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Cadaveric Renal Transplantation Against a Positive Historic Crossmatch Under Tacrolimus Immunosuppression: Long-Term Follow-Up

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THE LONG-TERM results of transplantation against a true positive historic crossmatch due to IgG alloantibody are unclear. Tacrolimus is a novel immunosuppressive agent that has been found to be safe and effective in renal transplantation.¹ We report herein our long-term experience with 47 patients (mean age 41.8 ± 14.3 years) who underwent cadaveric renal transplantation against a positive historic-current negative T-cell crossmatch under tacrolimus immunosuppression. There were 24 (51%) primary and 23 (49%) retransplants. In 18 patients the crossmatch remained positive with dithiothreitol (DTT), including 10 (44%) of the retransplants and eight (35%) of the primary recipients. With a median follow-up of 45.2 months, the overall patient and graft survival rates are 89.4% and 64%, and the 2-year actuarial survival rates are 89.4% and 74.5%. The overall graft survival rates were similar ($P = NS$) for the DTT-positive and DTT-negative patients (66.7% versus 62.1%) and primary and retransplant recipients (62.5% versus 65.2%). Of the nine patients who lost their previous graft to rejection, six currently have a functioning graft. Twenty-seven (57%) patients had at

least one episode of rejection and 11 (41%) required OKT3 for steroid-resistant rejection. Despite this, complete steroid withdrawal has been possible in 63% of the 30 patients with a functioning graft. Unlike previous reports, we observed satisfactory long-term results in both primary and retransplanted recipients, including those with previous accelerated graft loss, whether the crossmatch was due to IgG or IgM. Tacrolimus may be an agent particularly suited for use in this group at high immunologic risk.

REFERENCE

1. Jordan ML, Shapiro R, Vivas CA, et al: Transplantation 57:860, 1994

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