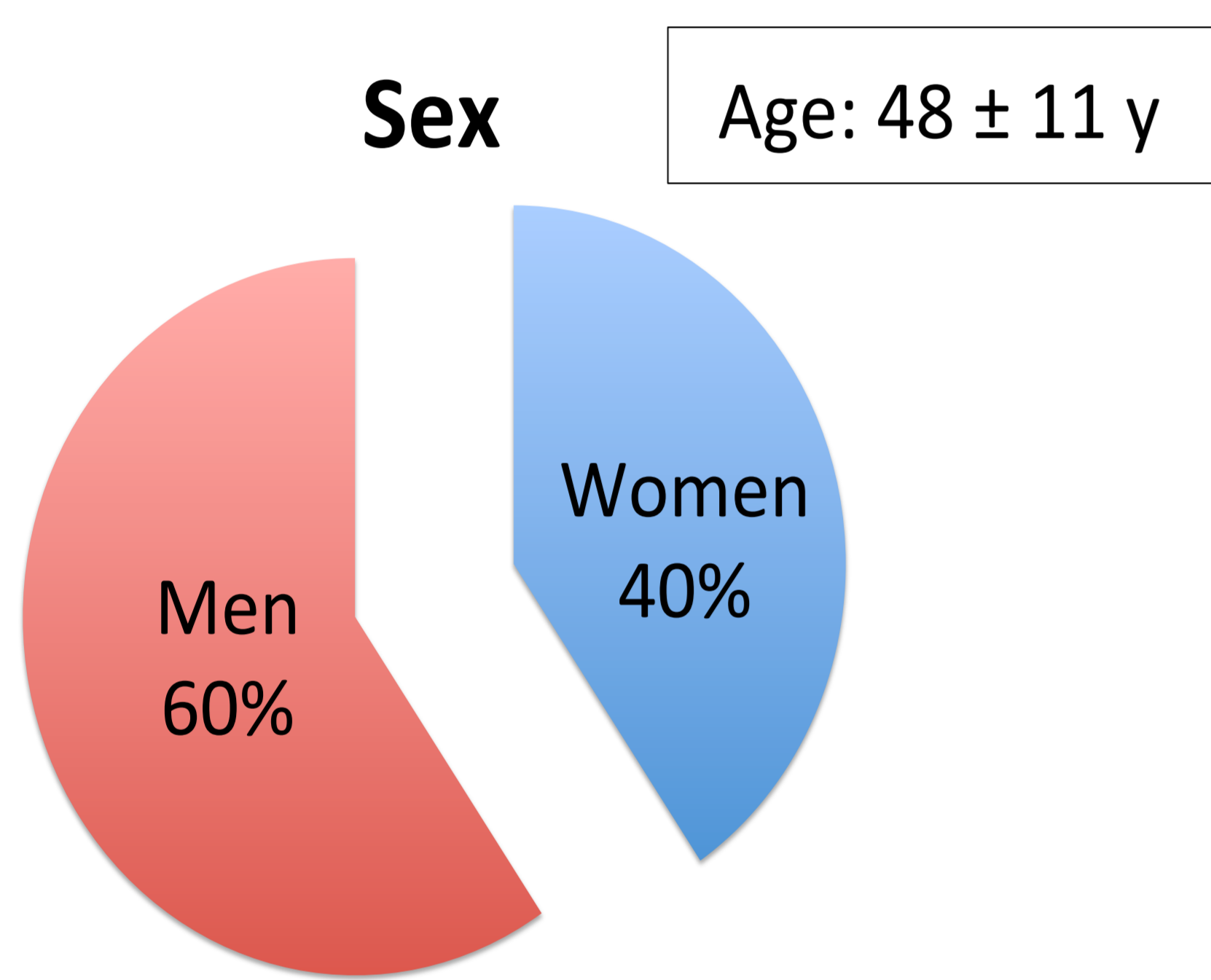
- To analyse the prevalence and the incidence of CVD events in our program of KT from uDCD after 100 months of follow up and to determinate the risk factors that are involved in the development of this complication.

