

South Australian and Northern Territory Indigenous Renal Transplant Outcomes 2001-2011

Dr Michael Burke
Nephrologist
Princess Alexandra Hospital

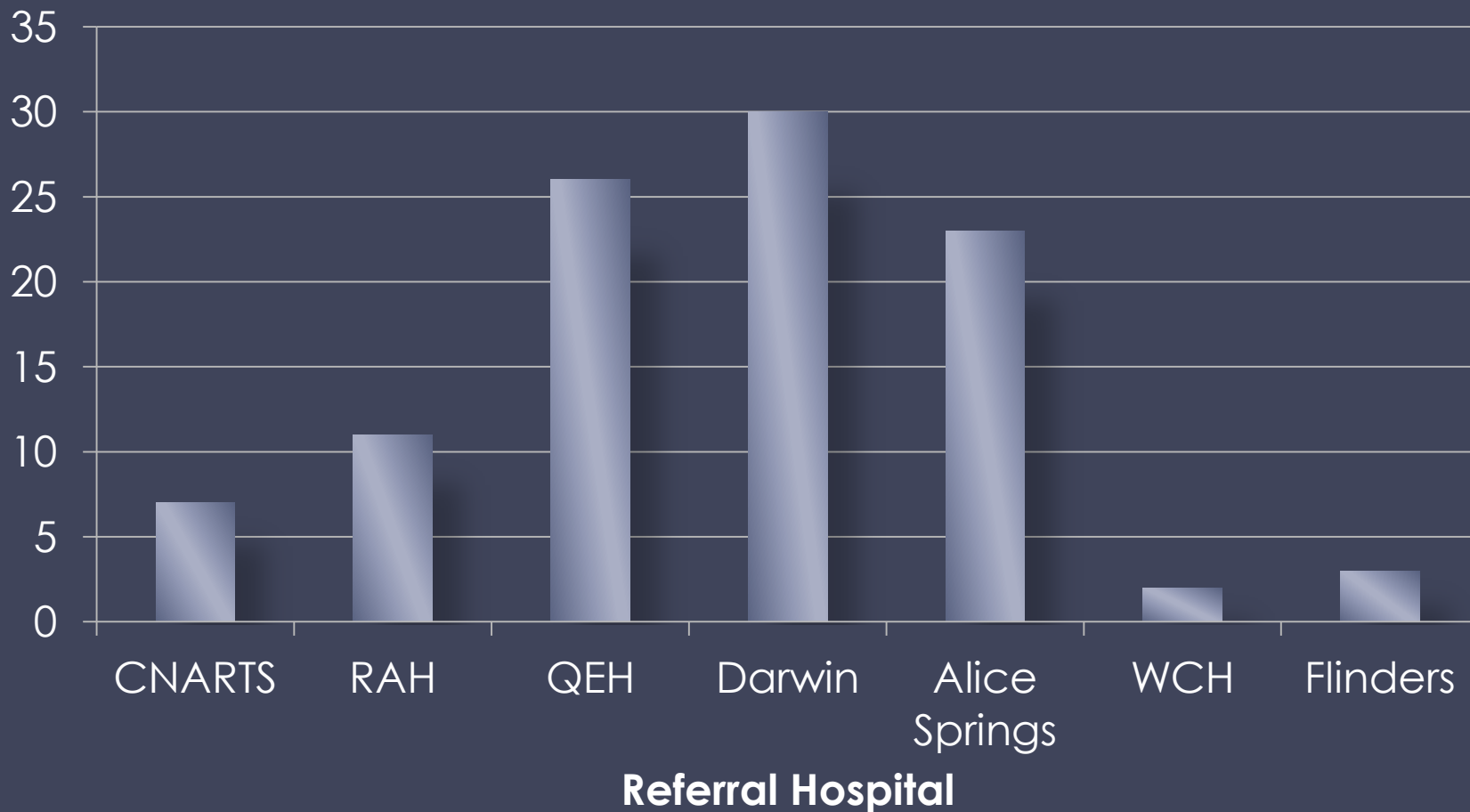
Scope

- ◉ Focusing on outcomes from the first two years post transplantation in indigenous renal transplant recipients.
- ◉ Transplanted in the SA/NT transplant service 2001-2011.
- ◉ Aimed at identifying factors contributing to transplant outcomes.

