

HYPERLIPIDEMIA IN HIV KIDNEY TRANSPLANT PATIENTS

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Purpose: To study the incidence of hyperlipidemia among HIV kidney transplant patient

Method: We retrospectively studied data from HIV positive kidney transplant patients in our center. Patient demographics, hypertension, diabetes mellitus, use of HMG CoA reductase inhibitors, and HIV medications were reviewed. We obtained Lipid profiles before transplantation and at every quarter after transplantation until a year.

Results: We reviewed data of 36 kidney transplant patients in our center from 2001 to 2007. 31/36 were male, 32/36 were African American. The mean age was 52 ± 9.43 years. Six patients were diabetic and 34 were hypertensive. The mean CD4 count was 372.71 ± 184.73 . Basiliximab was induction agent and cyclosporine, sirolimus and prednisone was used for maintenance immunosuppressant.

Lipid profile	Pretransplant	3 months	6 months	12 months	p-value
TG	223.2 \pm 129.3	260.8 \pm 130.1	277.4 \pm 207.9	327.8 \pm 26.91	0.22
TC	170.4 \pm 54.7	210.7 \pm 58.8	233.6 \pm 66.8	211.9 \pm 46.8	0.0002*
LDL	72.9 \pm 28.6	108.3 \pm 39.6	115.6 \pm 37.2	94.7 \pm 33.4	0.002*
HDL	47 \pm 15.2	52.8 \pm 21.1	60.1 \pm 26.5	57.8 \pm 19.8	0.37
TG=Triglyceride, TC=Total cholesterol, LDL=Low density lipoprotein, HDL=High Density Lipoprotein,*p<0.05 is significant.					

Result: There is a significant increase in total cholesterol and LDL levels among the HIV patients post kidney transplantation and no significant increase in triglyceride was noted. The hyperlipidemia is most likely contributed by cyclosporine, sirolimus and prednisone and to some extent by anti-retroviral medications.