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Outcomes of Kidney Transplantation in Patients with Severe Aplastic Anemia

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Case Study: Kidney transplantation (KT) is a crucial treatment option for end-stage kidney disease (ESKD) patients. However, the safety or efficacy of KT in ESKD patients with hematologic disorder has not been established yet, because they can show higher rate of infectious or operative complications. In this study, we successfully conducted 6 cases of KT in ESKD patients with severe aplastic anemia. Average absolute neutrophil count, hemoglobin, and platelet were 0.90 ± 0.57 ($10^3/\text{ul}$), 6.78 ± 0.81 (g/dl), and 27.00 ± 32.54 ($10^3/\text{ul}$) before hematopoietic stem cell transplantation (HSCT). Bone marrow cellularities were less than 20%. Two of them does not need HSCT. Three of them received HSCT before KT. Median time from HCST to KT was 7.75 ± 9.74 year. One of them received HSCT after KT and HSCT was performed 2 months after KT. Three out of four recipients received HSCT and KT from same donors, so they did not receive immune suppressant except low dose steroid. Surgical complications including major bleeding did not occur after KT. Two out of six KT recipients suffered from upper urinary tract infection including graft abscess and 1 out of 6 KT recipients had herpes zoster, who needed hospitalization. All recipients did not experience acute rejection within 1-year after KT. Mean post-transplant follow up duration was 35.33 ± 34.44 month. Only one out of six KT recipients experienced graft failure 69 months after KT, and no patient death developed. With our experience, we could propose that KT can be cautiously conducted in patients with aplastic anemia who are treated conservatively or with HSCT and waiting for HSCT.