INTRODUCTION AND AIMS: The goal of our study was to retrospectively analyze the association use more individual approach to identify the suitable kidney transplant candidates.

RESULTS: After fulfilling inclusion criteria 300 recipients were included in the study with mean observation time 7.5 years. Among study patients 42 (14%) lost the graft and required other mode of renal replacement therapy (hemo or peritoneal dialysis), 45 (15%) were lost to follow-up. In one-factor analyses we identified the following predictors of kidney allograft loss: donor age, donor history of diabetes, kidney allograft dysfunction within first post-transplant year (given as proteinuria occurrence or eGFR MDRD below 50 ml/min), recipient chronic hepatitis C. In terms of chronic abnormalities present at implantation arteriolar hyalinisation of any intensity nearly doubled the risk of allograft loss. As independent risk factors of kidney allograft loss in multivariate analysis we identified: donor age with additional 4% of entering dialysis per 1 year, post transplant diabetes mellitus, proteinuria at third months after engraftment which nearly doubled the risk of dialysis, and recipient chronic hepatitis C.

CONCLUSIONS: The effect of arteriolar hyalinisation on renal transplant survival is probably woven in other predictor of graft loss. Recognizing the negative impact of recipient chronic hepatitis C on graft survival as well as considering other risks associated with this infection HCV treatment should be provided to patients with advanced chronic kidney disease, wait-listed or already transplanted.