Comparing Histopathology and Outcomes of Patients with Biopsy Proven Acute Rejection (BPAR) in ABO-Compatible Vs ABO incompatible Kidney Transplant Recipients: A Propensity Score-Matched Study



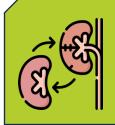
Methods



Retrospective Propensity Score Matched Case-control Study



Single centre
SGPGIMS, Lucknow.
(ESRD Cases
Transplanted between
2014 and 2019)



100 ABOi KTRs
37 (37%) had BPAR (Cases)
680 ABOc KTRs
97 (7%) had BPAR
(37 propensity score
(Matched controls)

Covariates for propensity matching: Donor age and sex, Donor glomerular filtration rate, HLA mismatch, Induction agent, Tacrolimus maintenance

Results

BANFF Scores



No significant difference between individual Acute and Chronic BANFF scores

The mean BANFF scores were similar, except for interstitial inflammation, which is higher in ABOc KTRs



Time to Acute rejection (months)



Early Acute rejection



Late Acute rejection



Overall Graft survival in Patients with **BPAR only** (5 years)



Post Rejection Graft survival (3 years)

ABOi KTRs
N = 37 patients
with BPAR only
(Cases)

ABOc KTRs
N = 37 patients
with BPAR only
(Controls)

6.0±9.86

p=0.088

p=0.017

10.96±14.0

29 (78%)

17 (46%)

8 (22%)

20 (54%)

50%

p=0.015 79%

63%

92%

BPAR:Biopsy-proven acute rejection. **KTRs**: Kidney transplant recipients. **Overall Graft survival**:Time from Transplant to graft loss. **Post Rejection Graft survival**: Time from Rejection episode to Graft loss

Shanmugam, Sabarinath et al VA by Roxana Villanueva @RoRvm

Conclusion: There were no significant differences in mean BANFF scores in patients with BPAR between ABOi KTRs and propensity score-matched ABOc KTRs except for interstitial inflammation. However, post-rejection graft survival was inferior in ABOi KTRs.