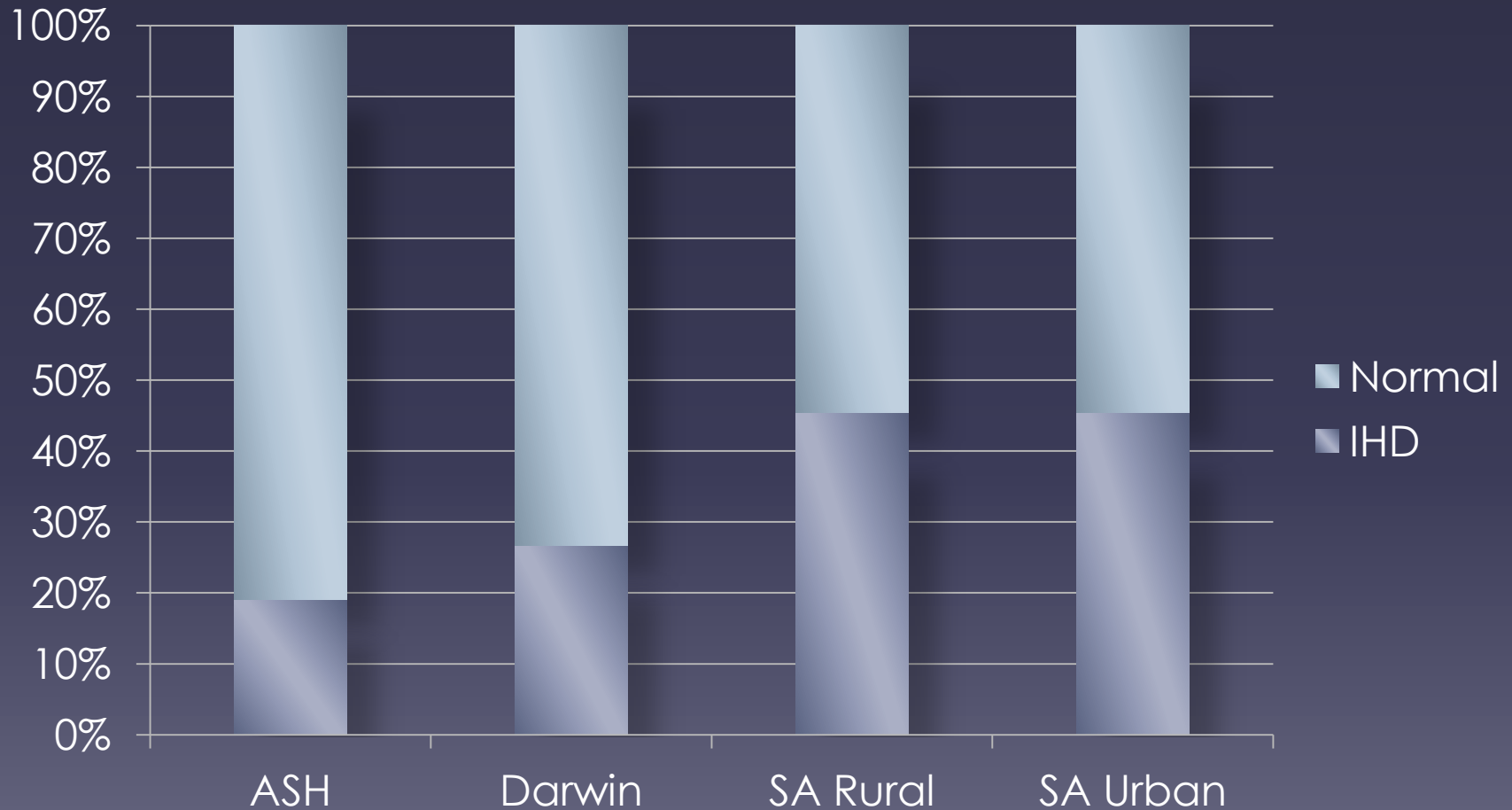
S.A. and N.T. patient demographics

- 95 RTRs and 97 renal transplant episodes
- Mean age is 46.6 years
- Sex- 52% male

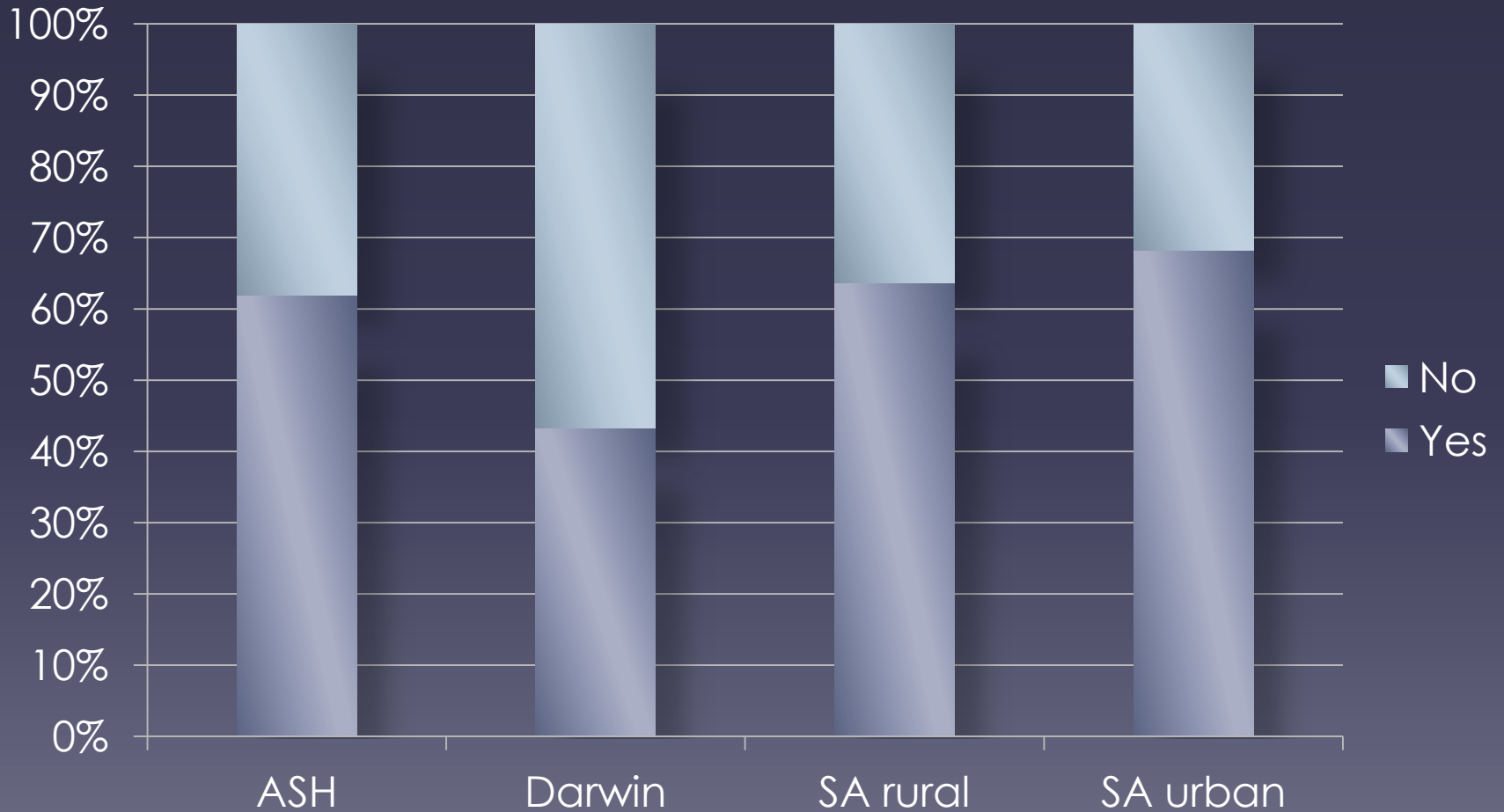
Indigenous transplant recipients – referral centres?



