J Nephrol Ther 2017, 7:3(Suppl)
DOI: 10.4172/2161-0959-C1-040

12TH GLOBAL NEPHROLOGISTS ANNUAL MEETING

June 26-28, 2017 London, UK

Psycho-social evaluation of a living kidney donor

Manuel Torres Gutierrez
Colombiana de Trasplantes, Colombia

Decision to become a living kidney donor is a conflicting decision. It´s generally believed that the candidate is aware about his/her reasons, that he/she has long thought it and has even asked about it. It´s surprising that, in many cases, he/she has only a vague consciousness about his/her reasons and the validity of them. Sometimes he/she has taken an impulsive decision guided by his/her emotions and entrusted to his/her luck or faith. Other times, he/she is undecided down pressed by various circumstances. The mental health assessment should help to put his/her motives clear, to verbalize them. It must be a positive experience, enriching his/her decision. It should allow the candidate the inner feeling of having received help for taking the best decision. The medical team should make a proper assessment of the candidate. The psychosocial evaluation should be the first of multiple ratings that living kidney donor must face. A well taken decision should be requirement to start the process. The author has interviewed 1007 candidates since October 2008. 126 (14.5%) have been considered unfit, for different reasons. To date, we have nephrectomized to 477. The mental health team has carefully discussed the interview procedure to include all relevant aspects of the decision. The author uses this experience to reflect about the conditions in which that interview should be developed, the requirements to be met by the decision and the proper techniques to get accurate information.

mtorres@colombianadetrasplantes.com

Clinical and biochemical predictors of persistent hyperparathyroidism post renal transplantation: A single center experience

Chawla Mayank
Singapore General Hospital, Singapore

Hyperparathyroidism improves after kidney transplantation (KTR). However, persistent- hyperparathyroidism (PH) may occur and is associated with a higher risk of cardiovascular events, fractures, allograft failure and all-cause mortality. Pre-transplant parathyroidectomy (PTX) has been advocated to prevent the risk of PH and complications of post-transplant PTX. However, there is no defined criteria for timing of pre-transplant PTX. This study seeks to identify predictors of PH following transplantation to guide timely intervention. All first KTR performed in our tertiary care center, between January 2005 and July 2015 with follow-up until 12 months and pre-transplant dialysis of more than 3 months were recruited for analysis (n=169). PH was defined as serum corrected calcium (cCA) of >2.50 and serum iPTH>6.5 pmol/L at 12 months post-transplant baseline demographic and biochemical data were compared between groups with and without PH. Univariate analysis was performed and significant predictors of PH were further analyzed with multivariate regression analysis. Mean age of study population was 45.8 (9.9) years. Dialysis vintage was 88 months (36-140) and 84% were on hemodialysis. 68% of patients received deceased donor KTR. PH was diagnosed in 65 patients (38%). These patients were older (48 (7.9) vs. 44.4 (10.8), p=0.025), had longer dialysis vintage (108 vs. 77 months p=0.002), and higher pre-transplant cCA (2.51 (2.34, 2.68) vs. 2.29 (2.07, 2.51), p<0.0001), alkaline phosphatase (127.0 (114.0, 140.0) vs. 88.0 (38.0, 105.0), p=0.016), iPTH (90.2 (29.0, 127.2) vs. 38.0 (11.7, 49.9), P=0.0002), and phosphate (1.90(1.38, 2.42) vs. 1.66(1.14, 2.18), P=0.0056) levels . Estimated GFR was lower in patients with PH at 12 months (54.5 (34.5, 75.0) vs. 61.0 (42.0, 80.0), p=0.0001). Older patients, longer dialysis vintage, and higher pre-transplant alkaline phosphatase, cCA, iPTH, and phosphate levels were associated with increased risk of PH in univariate analysis. Following multivariate adjustment, longer dialysis vintage (HR=1.011, 95% CI=(1.001, 1.021)), higher pre-transplant cCa (HR=1.647, 95% CI=(1.296, 2.177)) and higher iPTH (HR=1.015, 95% CI=(1.006, 1.026)) remained significant. Longer dialysis vintage, higher pre-transplant iPTH and pre-transplant hypercalcemia are important predictors of PH following kidney transplant.

mayank.chawla@mohh.com.sg