Material and Methods

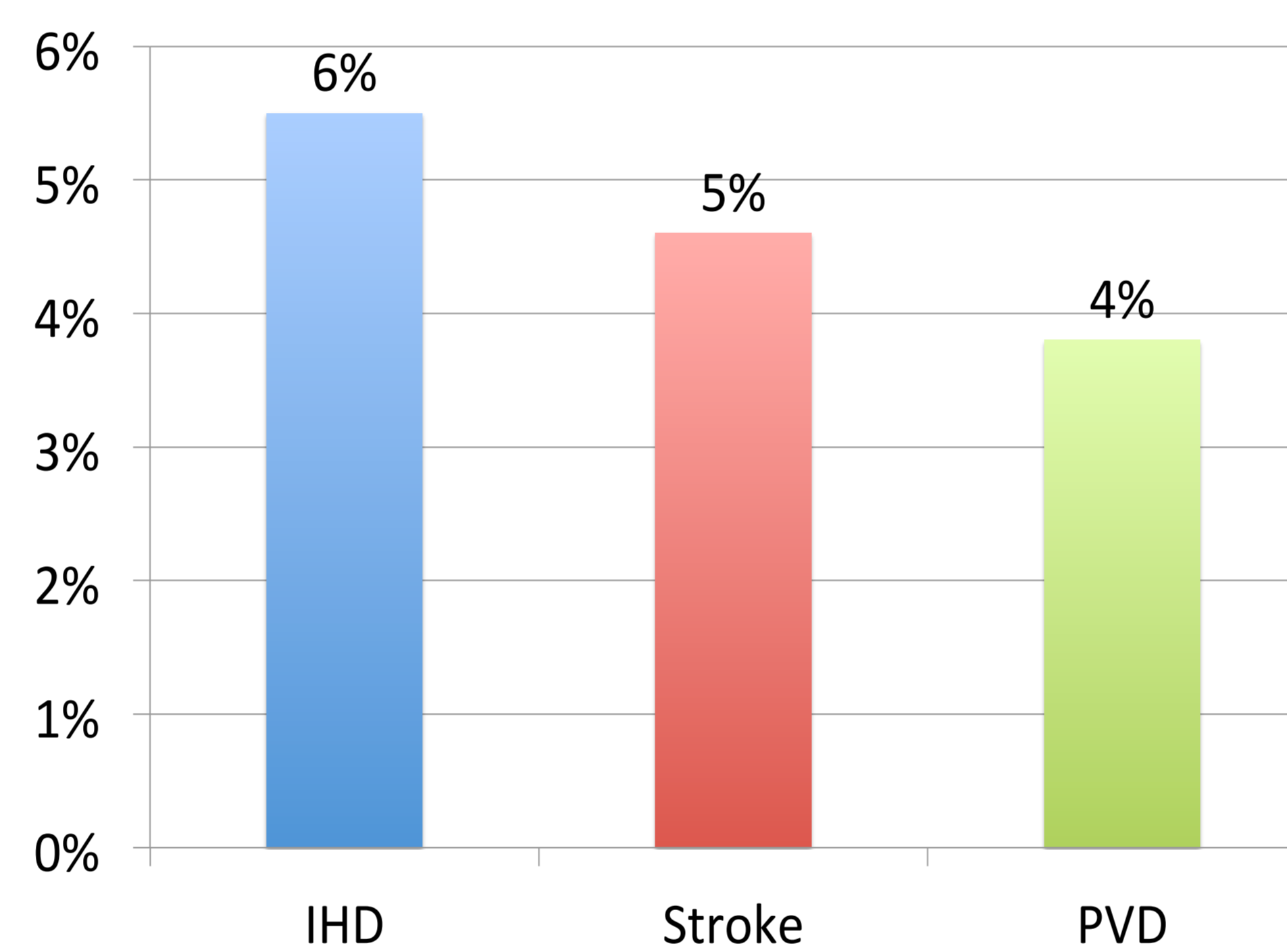
- Prospective observational single centre study in 237 RT from uDCD between 2005 and 2013. Patients were followed just the end of study (100 months), death or change of type renal replacement treatment (dialysis).
- We reviewed donors, recipients, procurement and evolution characteristics.
- We reported CVD events: IHD, cerebrovascular accidents and peripheral vascular disease (PVD) or death attributable to CVD.
- We performed a mortality score with the variables that had $p < 0.05$ in the multivariable analysis.