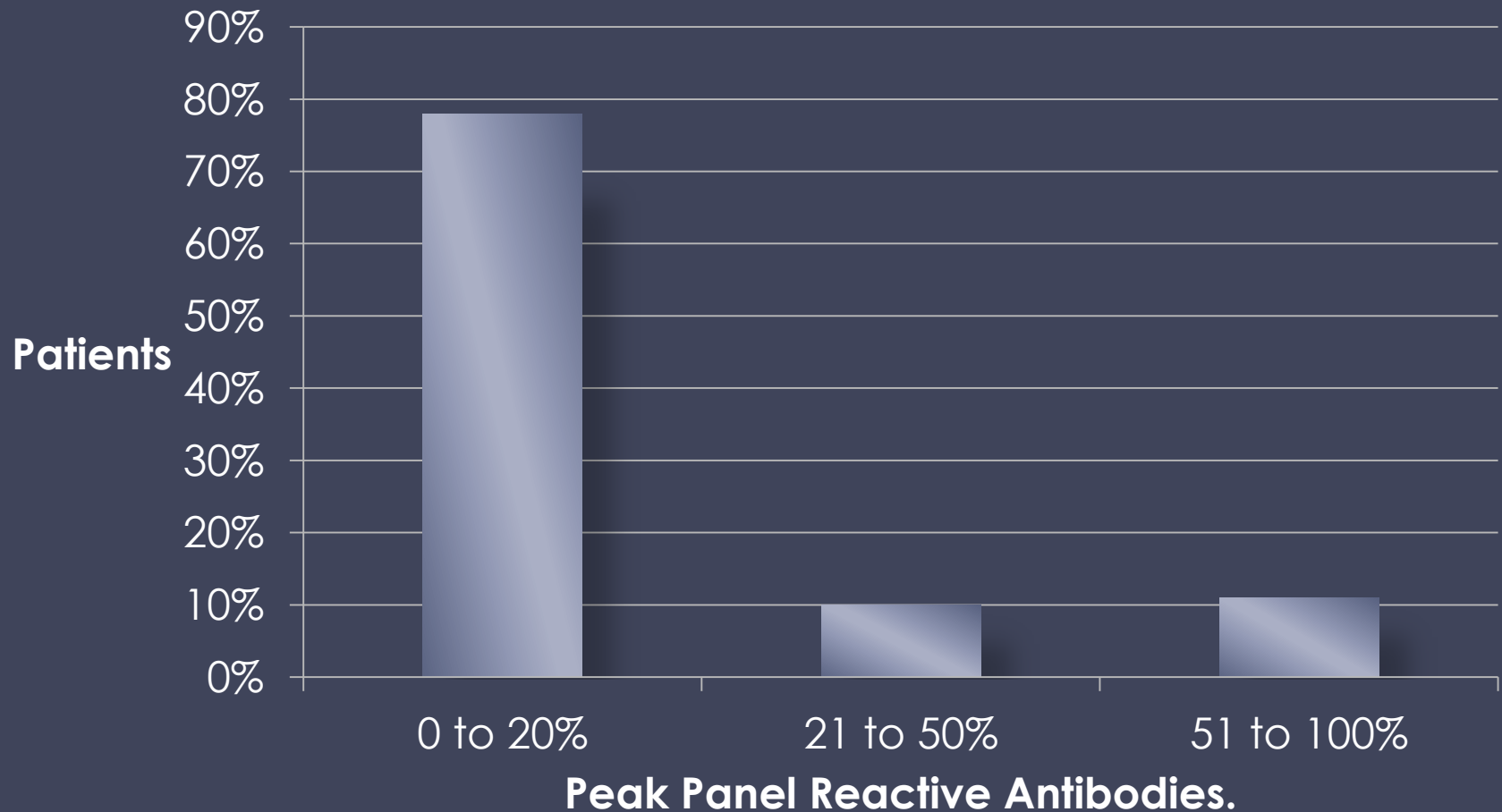
Pre transplant ischaemic heart disease

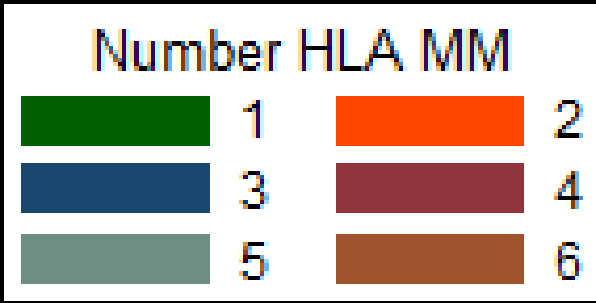
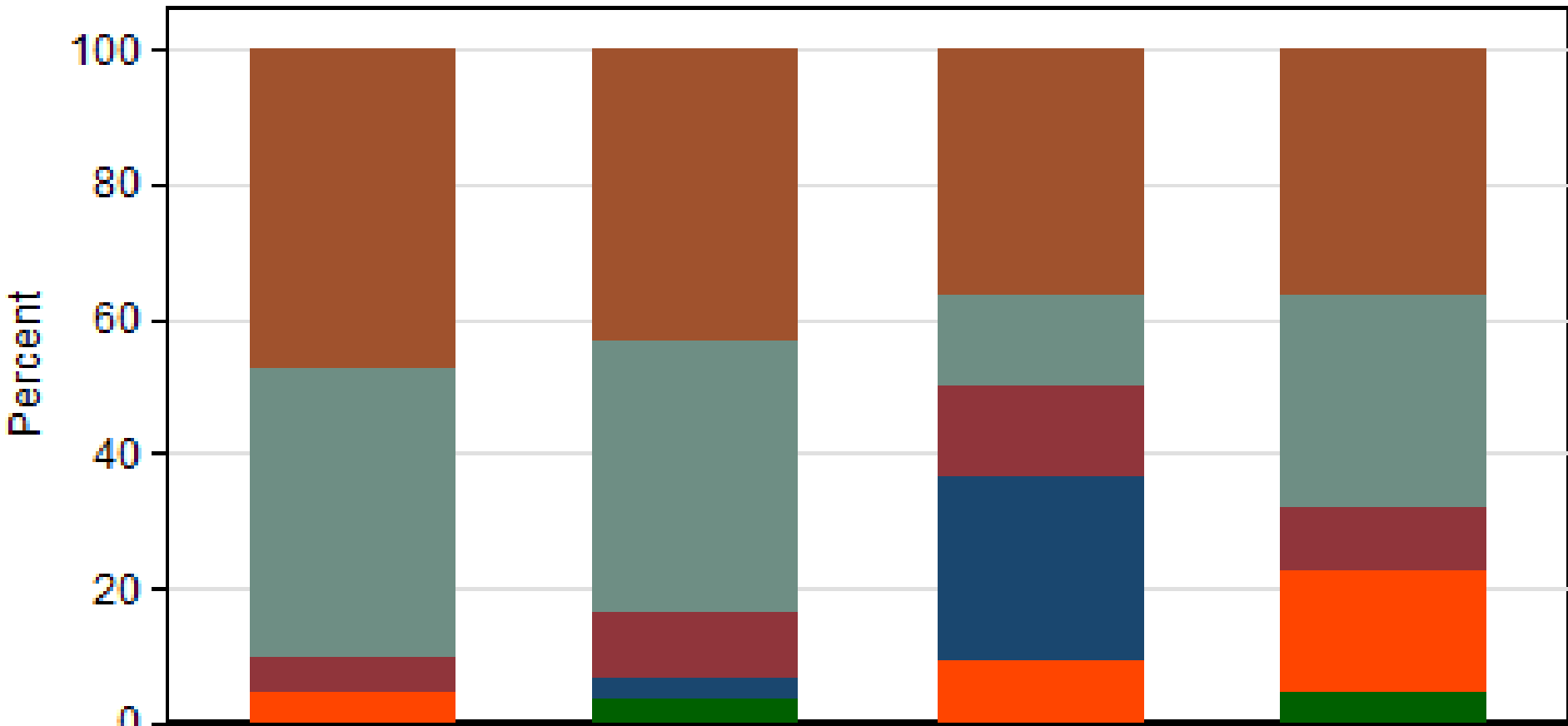


