

Is the transplant-preserving management of renal allograft rupture justified?.

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Publication Date: 1995

Abstract:

OBJECTIVE: To evaluate the transplant-preserving management of renal allograft rupture.

PATIENTS AND METHODS: From April 1982 to January 1994 a total of 238 renal transplantations were performed on 227 patients. Eight cases (3.5%) of renal allograft rupture occurred. Transplant nephrectomy was necessary in one patient. Seven patients were surgically treated with collagen foam, fibrin glue and vicryl mesh.

RESULTS: In all seven cases treated conservatively, renal salvage and satisfactory graft function was achieved. After a mean follow-up of 52.9 months (range 2-94) the mean creatinine level was 15.6 mg/L (range 11-21). Of these seven patients with renal allograft rupture one returned to haemodialysis 22 months after transplantation and had several episodes of rejection. Almost 4.5 years after renal allograft rupture, the creatinine value in six of the seven patients was only slightly higher than the mean creatinine values of all donor kidney recipients (14.4 +/- 5.5 mg/L).

CONCLUSION: There should be an attempt to salvage the transplant after allograft rupture in all cases. Using these transplant-preserving techniques, renal function could be achieved for all patients with allograft rupture.