Impact of ABO Compatibility in Elderly Kidney Transplant Recipients

Introduction and Objectives: Recently, ABO incompatible kidney transplantation (ABO-IN Tx) has been performed in patients with various backgrounds such as the elderly and unrelated combination. We compared the outcomes of ABO-IN Tx in patients aged ≥60 years with in younger patients. Materials and Methods: Twenty-four consecutive ABO-IN Tx recipients were included. Patients were divided in two groups according to the recipient age: G1 (≥60 yrs, n=9), and G2 (<60 yrs, n=15). Mean recipient/donor age were 63.9±2.8/63.4±5.0 yrs in G1 and 46.5±10.5/54.1±10.4 yrs in G2. Mean duration of dialysis was 58.9±46.5 months in G1 and 25.9±22.9 months in G2, respectively. We compared the difference in the patient and graft survival, and complications, such as acute rejection, cytomegalovirus infection, and surgical complications between the groups. All patients received desensitization treatment with plasmapheresis until pre-transplant ABO IgG titers became <16. Two patients of G1 and 3 patients of G2 received rituximab before transplantation and others underwent splenectomy at the time of transplantation.

Results: The patient/graft survival (death censored) were 100%/100% at 1, 3 year(s) in G1, 100%/100% at 1 year and 93%/100% at 3 years in G2. Acute rejection occurred in 2 (22%) of G1 and 2 (13%) of G2. The incidence of cytomegalovirus antigenemia was 67% in G1 and 80% in G2. Surgical complications occurred 3 (33%) of G1 and 4 (27%) of G2. The serum creatinine at 1 year after transplantation was 1.1 mg/dl in both groups.

Conclusion: The patient and graft survival, complications, and serum creatinine at 1 year after transplantation were same in both groups. ABO incompatibility had no negative impact on the outcome of kidney transplantation in the elderly.