Abbreviated AUC0-12 was used for drug monitoring and dose titration. The mean Glomerular Pathology of Allograft Kidneys donors had IgAN (proportion of grafts from donors related to the recipients than from unrelated donors). Glomerulopathy was common in allograft biopsies. IgAN, TG, FSG, mesangial protein 33.0% of kidney grafts. Indications for biopsy were baseline assessment and to correlate them with clinical parameters. Methods: Eight hundred and ninety-one renal graft biopsies and 43 graft nephrectomies filed in Queen Mary Hospital from 1980 to 2004 were studied. They came from 442 allografts transplanted to 425 patients. A total of 66 Chinese cadaveric renal transplant recipients received paired kidneys between 1st June 1998 and 31st December 2004. They were randomized to receive either tacrolimus-based (n = 33) or cyclosporine-based therapies (n = 33). Abbreviated AUC0–12 was used for drug monitoring and dose titration. The mean follow-up duration was 2.2 years. Results: Patient and graft survival were comparable. A lower incidence of acute rejection was observed in the tacrolimus group (15% vs 27.3%), although the difference was insignificant (p = 0.23). The creatinine clearance was significantly better in tacrolimus-treated patients beginning from 6 months until 5 years after transplantation. The prevalence of hypertension, post-transplant diabetes mellitus, infection and malignancy were similar in both groups. The prevalence of hypercholesterolemia (11/33 vs 4/33) and gum hypertrophy (6/33 vs 1/33) was higher in Neoral-treated patients (p = 0.04 for both). Conclusion: Renal function was significantly better in the tacrolimus group in this paired kidney analysis. The use of abbreviated AUC0–12 provided a better tool for drug monitoring than traditional trough level measurement.

Influence of MDR1 and CYP3A Gene Polymorphisms on Dosing and AUC of Tacrolimus in Chinese Renal Transplant Recipients

Clinical Outcome of Hepatitis C Virus (HCV) Infection on Renal Transplantation

Glomerular Pathology of Allograft Kidneys

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Background: To review glomerular diseases diagnosed in allograft kidneys and to correlate them with clinical parameters. Methods: Eight hundred and ninety-one renal graft biopsies and 43 graft nephrectomies filed in Queen Mary Hospital from 1980 to 2004 were studied. They came from 442 allografts transplanted to 425 patients. Results: Glomerular diseases were diagnosed in 33.3% of kidney grafts. Indications for biopsy were baseline assessment (23 biopsies, 2.5%), renal dysfunction (790 biopsies, 88.7%), proteinuria (154 biopsies, 17.3%), hematuria (11 biopsies, 1.2%), and by protocol (4 biopsies, 0.4%). The median time post-transplant when the biopsies were procured was less than 8 months. The mean time post-transplant for diagnosing IgA nephropathy (IgAN), transplant glomerulopathy (TG), focal segmental glomerulosclerosis (FSG), mesangiocapillary glomerulonephritis (MCGN), membranous GN, mesangial proliferative GN, and diabetic nephropathy was 70, 66, 65, 55, 45, 49, and 101 months, respectively. Specific glomerular diseases were diagnosed by biopsies in 106 of 119 (89.1%) proteinuric allografts.

Recurrence glomerular disease was documented in 31 (7.0%) grafts. Were diagnosed by biopsies in 106 of 119 (89.1%) proteinuric allografts. Specific glomerular diseases were comparable. A lower incidence of acute rejection was observed in the tacrolimus group (15% vs 27.3%), although the difference was insignificant (p = 0.23). The creatinine clearance was significantly better in tacrolimus-treated patients beginning from 6 months until 5 years after transplantation. The prevalence of hypertension, post-transplant diabetes mellitus, infection and malignancy were similar in both groups. The prevalence of hypercholesterolemia (11/33 vs 4/33) and gum hypertrophy (6/33 vs 1/33) was higher in Neoral-treated patients (p = 0.04 for both). Conclusion: Renal function was significantly better in the tacrolimus group in this paired kidney analysis. The use of abbreviated AUC0–12 provided a better tool for drug monitoring than traditional trough level measurement.

Clinical Outcome of Hepatitis C Virus (HCV) Infection on Renal Transplantation

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Background and Methods: In order to understand the clinical outcome of HCV-infected renal allograft recipients, a retrospective review was conducted in July 2005 to study the clinical course of renal allograft recipients followed-up in the renal unit of Princess Margaret Hospital since January 2002. Results: In 2002, 23 out of 404 renal transplant recipients were HCV-infected. The male: female ratio was 12:11; 82.6% of HCV-infected patients had cadaveric renal transplantation in China; 69.6% of HCV-infected patients were HCV-RNA positive. The predominant HCV genotype was 1b (56.3%). Other genotypes were: 1a, 18.8%; 2a, 12.5%; 3b, 6.2%; and 6a, 6.2%. Only two patients had co-infection with B virus infection. Two patients had liver biopsy before transplantation; both showed features of chronic hepatitis but they had stable graft and liver functions. None of them had acute flare up of hepatitis or hepatocellular carcinoma. One patient developed liver cirrhosis, while two eventually resumed dialysis due to graft failure. The mortality rates of HCV-infected and non-HCV-infected renal allograft recipients were 17.4% and 1.6%, respectively. Four HCV-infected recipients died: two died of severe sepsis with multiple organ failure; one died of perforated bowel; and one died from an unknown cause. Conclusion: Although there is a higher mortality rate in HCV-infected renal allograft recipients, HCV infection is not a contraindication to renal transplantation.