



Is it possible to prevent reperfusion ischemic injury and DGF (delayed graft function) in kidney allograft? How?
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Abstract:

Introduction: still, the kidney transplantation is the best choice for treatment of chronic renal failure, and if unrelated donor is option for transplantation deceased donor is the best modality for doing it, but there are many problems with deceased donor in which DGF is the most important one which sometimes may be result in graft lost or patient loss .so in our transplant department was decided to stopping or deferring DGF

Materials and method: In 20 Chronic renal failure patients(14 males 6females) age (between 25 and 55 years) , 6males and4 females as donors(cadavers) were selected for them for kidney transplantation. In ten cadavers which in all of them the creatinine was high because of pre renal hyper azotemia. The minimum creatinine after improving the pre renal condition with fluid and rising blood pressure was 1.6mg/dl. In back table in every kidneythrough renal artery 80 mg papaverin injected and immediately after injection small bull dog applied.in all of them induction were with Thymo and three medicines: prograft prednisolone cellcept

Result

In all kidney after declamping immediately diuresis was started and at least in first 24 hours of transplantation the volume of urine was about 65 00cc there was not any DGF case and at third day of surgery creatinine of serum was in normal range

conclusion: Relaxing smoot muscle of artery by papaverine is the strongest prevention of DGF in which slowing blood flow and constriction in parenchyma of kidney is the first step for initiation DGF and up-regulated Toll like receptor in endothelial of artery it may change the fate of cadaveric kidney transplantation

key words: DGF allograft, smooth muscle, constrictor, perfusion, papverin



Biography:

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Publications:

1. Bolus injection versus infusion of furosemide in kidney transplantation: a randomized clinical trial
2. Effect of diuretics on ureteral stone therapy with extracorporeal shock wave lithotripsy
3. Instillation of povidone iodine to treat lymphocele and leak of lymph after renal transplantation
4. Anatomy of the collecting system of lower pole of the kidney in patients with a single renal stone: a comparative study with individuals with normal kidneys
5. Postnephrectomy changes in Doppler indexes of remnant kidney in unrelated kidney donors

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