6. SUMMARY AND CONCLUSIONS

6.1 Effect of Age

➢ Age of recipient at the time of transplant was significant affects on patient survival and blood pressure. However, it did not affect on graft loss, rejection episode, and graft function.

6.2 Immunosuppressant Drug Effect

➢ There was significantly higher usage of antibody in aged recipients, in recipients who received a kidney from cadaver donor and recipients who had higher HLA mismatch with donor.

➢ Antibody usage as an induction was associated with lower rejection rate and lower creatinine level, but it was not associated with graft survival and patient survival.

➢ Recently, an Immunosuppressant drug trend has moved towards the usage of antibody as an induction therapy mainly towards the usage of ATG. For maintenance drug therapy, a prescription pattern trend has moved towards usage of TAC among CNI agents, MMF among antiproliferative agents and PTM regimen (combination of prednisolone, TAC, and Mycophenolate) is most commonly used drug regimen.

➢ TAC therapy was significantly associated with lower patient death, CNI toxicity, and hypertension but for graft survival, graft function and rejection rate were similar between CNI agents used.

➢ Antiproliferative agents (MMF and AZA) were equal in terms of graft survival, patient survival, rejection rate and graft function. AZA-treated recipients had lower hypertension as compared to MMF-treated recipients.

➢ PTM-treated recipients having lower patient death and blood pressure as compared to other maintenance drug regimen but difference for graft survival, rejection episode and graft function between all maintenance drug regimens was non-significant.

➢ On above-mentioned point, we conclude that usage of antibodies as an induction therapy, TAC among CNI agent, MMF among
antiproliferative agent and PTM among different drug regimen may be beneficial therapy for kidney transplant recipients.

6.3 Infection After Transplantation

➢ Antibody use, recipients age > 45 years and PCM regimen were associated with higher rate of infection after transplant. Similar infection rates were found between different immunosuppressive agents was found in prospective study of infection.

➢ First, three months post transplant was found to be most vulnerable period for Infection after transplantation.

➢ Urinary tract infection was the commonest infection observed in post renal transplant patients.

➢ However, infection after transplant did not affect patient survival, graft survival.

➢ In our prospective study, acute rejection episode was higher with infection.

6.4 Effect of New Onset of Diabetes After Transplant (NODAT)

➢ Prevalence of NODAT was significantly associated with age and weight of recipients at the time of transplant, HLA mismatch, and PTA regimen.

➢ NODAT is associated with higher CMV infection but not other infections.