Results

Demographic characteristics



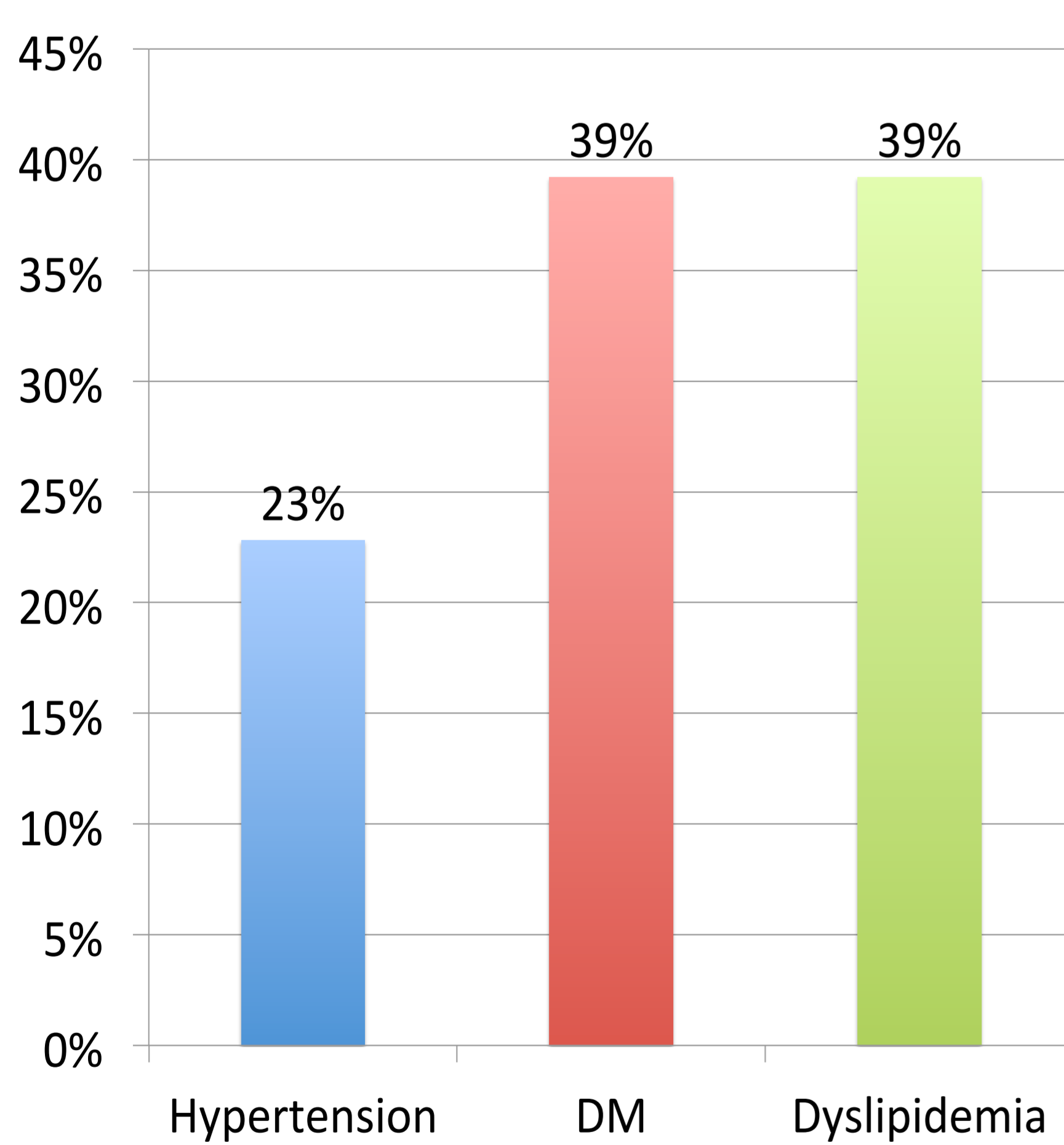
CVD before KT



Multivariable analysis

Variables	OR	IC 95%	p
Pre KT IHD	9.2	3.2-26.8	<0.001
Pre KT PVD	4.2	1.1-15.4	0.02
Pre KT Stroke	4.2	1.4-12	0.008
Pre KT DM	2.8	1.03-7.9	0.04
Pre KT dyslipidaemia	2.5	1-6.1	0.05
Age	1.05	1.006-1.1	0.04
Body mass index	1.12	1.004-1.2	0.04
Creatinine 6 month	2	1.1-3.5	0.02

