transplantation (ABOiKT) in now increasing used in developing country to increase living donor kidney transplantation as ABO incompatibility has been considered as an important immunological barrier for renal transplantation is in initial stages.

METHODS: We report prospective single-center results of ABOiKT in 28 living-related donor kidney transplantation (LDKT) patients during December 2014 to November 2017. The study was approved by institutional review board and ethical committee. We describe patient survival, graft survival, rejection rate and cost analysis. Each donor-recipient pairs were given education, awareness and counseling about risk and benefits of ABOiKT, kidney paired donation and DDKT. ABOiKT was performed after written informed consent of donor-recipient pairs. Easy to match pairs (A donor and B recipient; B donor and A recipient) and sensitized pairs preferred for KPD over ABOiKT and desensitization protocol. Preconditioning protocol consisted plasmapheresis, low-dose intravenous immunoglobulin (IVIG) (100mg/kg), and low-dose rituximab (200 mg) and maintenance immunosuppression consisted of tacrolimus, mycophenolate sodium, and prednisolone. All patients had negative lymphocyte, flow crossmatch and donor specific antibody before transplantation. A pretransplantation isoagglutinin titer of ≤1:4 was considered acceptable for transplantation. Post-transplant plasmapheresis was done when isoagglutinin titer of ≥1:16 and biopsy proven antibody mediated rejection.

RESULTS: Mean age of patients was 28 years and 27 were males. Mean age of donors was 45 years and 2 were males. The donor relation was parents (n=21), Spouse (n=5) and siblings (n=2). Mean HLA match (A,B,DRB1 and A,B,DR B1) was 2.8. Donor - recipient blood group was A to O (n=8), B to O (n=8), AB to O (n=6) A to B (n=2) B to A (n=2). Median ABO titer were 1:32 (1:4-1:124). Patient survival was 89%(n=25). Death censored graft survival was 92%(n=26), mean serum creatinine(mg/dl)was 1.2 and BPAR was 17%(n=5) respectively, over mean follow-up of 16.4 months. Infections were observed in 28% (n=8) patients.

CONCLUSIONS: We conclude that short-term outcome of ABOi KT is acceptable. ABOiKT should be promoted in developing countries to expand the donor pool.

**OUTCOME OF ABO INCOMPATIBLE KIDNEY TRANSPLANTATION IN DEVELOPING COUNTRY**

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INTRODUCTION AND AIMS: ABO incompatibility has been considered as an important immunological barrier for renal transplantation. ABO incompatible kidney