

Introduction

Approximately 1.5-3 children per 1 million populations each year develop end stage-renal disease (ESRD) in the western world, which is why renal transplantation (RTx) is the ideal treatment. Recently, patient and graft survival rates have significantly improved because technological advances and the introduction of new immunosuppressive drugs.

Methods

Retrospective analysis of results in RTx in children performed at Clinica Fundación Valle del Lili, Cali, Colombia, between 1995 and 2011. The patients were evaluated by the same pediatric nephrologists throughout the observation period at our outpatient clinic.

Bibliography

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2. Delucchi A, Ferrario M, Varela M, Cano F, Rodriguez E, Guerrero JL, et al. Pediatric renal transplantation: a single center experience over 14 years. *Pediatr Transplant.* 2006 Mar;10(2):193–7.

Results

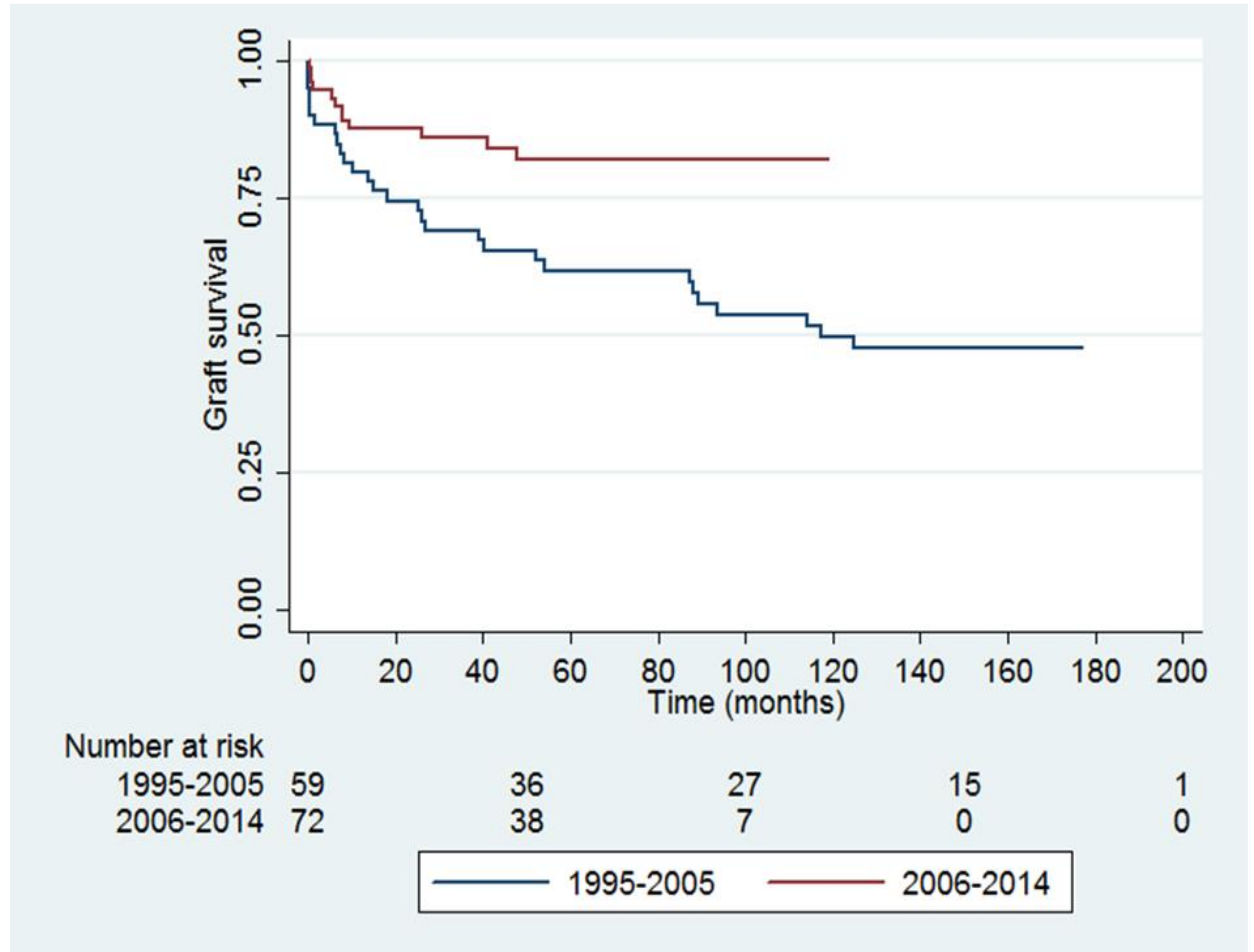


Table 1. Graft survival time in kidney transplant recipients at the Clinica Fundación Valle del Lili in Cali, Colombia.

There were 131 transplants, median age at the procedure was 12.8 years (IQR:9.5-15.9). There were 70 male patients. In 72 cases (55%), graft was coming from a living donor. Most patients were coming from ethnic groups other than black communities. Main baseline diagnosis that led to ESRD were Congenital Abnormalities of Kidney and Urinary Tract (CAKUT) in 49.6%, followed by Glomerulopathies (23.6%). 114 patients underwent dialysis, on average 15.6 months (IQR 9-30). Hypertension was present in 93 patients and 5 patients were transplanted twice. HLA compatibility in 3 alleles was the most frequently found (48 patients). Graft survival rate was above 50% after 160 months of follow up, for the entire population. There was an improvement in graft survival for patients transplanted between 2006 and 2014.

Conclusions

Graft survival rate has improved over time probably due to better immunosuppressive treatment which have lowered acute rejection. It is necessary to continue with this Renal Transplant Registry in order to obtain a better evaluation of outcomes in the long term for our pediatric population.