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Kidney transplant from a donor brain death

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ABSTRACT: In 2010, our structure had its 1st kidney transplants from donor brain death (EME) after 20 years of transplants from living donors, opening with chronic renal failure terminals new therapeutic perspectives.

Materials and methods

This is a single-center retrospective descriptive study of 9 years (September 2010-September 2019), colligeant all kidney transplant patients from a donor EME since the inception of this program. The aim of this study is to describe its epidemiological, clinical, surgical, treatment and outcome. **Results**

35 patients were transplanted from a donor in EME, after a period of dialysis on average 5.91 years and an average waiting time of 2.7 years after enrollment on the waiting list, 53% were group O blood and 90% had no anti-HLA antibodies. The average time was 16 hours (8 am-32h52) for cold ischemia and 1:20 for warm ischemia. Therapeutically, all received an induction treatment with Thymoglobulin and triple therapy combining corticosteroids and mycophenolate mofetil anticalcineurins. 42% had a delayed recovery of the graft requires an average of 5 hemodialysis. Nine cases of surgical complications have been reported including 3 lymphocele, 2 stenosis of the renal artery, and neoplastic complications including myeloma. The average creatinine at one year posttransplant was 10, 8 mg / $L \pm 4.7$, and one discharge cell type was noted. Four patients died from myeloma (1), tuberculosis (2) and DIC (1). The current average renal function all patients is $11.7 \, \text{mg} / \text{L} \pm 4.9$

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