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Pediatric kidney transplant: Experience at an Algerian nephrology department

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Background: To evaluate the outcomes, complications, causes of graft loss, and patient and graft survival in pediatric renal transplant.

Materials and Methods: We conducted a retrospective study using the records of 32 children who had a renal transplant between February 2007 and October 2014.

Results: All donations were intrafamily, and all patients had a living donor: the patient's mother in 56.3%, the father in 40.6%, and a brother in 3.1%. The sex ratio was 0.77. Before transplant, 65.6% of patients were on hemodialysis, and 15.6% were on peritoneal dialysis. Preemptive transplant was performed in 3.1%. Medical complications occurred in 77% of patients; of these, 59% were urinary tract infections, and 9.83% were acute rejection. Surgical complications occurred in 22% of patients; 18.8% of these complications were urologic, and 3.2% were vascular. Patient and graft survival rates were estimated at 96.4% and 89.6% at 1 year and 83.4% and 65.5% at 7 years.

Conclusions: In our series, medical complications were more frequent than surgical, but the latter were the main cause of graft loss. Patient survival was generally good.

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