

GASTROINTESTINAL

- Gastrointestinal complications are common after renal transplantation, and they have a wide clinical spectrum, varying from diarrhoea to post-transplant inflammatory bowel disease (IBD)
- IBD may appear as an exacerbation of a pre-existing disease or, more rarely, as de novo IBD occurring in patients without any previous symptoms, and post-transplant de novo diseases may have a more aggressive clinical course
- De novo IBDs after transplantation usually present late in the follow-up, with a mean delay time to presentation up to 91 mo as it is not very common

Management

- Corticosteroids may induce clinical remission of the IBD, but they are unable to maintain it as monotherapy, probably because of their failure in causing apoptosis of mature T lymphocytes, which allows chronic and acute episodes of IBD exacerbation
- Infliximab is a chimeric monoclonal IgG1 against tumour necrosis factor α that is used for steroid-resistant IBD
- conventional medical IBD therapy (mesalazine, cortico-steroids, and azathioprine) to achieve clinical remission. Approximately half of patients are resistant to conventional IBD therapy combined with immunosuppression
- clinical experience is very limited, and other supportive data are required for this approach to be used safely in the kidney transplant setting. Approximately 20% of patients are refractory to therapy and ultimately need surgical treatment with colectomy

[1]-Gioco, R., Corona, D., Ekser, B., Puzzo, L., Insera, G., & Pinto, F. et al. (2020). Gastrointestinal complications after kidney transplantation. World Journal Of Gastroenterology, 26(38), 5797-5811. <https://doi.org/10.3748/wjg.v26.i38.5797>

