

## Global Nephrology: Renal transplantation in HIV-infected patients: The first Portuguese review- Sara Querido- Hospital de Santa Cruz

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With the introduction of combination antiretroviral therapy (cART), prognosis of HIV infection has been improved and kidney transplantation (KT) in HIV positive patients became possible. We reviewed the demographic, clinical, laboratorial and therapeutic data of all the HIV-infected patients who underwent KT prior between 2009 (first KT in Portugal in a HIV-infected patient) and May 2014. Case accrual was through all Portuguese KT centers where a KT in a HIV-infected patient was performed. Patients were transplanted following the American and Spanish guideline recommendations that included maintenance on cART, undetectable plasma HIV RNA copies and absolute CD4 counts of  $\geq 200$  cells/ $\mu$ l in the last 6 months. Fourteen KT were performed on men, 3 KT on women. The mean age of patients at the time of transplantation was  $49.9 \pm 11.7$  years. HIV status was known for  $12 \pm 5$  years. Eight patients had AIDS in the past and all patients received grafts from deceased donors. Twelve patients (64.7%) received induction therapy with basiliximab and two patients had early graft loss. In 2 patients humoral rejection was diagnosed and in 3 patients, cellular rejection. Two patients died and one additional patient had early graft loss. KT is a possible but challenging, renal replacement therapy in selected HIV patients. Even in those with AIDS criteria in the past, when the disease is controlled and after the reconstitution of the immune system with cART, KT can be performed. Nevertheless, the risk-benefit ratio for each patient needs to be taken in consideration.