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Flexible Ureteroscopy in Single Pyelocaliceal Calculus Larger than 2.5 cm

Petrisor Geavlete, Romania

# Live versus deceased renal transplantation: comparison of complications

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## INTRODUCTION AND OBJECTIVE

Renal transplantation is the treatment of choice in end stage renal disease (ESRD)[1]. It is claimed that living donor transplantation has better results in comparison to deceased donor transplantation[1]. Actually, the outcome of kidney transplantation in both deceased and living donor categories has significantly improved since its emersion.

To our knowledge, no study has recently been performed comparing post-transplant complications like diabetes, dyslipidemia, hypertension, etc. in living and deceased donor kidney transplantations. Since March 2015 to 2016, there have been 1433 deceased and 1187 live donor kidney transplantations in Islamic Republic of Iran and 84% of recent kidney transplantations in our center are from deceased donors. So, in the present study we tried to compare the results and complications in transplants from deceased and living donor transplantations.

## MATERIAL & METHODS

four hundred and forty six patients underwent kidney transplantation in our center from September 2009 to March 2014. The patients divided in two groups living (group A) and deceased (group B) donor transplantation groups. The patients were followed up for 34 months (one to 79 months). Acute rejection, graft survival, delayed graft function, renal artery thrombosis, graft nephrectomy, ureterocutaneous fistula, postoperative hypertension, mortality, hospital stay, hyperlipidemia, post transplantation diabetes and lymphocele rate measured and compared in two groups.

## RESULTS

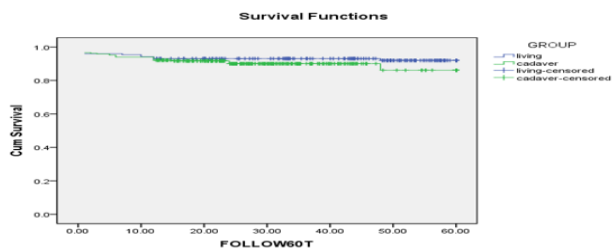
Most variables including acute rejection, renal artery thrombosis, ureterocutaneous fistula, postoperative hypertension, mortality, hospital stay, post transplantation diabetes and hyperlipidemia were not significantly different between the two groups. Lymphocele was more prevalent in group A (13.8% versus 3.1%, pvalue=0.02). In the survival analysis, there was no statistically significant difference in one-year graft and one year overall survival but 4-year graft survival and delayed graft function results were more desirable in living donor transplantation group.

Variables	Mean ± SD			P-value
	All patients	Group A	Group B	
Age (yrs.)	42.15±13.78	41.81±14.37	42.24±13.45	0.758
Weight (Kg)	65.99±15.64	66.41±17.10	65.91±14.83	0.806
Height (cm)	165.78±10.69	163.90±14.28	166.64±8.79	0.073
BMI (Kg/cm <sup>2</sup> )	24.23±9.74	26.48±16.76	23.29±4.09	0.122
Preoperative Hemoglobin (g/dcl)*	11.1±2.14	10.75±2.12	11.36±2.14	0.014
Preoperative blood sugar (mg/dcl)	102.59±43.40	105.22±42.34	100.93±43.95	0.421
Preoperative BUN (mg/dcl)	113.98±57.865	99.71±111.89	117.44±37.41	0.135
Preoperative creatinine (mg/dcl)	8.62±2.86	8.07±2.77	9.02±2.86	0.004
Preoperative triglyceride (mg/dcl)	151.62±84.955	144.77±94.37	156.40±79.51	0.290
Preoperative LDL (mg/dcl)	91.41±36.60	100.99±41.26	85.87±32.68	0.016
Preoperative HDL (mg/dcl)*		54.92±36.19	45.70±26.52	0.001

Mean of independent quantitative variables in both groups

Variables	All patients	Group B	Group A	P value
1-year graft survival	92.4±1.3	92.1±1.7	93.1±1.9	<b>0.704</b>
3-year graft survival	91.3±1.4	90.0±1.9	93.1±1.9	<b>0.340</b>
5-year graft survival	89.6±1.8	86.1±4.2	92.0±2.2	<b>0.260</b>
1-year overall survival	94.4±1.1	94.3±1.4	94.8±1.7	<b>0.836</b>
3-year overall survival	94.2±1.1	94.0±1.5	94.8±1.7	<b>0.714</b>

Groups A: transplant patients from live donor; Group B: transplant patients from deceased



## SUMMARY / CONCLUSION

In spite of all the progressions in the field of deceased donor kidney transplantation, Long term graft survival in this group is still significantly lower than living donor transplantations even in unrelated donors.

## ACKNOWLEDGEMENTS

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