

A new abstract has been submitted for the upcoming Annual Meeting:

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Topic:

Kidney & Pancreas

Abstract title:

Impact of recipient obesity on kidney transplantation outcome: a retrospective cohort study with a matched comparison

Abstract body:

The benefit of renal transplantation in obese patients is challenging. This study was undertaken to determine the effect of recipient obesity on patient and graft survival and postoperative outcomes. A single-institution, retrospective study was performed on renal transplant obese recipients (BMI \geq 30 kg/m²) from January 2010 to December 2018 matched with non-obese recipients (BMI < 30 kg/m²). Every transplanted obese recipient was paired with 2 transplanted non obese recipient with a similar age, sex and period of transplantation. The comparative analysis included patient and graft survival as primary outcome and medical and surgical complications, hospital stay, onset of delayed graft function (DGF), acute rejection episodes and early and intermediate (2 years) graft function as secondary outcome. 102 obese patients were compared to 204 non-obese patients. Demographic data were comparable in both groups except for an higher rate of metabolic nephropathy in the obese population (, RR=1,883, 95% CI 1,331-2,539, p=0,00063). Obesity is strongly related to a poorer patient survival (HR=2,83 95% CI 1,14-7,04, p=0.02) but there is no difference in graft survival compared to the non-obese population. Early graft function was poorer in the obese population (p<,0001). during the follow-up no statistically significant differences are observed in both groups. moreover, obese recipients had significantly an higher risk of dgf (rr="1,93" 95% ci 1,19-3,1, p="0,026)" heart attack (hr="3,13" 1,68-29,26,p="0,0042)," wall infections 1,01-2,56 especially wound infection 1,96-32,87, diabetes aggravation 1,29-7,6 and surgical revision for eventration(hr="8," 1,22-52,82 when compared non-obese recipients. our study clearly demonstrates a negative impact obesity on patient survival post-operative course. although poor early renal function patients, difference is at long term. these considerations should be taken into account considered transplantation. < />p>