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Kidney transplant outcome in the patients with lupus nephritis

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Objectives: Despite improvements in overall prognosis in lupus nephritis, 10%-30% of patients with proliferative renal involvement progress to ESRD, and kidney transplantation is a great option. The aim is to evaluate the kidney transplant outcome in the patients with lupus nephritis (LN).

Methods: We retrospectively analyzed 2,234 KTRs from January 1980 to February 2016 at Seoul National University Hospital. A total of 28 lupus transplant patients were enrolled in this study, and 128 non-lupus controls were matched 1:4 with lupus transplant patients with respect to age, sex, diabetes, donor type, and year of transplantation.

Results: There was no difference in death-censored graft survival and patient survival before and after matching in two groups, however biopsy-proven acute rejection free survival was increased in LN group after matching (P = 0.023). Age and baseline albumin, acute rejection was associated with death-censored graft loss according to multiple Cox regression analysis after matching (Age: HR = 0.98, 95% CI 0.97-0.99, P= 0.009, albumin: HR = 0.54, 95% CI 0.35-0.82, P = 0.004). And age (per 1 year), baseline estimated GFR and albumin was associated with patient survival (Age: HR = 1.08, 95% CI 1.05-1.11, P < 0.001, eGFR: HR 1.11, 95% CI 1.06-1.15, P < 0.001, albumin: HR 0.47, 95% CI 0.29-0.78, P = 0.003). There was 2 patients who recurred LN after transplantation, and donors were younger in recurred patients compared with non-recurred patients (43.4 ± 10.8 vs 19.0 ± 2.8, P = 0.006). Sex, deceased donor, dialysis duration and age below 30 was not statistically significant risk factors for recurrence of LN in logistic models.

Conclusions: Kidney transplantation is a reasonable option for ESRD with LN. Sex, donor type, dialysis duration and younger age is not seemed to be a risk factor for recurrence of LN in KTRs.