Pre Transplant Diabetes



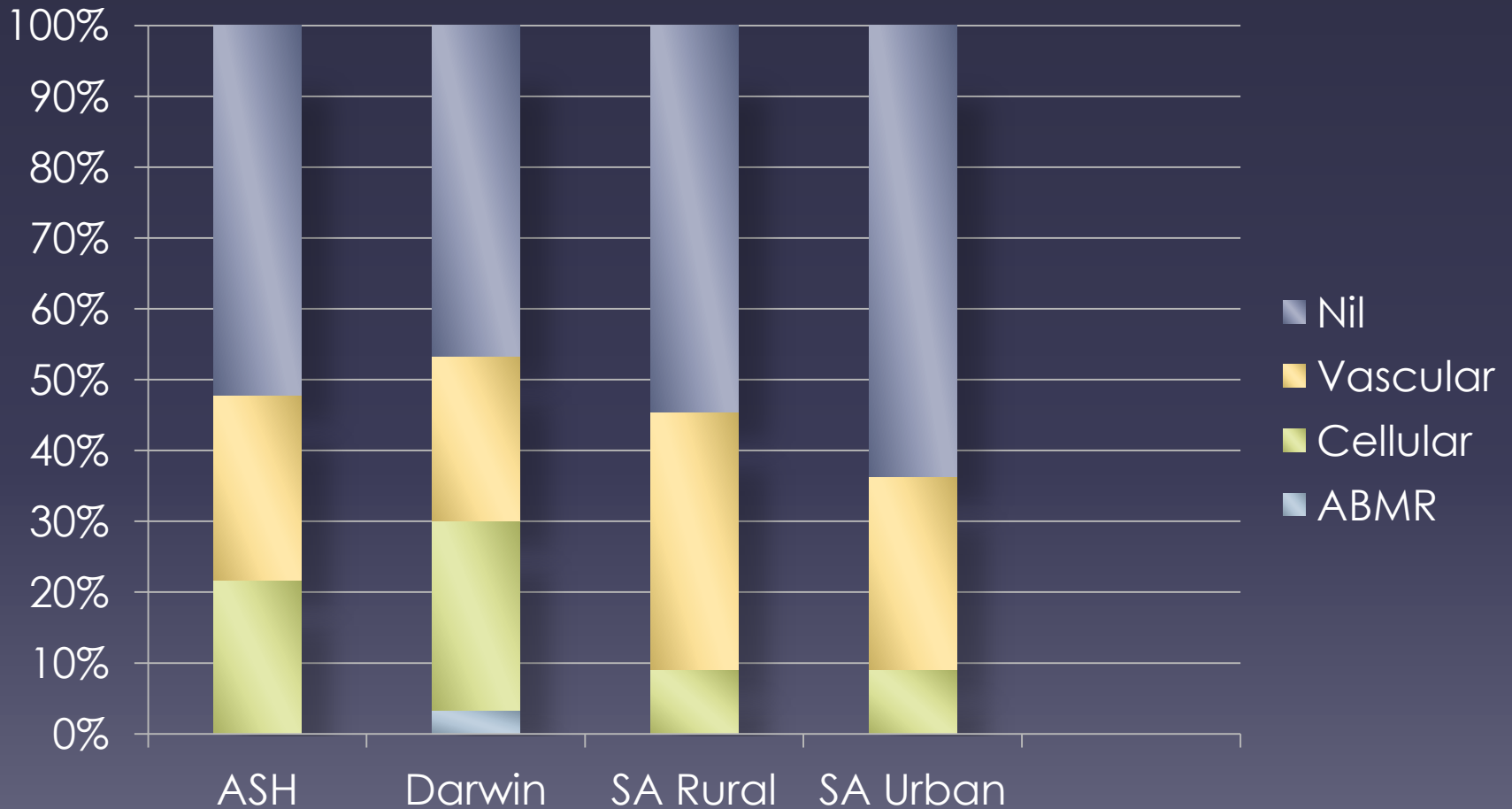
S.A. and N.T. pre-transplant: Peak Panel Reactive Antibodies



