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HIGH DOSE CNIs IN DESENSITIZATION OF CROSS MATCH POSITIVE RENAL TRANSPLANT RECIPIENTS

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Objectives: A positive T-cell cross-match is a well-established contraindication to live donor renal transplantation. In such cases desensitisation therapy is advocated. Here in we review the role of high dose Tacrolimus as an efficient and cost effective desensitising therapy.

Methods:

It is an observational study done in between June 2016 to December 2017. Cross match was performed using CDC Method as a routine pre transplant work up. Those having >20% positivity were included in this study and randomized into two groups A and B respectively.

Group A patients were initiated on Tacrolimus at a dose of 0.2 mg/kg body weight in two divided doses for 6 weeks while Group B patients received the standard protocol of five sessions of plasmapheresis and low dose IVIg (5 gm after each sessions of plasmapheresis). The cross match test was repeated after 6 weeks of treatment in Group A and after 5 sessions of plasmapheresis in Group B.

Those patients who remained cross match positive even after treatment were shifted to the other group. The results thus obtained were tabulated and analyzed

Results:

22 (78.6%) patients from group A become cross match negative after 6 weeks of therapy .6 patients(21.4%) did not responded to the treatment and were crossed over to Group B. 16 patients (57.2%) from group B responded to the treatment .The other 12 patients (42.8%) who still had a positive cross match were shifted to Group A. 6 patients of Group A who were crossed over into Group B remained positive even after treatment with ivig and 5 sessions of plasmapheresis. Among 12 patients of Group B who were crossed over into Group A 4 patients still remained positive.

Conclusions:

Desensitisation treatment with high dose Tacrolimus is an efficient and cost effective modality in positive cross match cases as compared to other modalities