

RENAL ALLOGRAFT SURVIVAL AMONG PATIENTS WITH LUPUS NEPHRITIS

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The incidence of Systemic Lupus Erythematosus (SLE) in the US is 1 in 2000. Half will develop lupus nephritis and a quarter of these will develop end-stage renal disease (ESRD) requiring dialysis or transplantation. We wished to determine the rate of transplantation of patients with SLE and prognostic factors affecting rejection or graft failure/return to dialysis.

We reviewed the electronic and paper medical records of all patients with SLE transplanted at our institution between January 1970 and June 2007 and performed survival analysis on the data available.

There were 2891 kidney transplants performed, 82 (2.8%) had SLE. 68 had sufficient data to determine the time to rejection. 43 (63.8%) showed signs of rejection and 25 (36.2%) were censored (either lost to follow-up or never rejected). Mean time to first rejection after transplantation was 2920 days (95% confidence intervals; 1969, 3871). 71 recipients had sufficient data to assess return to dialysis. 19 (26.8%) returned to dialysis and 52 (73.2%) were censored (lost to follow-up, never resumed dialysis or died). Mean time to graft failure and return to dialysis was 6812 days (95% confidence intervals; 5273, 8350).

Significances of log rank tests for the Kaplan Meier curves of variables of interest are: Race (Caucasian vs. African American; $p = 0.004$), sex ($p = 0.34$), blood group (O vs. others; $p = 0.654$), HLA A mismatch (none vs. A1 or A2 mismatch; $p = 0.02$), HLA B mismatch (none vs. B1 or B2; $p = 0.01$), HLA DR mismatch (none vs. either DR1 or DR2; $p = 0.11$), maintenance prednisone dose ($< 5\text{mg}$ vs. $> 5\text{mg}$; $p = 0.97$)

In conclusion, patients with SLE can receive kidney transplants and have reasonable rates of rejection and excellent survival. Race and type of HLA mismatch affected the over all survival in this study.