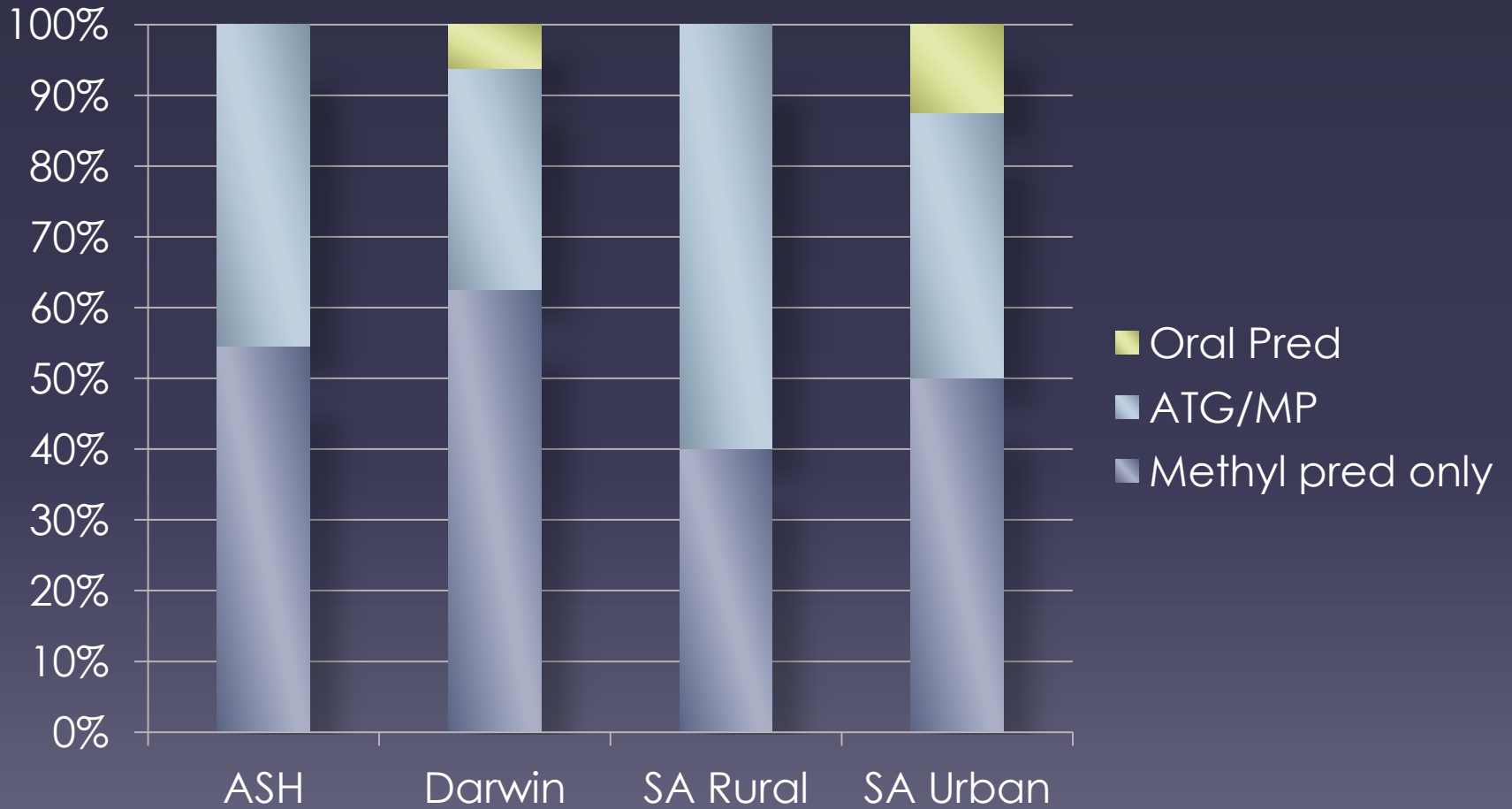


Indigenous recipients, SA / NT tx unit

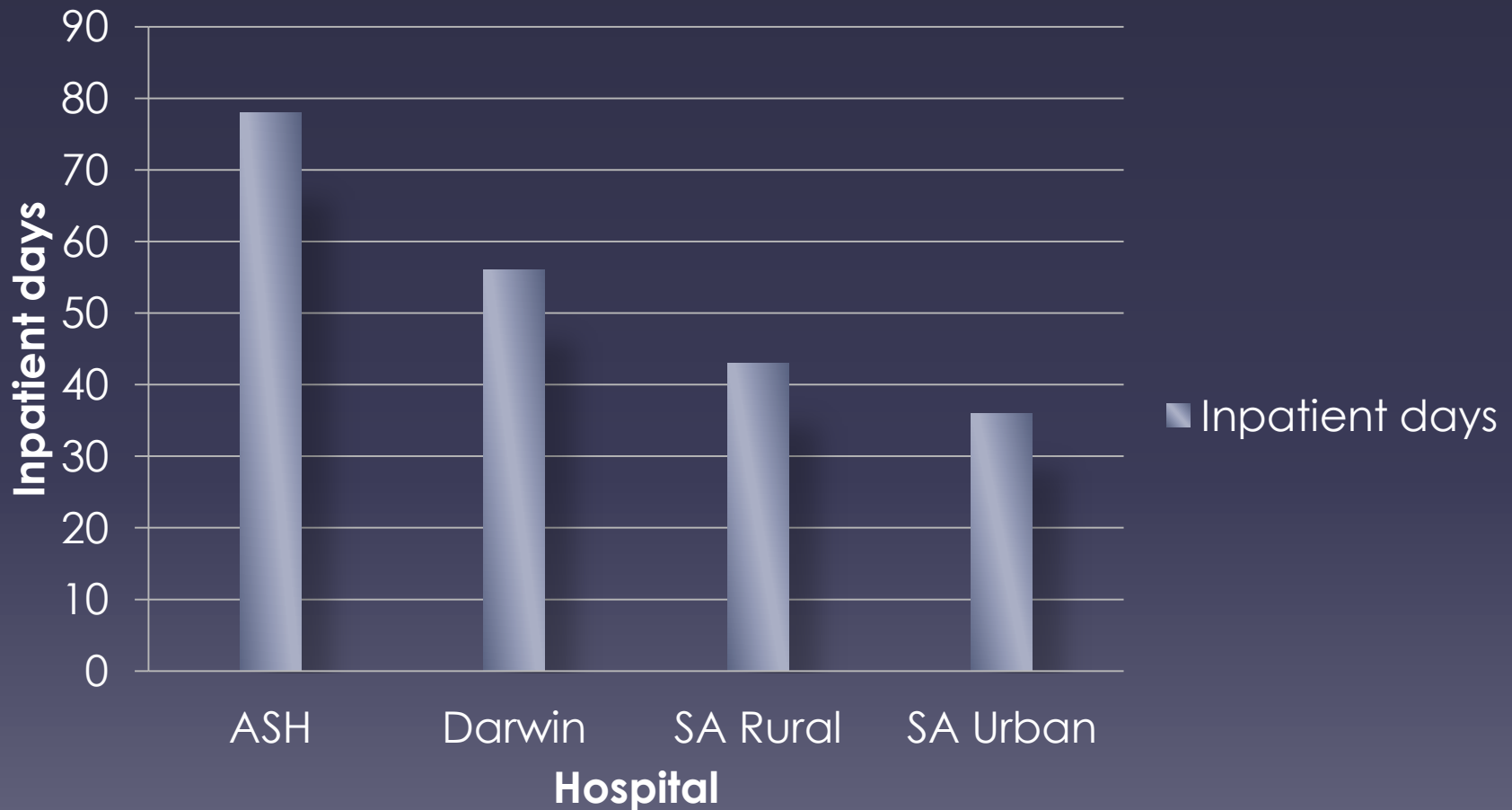
Rejection Rates 0-2 years



