

FP7. — RESULTS OF KIDNEY TRANSPLANTATION FROM CONTROLLED DONORS AFTER CARDIO-CIRCULATORY DEATH : A SINGLE CENTER EXPERIENCE.

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The aim of this study was to determine results of kidney transplantation (KT) from controlled donation after cardio-circulatory death (DCD). Primary end-points were graft and patient survival, and post-transplant complications. The influence of delayed graft function (DGF) on graft survival and DGF risk factors were analysed as secondary end-points. This is a retrospective mono-centre review of a consecutive series of 80 DCD-KT performed at the University Hospital of Sart Tilman, University of Liège, between Jan 2005 and Dec 2011. Mean patient follow-up was 28.5 months. Overall graft survival was 93.7%, 89.5%, 85% and 81.3% at 3 months, 1 year, 3 and 5 years, respectively. Death-censored graft survival at the corresponding time points was 93.7%, 93.7%, 90.8% and 90.8%. Main cause of graft loss was patient's death with a functioning graft. No primary non-function grafts were encountered. Renal graft function was suboptimal at hospital discharge, but nearly normalized at 3 months. DGF was observed in 36% of all DCD-KT. DGF significantly increased post-operative length of hospitalization, but had no deleterious impact on graft function or survival. Donor body mass index (BMI) ≥ 30 kg/m², recipient BMI ≥ 30 kg/m² and pre-transplant dialysis duration significantly increased the risk of DGF in a multivariate logistic regression analysis ($p < 0.05$). Despite a higher rate of DGF, controlled DCD-KT offers a valuable contribution to the pool of deceased donor kidney grafts, with comparable mid-term results to those procured after brain death.