

IN SELECT TRANSPLANT RECIPIENTS LEFLUNOMIDE MAY BE USED AS AN ALTERNATIVE IMMUNOSUPPRESSANT

Maung Mya¹, Ahmed I Al-Absi¹, MF Egidi². ¹Univ of Tennessee Health Science Center, Memphis. ² Med Univ of South Carolina, Charleston.

Leflunomide (LFN) has an immunomodulatory effect. It is used in Rheumatoid Arthritis. Its role as an immunosuppressant is not known.

We retrospectively reviewed our kidney/pancreas transplant (txp) recipients who are currently on LFN as part of their immunosuppression. We look for rejection and compare the current serum creatinine (Scr) to Scr at the time LFN was started.

Fourteen patients (5 living donor kidney txp, 5 cadaveric kidney txp, 2 pancreas txp and 2 combined kidney/pancreas txp) are on LFN as part of their immunosuppression. Among these, 3 were re-transplant patients. Patients demographics are mean age 43 (range 28-58) years, 7 M and 7 F, 11 C and 3 AA. No patient has been on LFN. The reasons leading to choose LFN as an immunosuppressant are concomitant Rheumatic diseases (4 Arthritis, 1 Fibromyalgia), history of BK Nephropathy(4), unable to tolerate other immunosuppressants(4) and psoriasis(1). Before LFN was started, 9 patients were on Prednisone (P) + Cellcept (MMF) + Prograf (FK), 2 were on MMF + FK and 2 were on P + FK + Rapamune as their maintenance immunosuppression. In 10 patients MMF was switched to LFN, FK was switched to LFN in 3 and Rapamune was switched to LFN in one patient.

LFN was started at mean 43 (range 1-89) months post-transplant. The mean Scr at the time LFN was started was 1.75 (range 0.9-3.2) mg/dl. The mean duration on LFN therapy was 26 (range 12-37) months. The current mean Scr is 1.86 (1.0-3.6) mg/dl. No rejection episode was reported in all patients. Only 2 patients have increased Scr after LFN was started. One increased from 1.8 mg/dl to 3.3 mg/dl over 26 months due to CAN. The other patient's Scr increased from 2.1mg/dl to 3.2 mg/dl over 37 months due to obstructive nephropathy. No major side effects are reported to date. In a subset of 3 patients, LFN was started within one year(mean 3.6 months) post-txp. After a mean 25 months on LFN, their Scr level remains similar to those at LFN initiation.

Conclusion: In select patients Leflunomide may be used as an alternative immunosuppressant.