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Analysis of Clinical Outcomes According to Early Graft Dysfunction in Deceased Kidney Transplantation: Multicenter Cohort Study

Suyeon Hong¹, Young Soo K¹, Byungha Jung², Woo Yeong Park³

¹Department of Internal Medicine-Nephrology, The Catholic University of Korea Uijeongbu St. Mary's Hospital, Korea, Republic of

²Department of Internal Medicine-Nephrology, The Catholic University of Korea Seoul St. Mary's Hospital, Korea, Republic of

³Department of Internal Medicine-Nephrology, Keimyung University Dongsan Medical Center, Korea, Republic of

Objectives : Slow graft function (SGF) is defined as failure of attainment of an absolute level of Cr by a given postoperative day (POD), Cr ≥ 2.5 on POD7 or Cr reduction ratio of $<30\%$ between POD1 and POD2. Delayed graft function (DGF) is defined as the need for dialysis during the first week after transplantation. Our study aims to evaluate the clinical long-term outcomes of SGF and DGF compared with immediate graft function (IGF).

Methods : This was a Retrospective cohort analysis, time period between October 1996 to August 2022 with minimum follow up -1 year. Total DDKT done in this time period was 846. They were divided into 3 groups – IGF, SGF and DGF. Out of total renal transplants 65.6% (555) patients had IGF, 13.24% (112) patients had DGF and 21.16% (179) patients had SGF.

Results : Death censored graft survival at end of 5 year was 93.5% in IGF, 89.1% in SGF ($p= 0.036$) and 84.3% in DGF ($p=0.003$). Cumulative patient survival at end of 5 year was 95.1% in IGF, 94.6% in SGF ($p=0.939$), and 89.7% in DGF group($p=0.034$). Acute rejection episodes were more prevalent in DGF group (31.4%), $p=0.024$, than SGF (20.2%) and IGF group (14.3%). SGF and DGF was associated with comparable increases in risk of graft failure compared to IGF (hazard ratio (HR) 1.56, 95% confidence intervals (CI) 1.02-2.18 for SGF and HR 2.20, CI 1.27-3.81 for DGF); For mortality, outcomes for SGF were similarly to IGF, both SGF and IGF were associated with lower risk relative to DGF (HR 0.58, CI 0.40-0.96 for SGF).

Conclusions : In conclusion, SGF may be a marker for graft failure but not for mortality. SGF appear to represent an intermediate phenotype differ from IGF and DGF.

Figure1..jpg

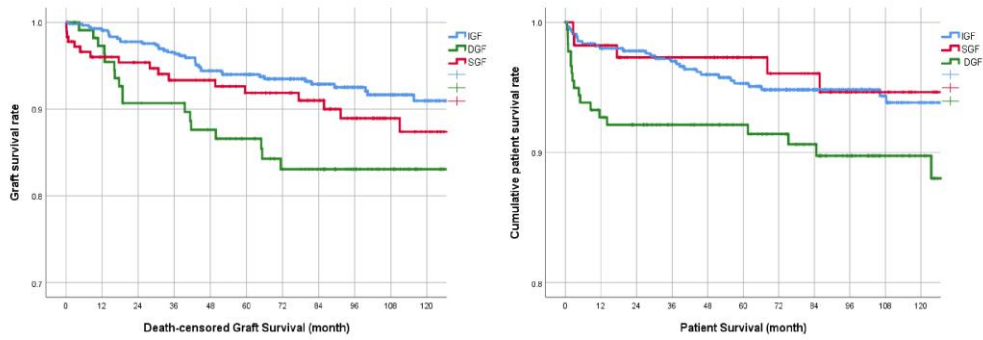


Figure1..jpg

Table1. Adjusted hazard ratios (aHR) for death-censored graft loss

Early graft function	aHR	95% CI	P-value
IGF	Ref.		
SGF	1.56	(1.02-2.18)	0.029
DGF	2.20	(1.27-3.81)	0.005

