

STEROID FREE LIVING DONOR KIDNEY TRANSPLANTS

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INTRODUCTION

- Steroids are associated with many side effects (like weight gain, diabetes, hypertension, AVN, cataract etc).
- On the other hand, there is concern that Steroid free (SF) transplants are associated with a higher incidence of rejections.
- Therefore it is important not to uniformly apply steroid free protocol and to select appropriate cases

AIM

To see the outcomes of steroid free transplant in our select group of recipients.

METHODS

- Four hundred patients who underwent renal transplant between August 2013 to February 2020 were part of this retrospective analysis.
- Twenty-seven selected patients (low immunological risk, children in growth phase, elderly, diabetic) who did not receive steroids were analyzed in this study.
- Induction immunosuppression was used in 64.3 % (r-ATG or IL-2 receptor antagonist) and 35.7% did not receive any induction agent. Steroids were used for the first five days and then abruptly stopped.
- Maintenance immunosuppression included Tacrolimus and Mycophenolate sodium or Azathioprine. All patients were followed for at least 6 months.
- Data was analyzed using descriptive statistics: mean and standard deviation (SD) for continuous variables and frequency and percentages for categorical variables.

RESULTS

- Mean age – 45.3 ±12.02 years (Range 9-74 years)
- Males – 74%
- Biopsy proven acute rejection - 3 (11.1%), which was easily reversible with steroids.
- Patient survival – 96.3%
- Graft survival – 100%
- Infectious complications - 14.8%
- NODAT -7.4%.
- Hypertensive patients were 96% before the kidney transplant
- Only 14.8% remained hypertensive post transplant.

CONCLUSIONS

- In properly selected patients, steroid free transplantation is safe.
- It is associated with significant improvement in hypertension, decreased risk of NODAT and infectious complications without increased risk of acute or chronic rejections with very good graft survival and patient survival.