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SUBMISSION TYPE: Research Abstract

TITLE: Risk factors for delayed graft function in deceased donor kidney transplantation; Is intra-operative thymoglobulin preventive?

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GROUP OR TEAM (if applicable):

BODY-Background: Delayed graft function (DGF) is associated with significant adverse outcomes in deceased donor kidney transplantation including lower graft survival. However, risk factors and potential preventive strategies like intraoperative thymoglobulin (ATG) have not yet been fully evaluated.

BODY-Methods: We retrospectively examined medical records of 182 first time cadaveric kidney transplant recipients from two major kidney transplant centers from 2014-2016. Risk factors for DGF in recipients were evaluated using multivariate logistic regression analysis.

BODY-Results: The mean age was 43±13 years and the majority of participants were male (64%). The rate of intra-operative blood transfusion was 16%. The overall rate of DGF was 24.2%. Mean serum creatinine at discharge and length of hospital stay were significantly higher in patients with DGF compared with those without DGF (2.5 vs. 1.4 mg/dl and 25 vs. 14 days, respectively). Intra-operative ATG was significantly associated with a lower rate of DGF (adjusted odds ratio [AOR], 0.33, 95% CI, 0.11-0.95). Intra-operative transfusion (AOR, 3.7, 95% CI, 1.4-9.9) and diabetes mellitus (AOR, 3.7, 95% CI, 1.5-8.9) were significantly associated with higher risk of DGF. There was no statistically significant association between DGF and recipients' age, sex, body mass index or duration of pre-transplant dialysis.

BODY-Conclusion: This study showed that intra-operative blood transfusion and diabetes mellitus were independent risk factors for the development of DGF. Meanwhile, administration of intra-operative ATG was associated with a reduced odds ratio of DGF. Future studies are needed to evaluate the potential role of ATG in DGF-related renal outcomes.

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