

13th Annual Conference on

NEPHROLOGY & RENAL CARE

May 24-25, 2018 Tokyo, Japan

Epstein-Barr virus infection in a group of post-renal transplant patients in two main renal transplant centers in a South Asian country**Aik Mahanama and J I Abenayake**
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Pre-transplant serology guided monitoring of high-risk renal transplant recipients [donor positive (D+)/ recipient negative(R-)] is recommended to initiate early pre-emptive therapy to prevent EBV disease/Post-Transplant Lymphoproliferative Disorder. Sri Lanka, is yet to implement this due to limited resources, although many renal transplants performed annually. This descriptive cross-sectional study aims to evaluate the practice of pre-transplant EBV serology testing, determine the magnitude of high-risk population and to describe active EBV infection within first post-transplant year. Plasma of 118 adult post-transplant patients over four months tested for EBV DNA with a commercially validated quantitative real-time PCR kit. EBV serology and other transplant details collected using clinical records. Majority were males with mean age of 44.97 years (SD=12.48), where 54.3% were >6 months post-transplant and 90.8% received a live related kidney, all were on maintenance with Tacrolimus, MMF and Prednisolone. Pre-transplant serology available in 37/118 recipients. Donor serology available in 27/118 recipients, 12-IgM, 13-IgG and 2 had both. Sero-compatibility details available in 15/118 with 20% being D+/R-. All samples were negative for EBV DNA despite ensuring maximum viral DNA recovery. Study concludes that pre-transplant screening for EBV infection was poor with incorrect antibody selection in donor. Many belonged to high-risk category emphasizing the need for implementing routine pre-transplant EBV screening guided post-transplant monitoring to improve the quality of care. None had active EBV infection, use of single sample per patient, few recruits in early transplant period and short study period may have affected the EBV DNA detection rate.

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