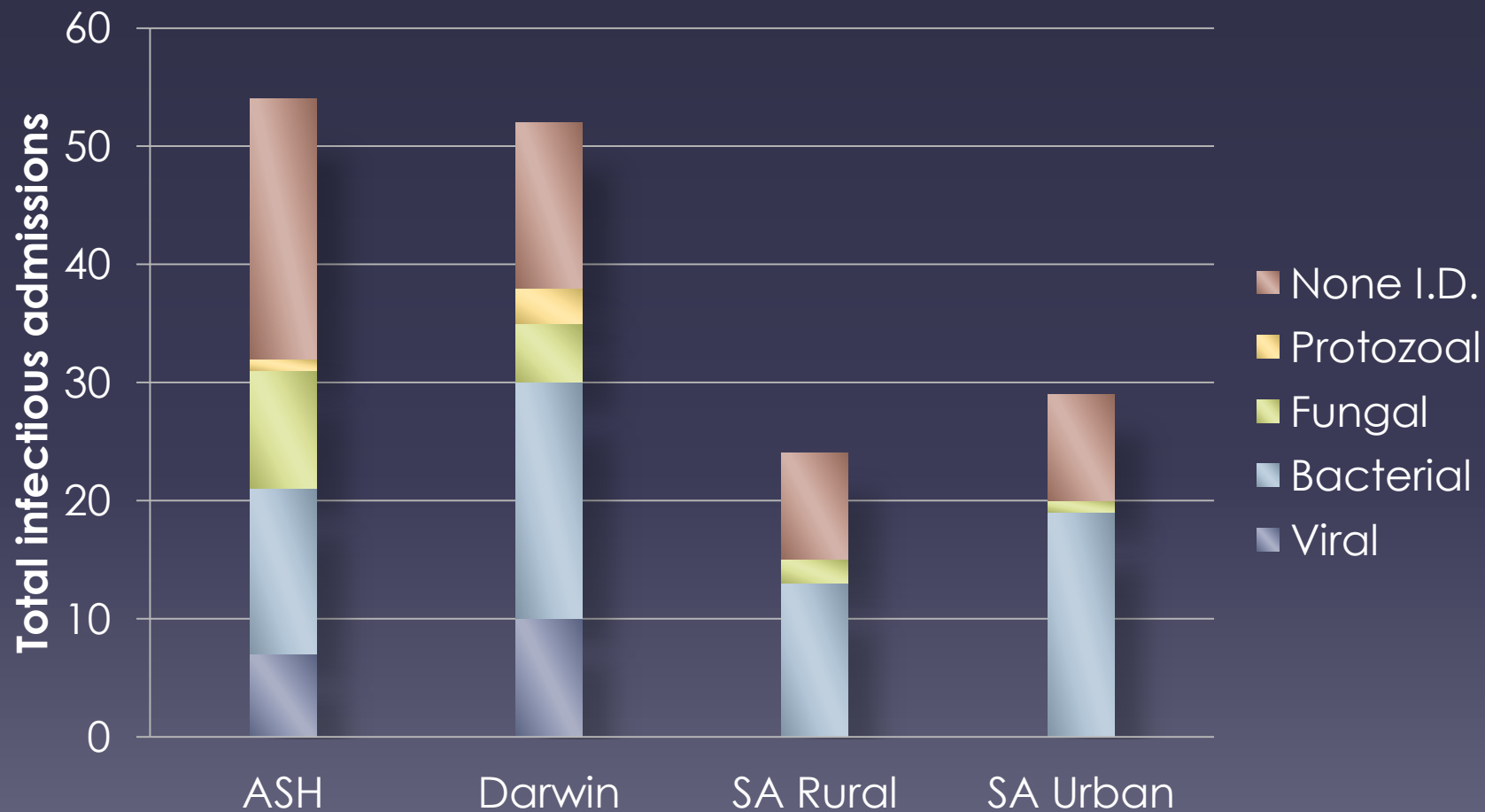
Rejection Treatment



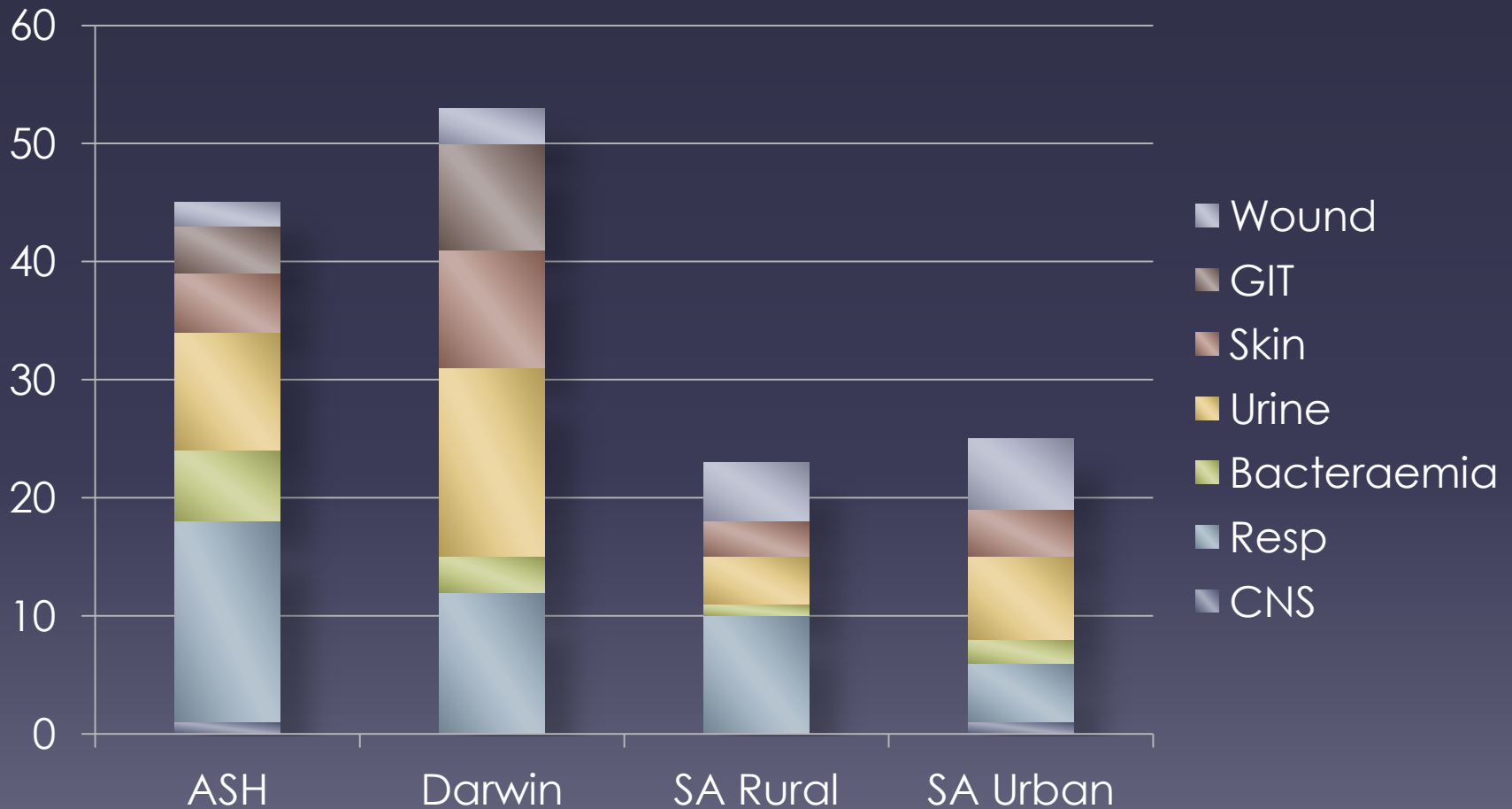
Admissions- Mean number of inpatient days. 0-2 years



