

OUTCOMES FOLLOWING RENAL TRANSPLANTATION IN OLDER RENAL TRANSPLANT RECIPIENTS

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During the last decade the age of patients awaiting kidney transplantation has been increasing. Outcomes of kidney transplantation in older patients have not, however, been fully defined.

The aims of this study were to analyze the number of new end-stage renal disease (ESRD) patients ≥ 65 years of age that were managed with kidney transplantation and their survival through the study period. In addition, we have been analyzed post-transplantation outcomes in younger and older renal transplant recipients (RTRs).

PATIENTS AND METHODS

Using a single-center, retrospective cohort study design we have been analyzed 505 RTRs mean age 49.7 ± 13.5 years (309 males and 193 females) transplanted at the University Hospital Centre Rijeka between January 1990 and December 2013. Older people were defined as aging 65 years or older. Of 505 RTRs there were 73 (14.5%) patients that were ≥ 65 years of age. Therefore, in further analysis patients were divided into two subgroups; younger recipients (younger than 65 years) and older recipients (aging 65 years or older).

In the period from 1990–2001, patients that were 65 years of age and older were only sporadically treated with kidney transplantation in Croatia. Since 2002, the number of patients older than 65 years undergoing renal transplantation has been increasing. The older recipients were more likely to receive organs from older donors (52.6 ± 16.8 vs. 45.8 ± 13.2 ; $p=0.0001$). Younger recipients were more likely to receive organs from living donors in comparison to the older recipients (14.1% vs. 1.4%; $p=0.04$). There were no significant difference due to HLA mismatch between two groups of analyzed patients. There was no difference in the rates of DGF between the older and younger recipients. Older recipients were less likely than younger recipients to have acute rejection crisis during the first-year after transplantation (16.4% vs. 34.7%; $p = 0.03$). There were no significant difference due to readmission rates in the first-year posttransplantation between two groups of patients. There was no significant difference due to graft function and one-year graft survival between young and older recipients. Furthermore, there was no significant difference in one-year patient's survival between the two investigated groups of patients. Serum creatinine values at one year were higher in older recipients who received kidneys from elderly donor.

RESULTS

CONCLUSION

Our experience supports the use of kidney transplantation in the population of older ESRD patients. We can increase patients and graft survivals in elderly individuals with careful pre-transplant evaluation and HLA matching. "Croatian senior program" that include HLA matching represents a good approach for kidney transplantation in older ESRD patients