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Pattern of infections in renal transplant recipients : A perspective from a rural population of South India

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Objectives:

Infections are ranked as the second most common cause for mortality after renal transplant and lead to poorer quality of life and increase in healthcare spending . India , especially the rural population presents challenges - poverty , lack of access to healthcare , poor general hygiene which may influence outcomes . The objective of this study is to
1. Study pattern of infections in renal allograft recipients, their incidence, risk factors and the influence on allograft function

Methods: Study setting : A tertiary care centre in South India providing healthcare services to a predominantly rural population
Type of study : Retrospective , Observational
Study Period : January 2018 to January 2019
Sample Size : 64 Renal allograft recipients
Immunosuppression : Induction – Basiliximab /Antithymocyte Globulin (ATG) (at 1.5mg/kg)/No Induction
Maintainence : Tacrolimus (0.1mg/kg) + Mycophenolate Mofetil (2grams/day) + Prednisolone (20mg/day)

Results: 64 patients with a mean follow up of 34.2 months (see attached tables/figures) had a total of 75 infection episodes . Urinary tract infections were the most common (32%) . Onset of 1st infection was early (median – 3months) . More than half (59.3%) patients had atleast 1 infection episode during the follow up period . 66.7 % of the cause for mortality during the follow up period was attributable to infection
Cadaveric transplants recipients were associated with higher percentage of infections(72.2% versus 51%) but not statistically significant (p=0.78) . There was no difference in the incidence of infections between different induction regimes (p=0.96)

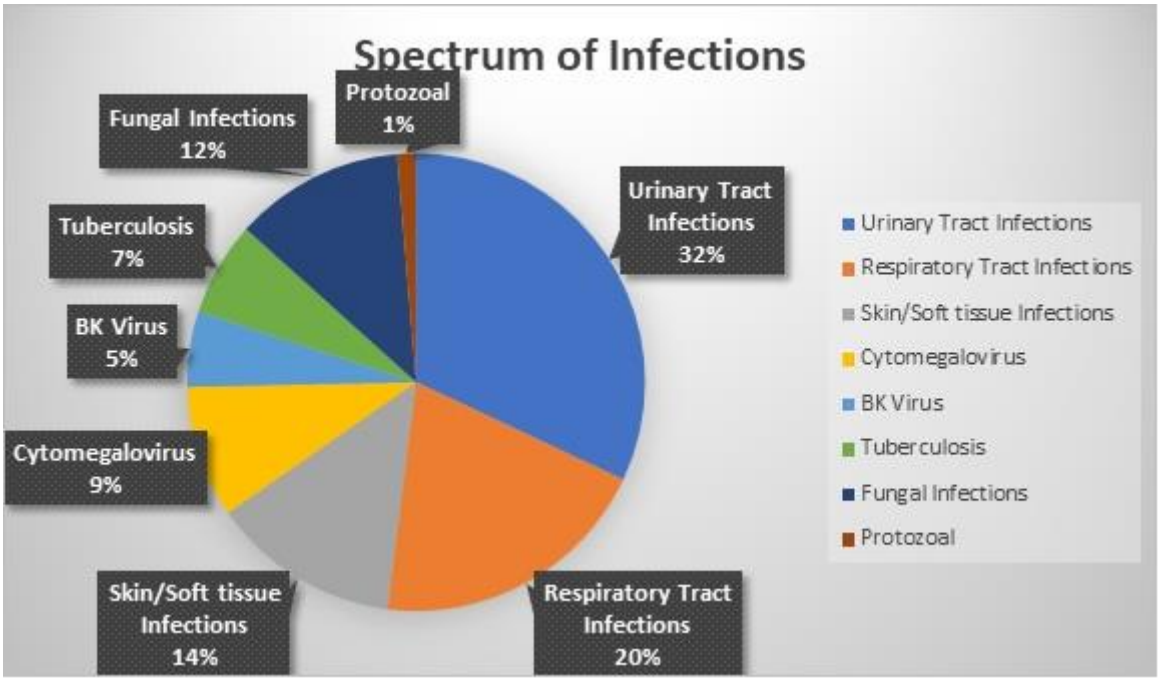
Conclusions: Infections in this cohort of rural Indian population occurred in more than half of the patients , occurring early in the post transplant period
Infections maybe the most common cause for the death in the initial few years of follow up of the transplant recipients necessitating the importance of early recognition and prompt treatment.

Baseline Characteristics

BASELINE CHARACTERISTICS (N=64)

Age (years)(Mean)	32.95 (±8.86)
Males (n)(%)	49(76.5)
BMI (kg/m2)(Mean)	19.2(±3.34)
Follow up (months)(Mean)	34.20(±13.25)
Dialysis Vintage (months)(median)	6(4-11)
Native Kidney disease (n)(%)	
CGN	18(28.75)
CTIN	8 (12.5)
CAKUT	9 (14.06)
Obstructive Uropathy	3(4.6)
Diabetic Nephropathy	6(9.3)
Unknown	20 (31.25)
Living Donor Transplants (n)(%)	52(81.25)
Pre Transplant Immunosuppression (n)(%)	10(15.62)
Induction (n) (%)	
No induction	12(18.75)
ATG	25(39.06)
Basiliximab	27(42.18)
Hepatitis B +ve(n)	2(3.12)
Hepatitis C +ve(n)	6(9.37)
Anti Rejection Treatment prior to 1st infection (n) (%)	12 (18.75)
No of KTRs having atleast 1 Infection	38(59.37)
Total Infection episodes (n)	75
Time of 1st Infection(months)(median)	3(1-24)
Infection as cause for Mortality (n/12)(%)	8 (66.7)

Spectrum of infections


Spectrum of Infections
Protozoal 1%
Fungal Infections 12%
Urinary Tract Infections 32%
Tuberculosis 7%
BK Virus 5%
Cytomegalovirus 9%
Skin/Soft tissue Infections 14%
Respiratory Tract Infections 20%
Urinary Tract Infections
Respiratory Tract Infections
Skin/Soft tissue Infections
Cytomegalovirus
BK Virus
Tuberculosis
Fungal Infections
Protozoal