Infectious Admissions 0-2 Years

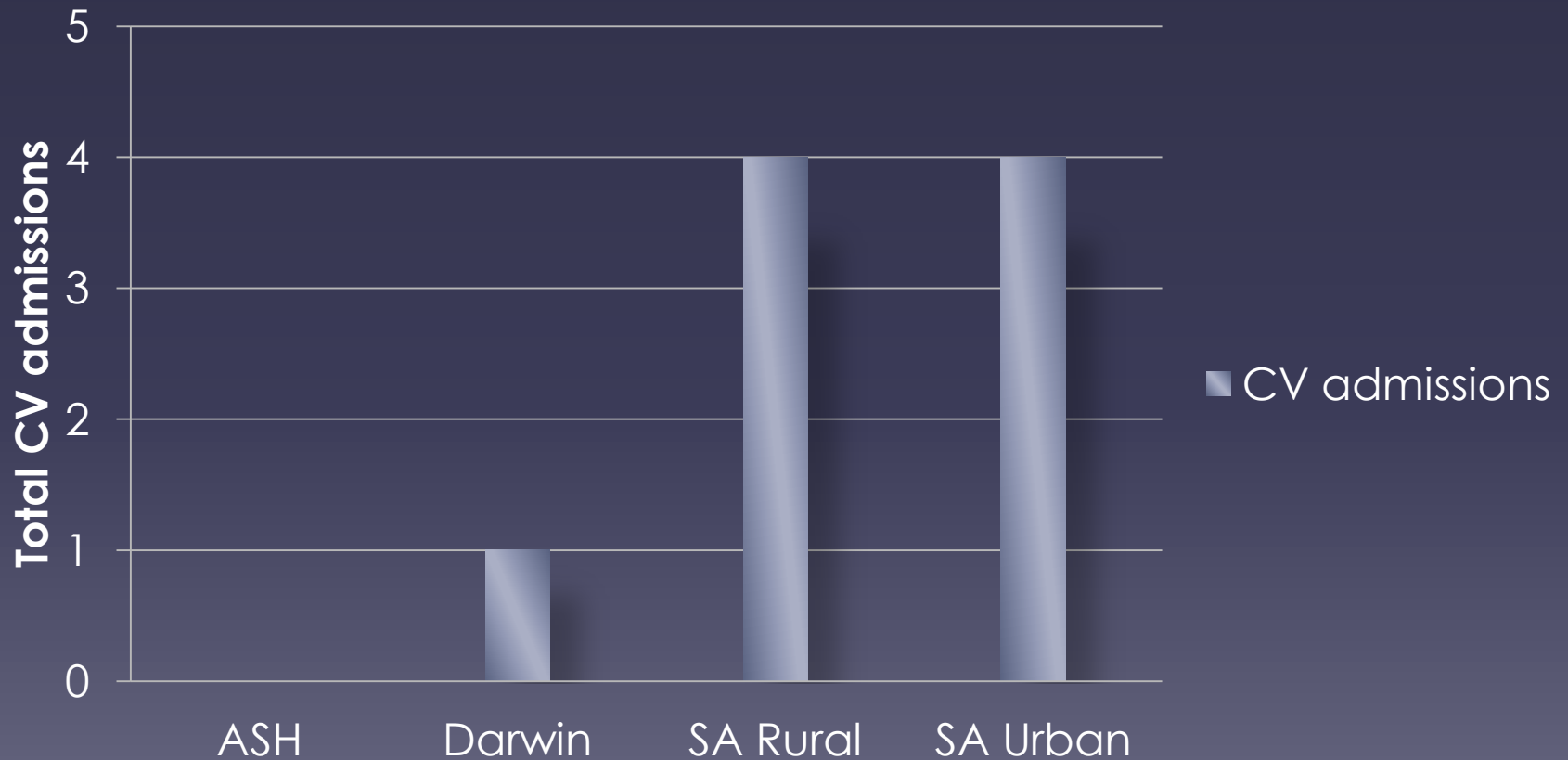


Infectious Admissions- System

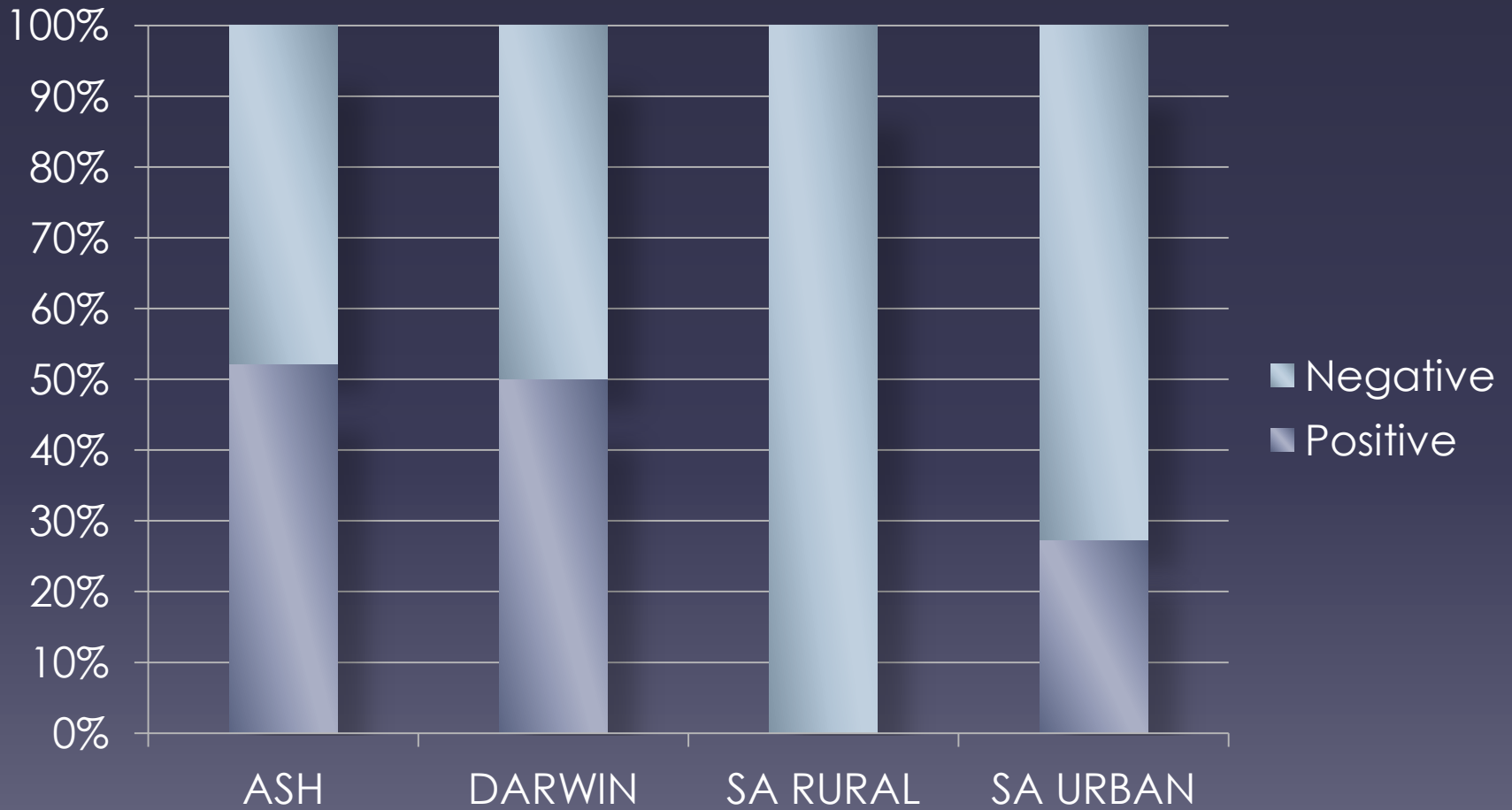


C.V. Admissions 0-2 Years

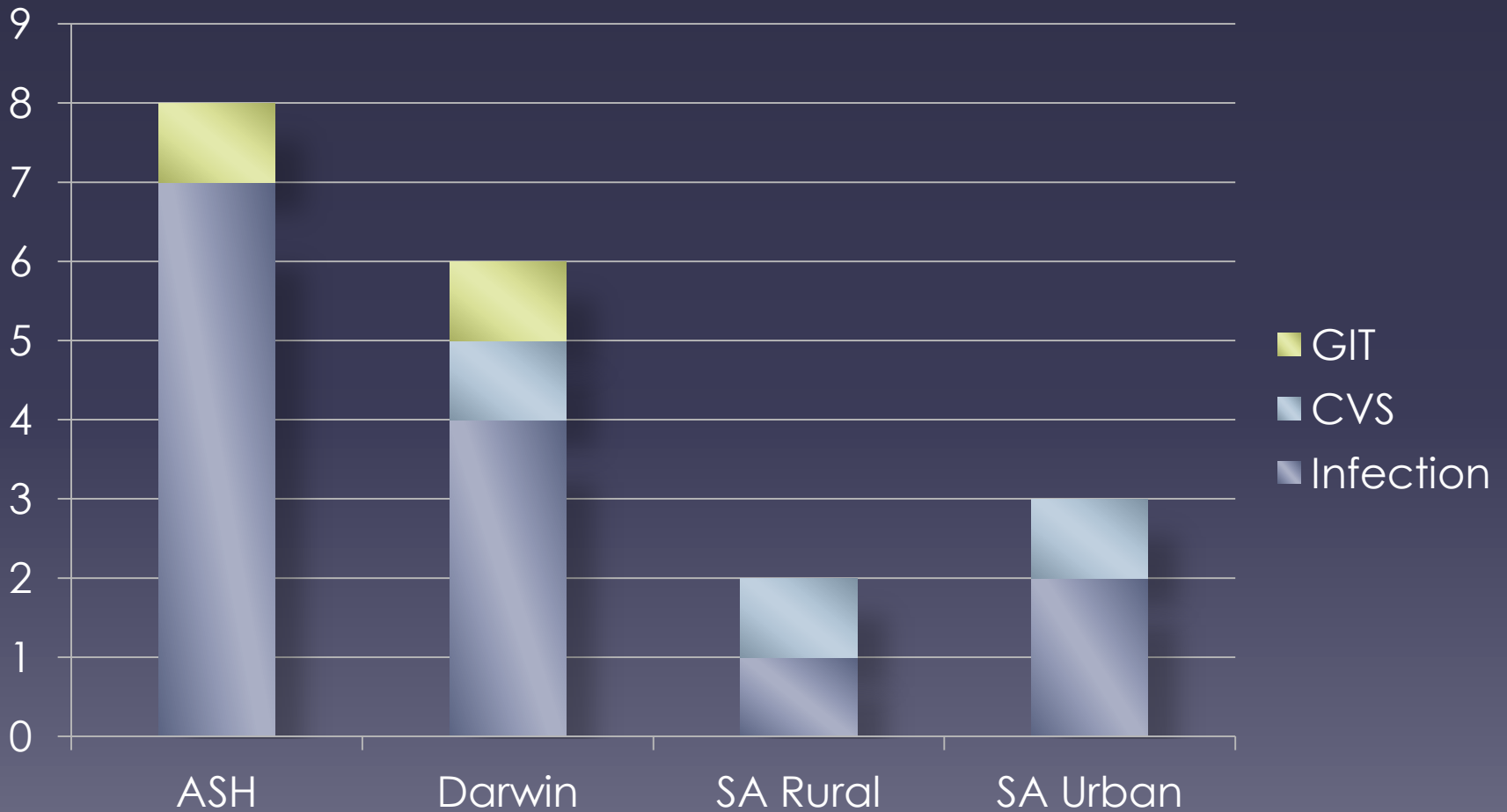
CV admissions



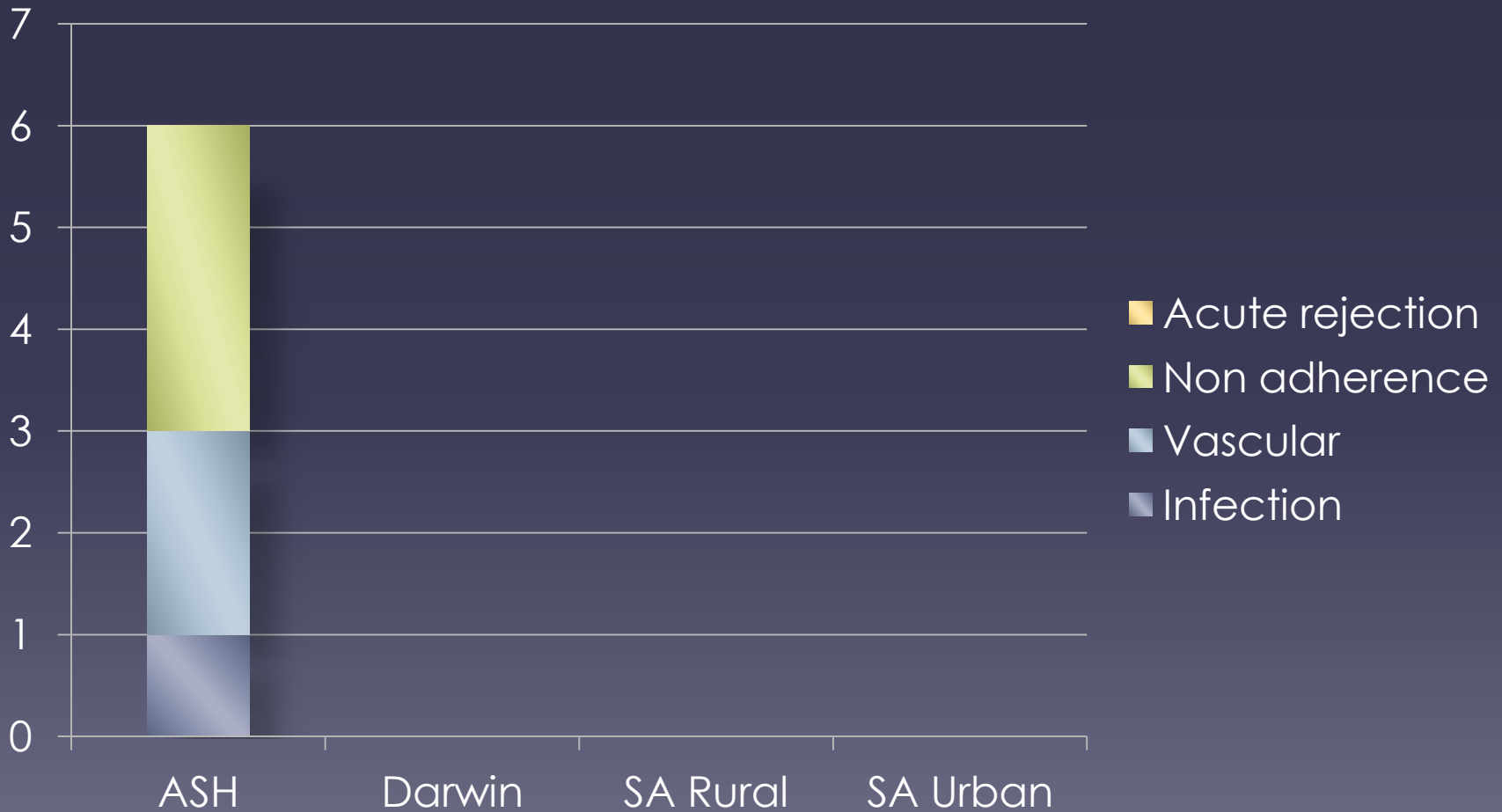
CMV Viraemia Rates 0-2 Years



Mortality: 0-2 Years



Graft Loss- Excluding death



ASH- Infectious Deaths <2 years post transplant

1. CMV invasive GIT disease
2. Nocardia and E.coli sepsis
3. Klebsiella wound infection.
4. E.coli and proteus bacteraemia
5. Rhizopus fungal lung abscess (zygomycosis).
6. Microsporidia nephritis (fungal)
7. Disseminated zygomycetes (fungal).

Additional nephrectomy for 8th patient-
Rhizoctonia (fungal), pulmonary mycobacterium
bovis and disseminated microsporidia.

Darwin Infectious Deaths <2 years

1. Bacterial sepsis
2. Pulmonary and cerebral aspergillus
3. Candida pneumonia
4. Pulmonary nocardia

No graft loss secondary to infection.

Importance- 2 year outcomes.

- 95 indigenous renal transplant recipients have received 97 transplants.
- 25/97 renal transplant episodes were associated with either death or a return to dialysis.
- Most “early deaths” occur with a functioning graft and are secondary to infection.

Acknowledgements

- Royal Adelaide Hospital- Professor Graeme Russ and Associate Professor Stephen McDonald
- Royal Darwin Hospital- Dr Greg Perry, Dr William Majoni, Dr Asanga Abeyaratne
- Alice Springs Hospital- Dr Cherian Sajiv, Dr Swarna Shashi Bhaskara
- Mr Tim Emery, South Australian Blood Bank.
- ANZDATA