INTRODUCTION AND AIMS

Renal dysfunction is a common complication of orthotopic liver transplantation (OLT). Long-term use of cyclosporine (CyA) or tacrolimus (FK) can lead to nephrotoxicity. The introduction of mycophenolate mofetil (MMF) and sirolimus seems to improve renal function on these patients.

The aim of this study was to determine the incidence of acute and chronic renal complications in OLT and its association with immunosuppression (ISS).

RESULTS

708 OLT recipients:
- Male gender 64%
- Mean age: 44 ± 12.6 years
- Diabetes in 106 patients (17%); Hypertension in 117 patients (18.8%)
- Mean follow-up time 3.6 years, 29% > 5 years
- Mean transplant survival: 75% at 12 months and 69% at 3 years
- RD pre (GFR < 60 ml/min or Scr > 1.5 mg/dl): 133 recipients (21.6%)
- Retransplanted: 82 recipients
- Death: 152 recipients

Immunosuppression accomplished

<table>
<thead>
<tr>
<th>Drug</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Tacrolimus</td>
<td>44.7%</td>
</tr>
<tr>
<td>MMF</td>
<td>46.4%</td>
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<tr>
<td>CyA</td>
<td>8.9%</td>
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<tr>
<td>Azathioprine</td>
<td>0.9%</td>
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<tr>
<td>Sirolimus</td>
<td>0.9%</td>
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</tbody>
</table>

MORTALITY

Spearman Correlation:

- GFR < 45ml/min for CyA, MMF, Tacrolimus, and Azathioprine

Linear Regression:

- CyA: Cl 95% 1.36 to 2.90, p < 0.001
- MMF: Cl 95% 0.02 to 0.07, p = 0.001

CONCLUSIONS

The use of FK and MMF seems to have better outcome in what concern to renal function, in contrast to CyA and Azathioprine.

Sirolimus may be important preventing further progression of renal failure.

References:

2 Reich DJ, Clavien PA, Hodge EE. Mycophenolate mofetil for renal dysfunction in liver transplant recipients on cyclosporine or tacrolimus: randomized, prospective, multicenter pilot study results Transplantation 80:18-25, 2005
3 Fairbanks KD, Eustace JA, Rose D, Thuluvath PJ. Renal function improves in liver transplant recipients when switched from calcineurin inhibitor to sirolimus Liver Transplant 9: 1079-1085, 2003

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