MORTALITY IN PATIENTS WITH A FAILED TRANSPLANT AFTER A RETURN TO DIALYSIS

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Introduction and Aims: It is not clear whether mortality increases among those with kidney allograft failure relative to those who start dialysis but have never received a transplant.

Methods: We compared mortality rates and its causes among 136 patients with a failed kidney allograft who returned to dialysis between January 2006 and December 2012 (at Toulouse University Hospital, France) with 532 de novo hemodialysis patients who had never received a transplant. Within failed allograft patients, we also compared mortality rates of those who had lost their graft before or after the end of the first year post transplant, and of those who were or were not on a waiting list for a kidney transplant.

Results: Overall mortality was comparable between failed allograft patients (22.8%) and de novo hemodialysis patients (24.1%; p=0.79). Mortality rates were also similar between patients who lost their allograft within 1 year post transplant (22.9%) and those who lost their allograft at >1 year (22.8%; p =0.92). Failed allograft patients who were not relisted for a kidney transplant had the highest mortality rate (40.8%) when compared to those patients who had been relisted (12.6%; p=0.0002) and hemodialysis transplant naive patients (24.1%, p=0.001). The lowest mortality rate (6%) was observed in failed allograft patients who had a retransplant when compared to those patients who were still on a waiting list (21.6%) and those who were not relisted (40.8%; p=0.0002). The major causes of mortality in the failed allograft group (n=31) were cardiovascular (29%), others are cancer, gastrointestinal complications, and sepsis caused equal mortality rates (13% each). Causes of mortality in de novo hemodialysis patients (n=128) were similar.

Conclusions: Patients with a failed kidney allograft and transplant naive patients undergoing de novo hemodialysis had equivalent mortality risks and the causes of mortality were similar; the most frequent being cardiovascular. Failed allograft patients who underwent retransplantation had the lowest mortality rate regardless of their status vis-à-vis kidney transplantation.