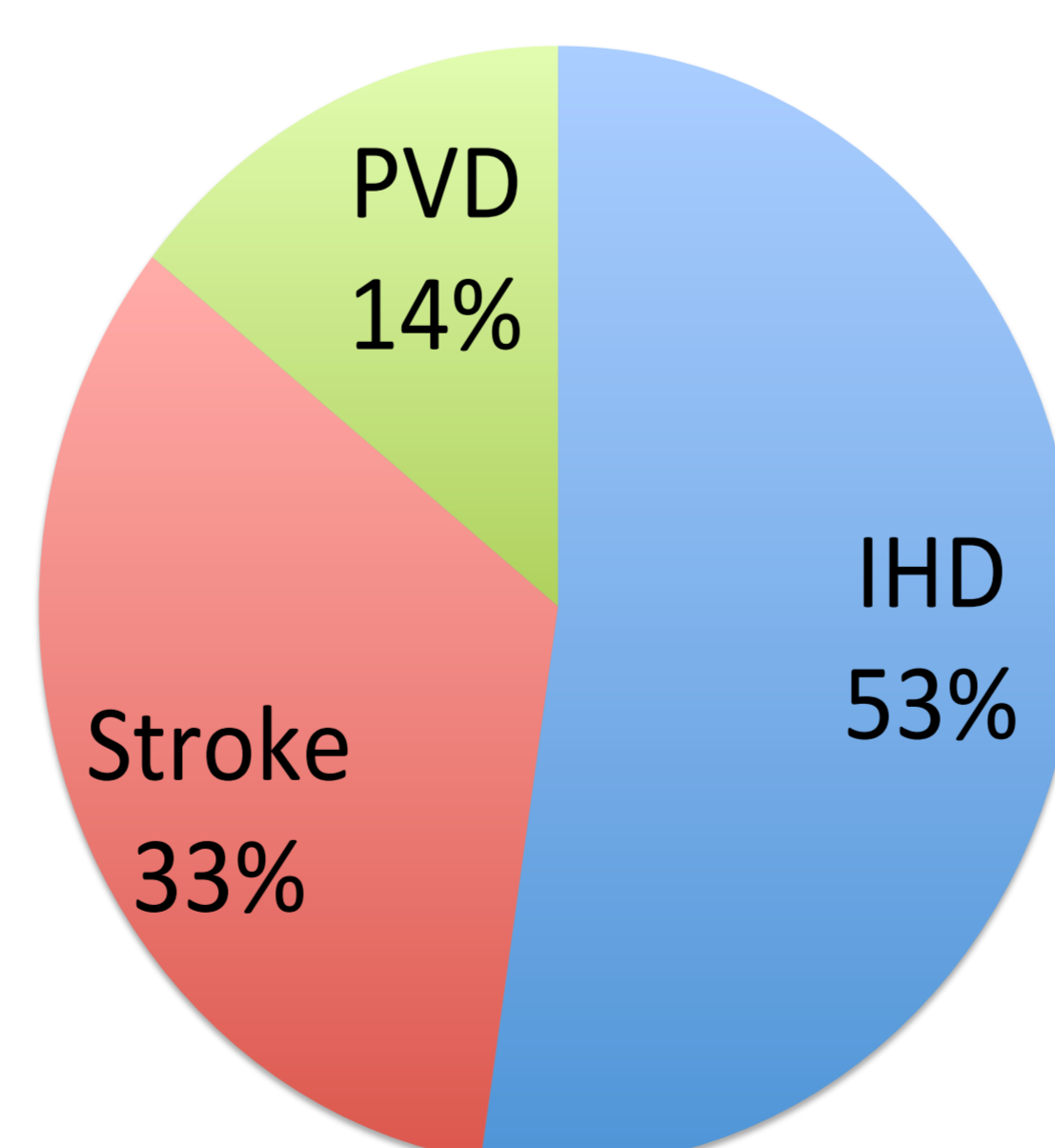
Cardiovascular risk factors before KT



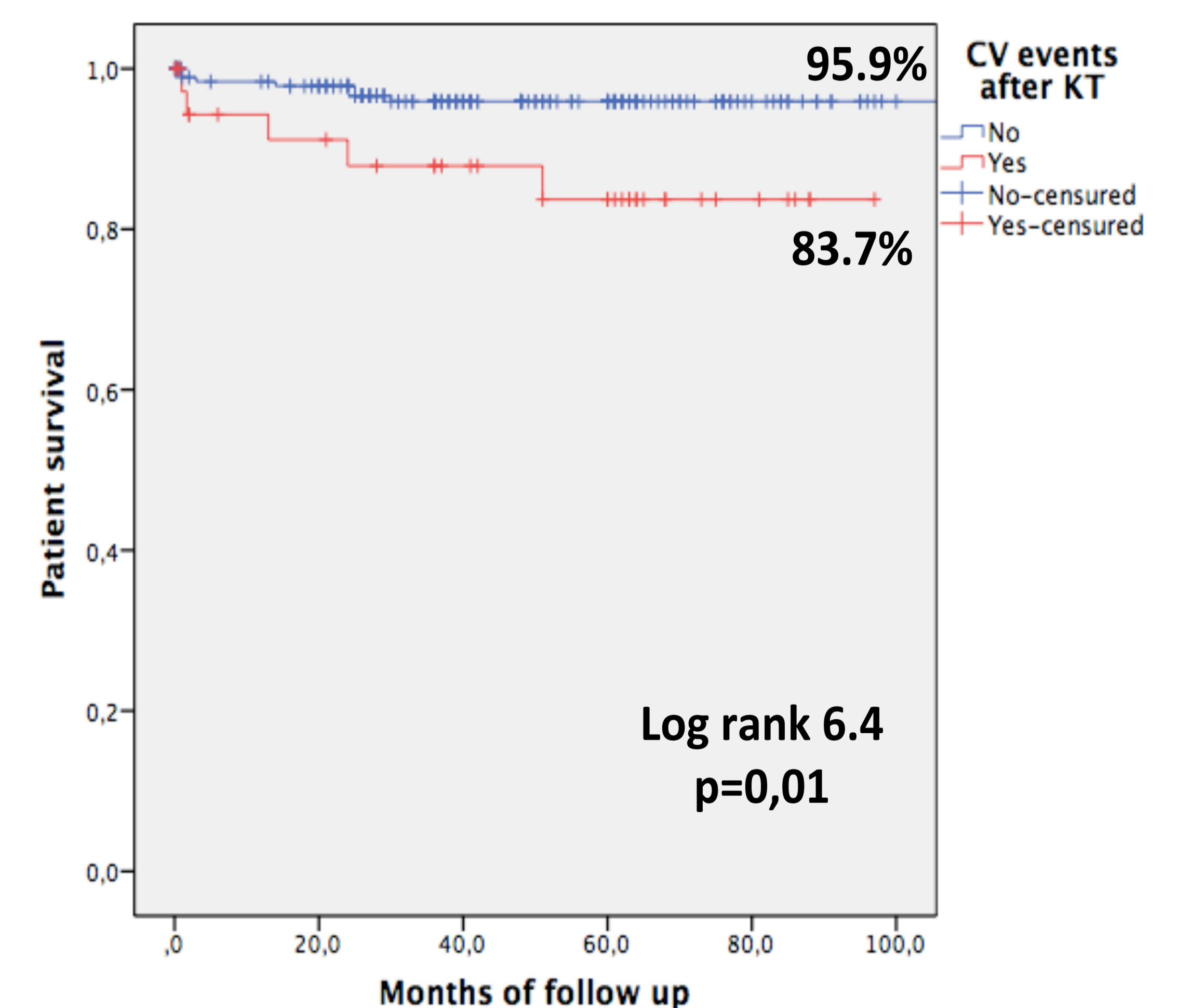
CVD after KT

- Mean follow up was 44 ± 27 (25-63) months.
- The prevalence of CVD was 8.8% and the incidence was 27 cases/1000 patients-y.

21 CV events



Patient Survival and Score



Conclusiones

- The incidence of CVC events following renal transplantation of uDCD donors is low and is related to the previous history of CVC events, preKT CVD risk factors and renal function at 6 months. Then, KT recipients with pre-KT CVC events require a wide pre-transplant vascular study and a close post KT follow-up.



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