

PROGNOSTIC FACTORS FOR SHORT- AND LONG-TERM GRAFT SURVIVAL IN KIDNEY TRANSPLANTATION IN ESTONIA

Ü.Kirsimägi¹, A.Lõhmus², P.Dmitriev², J.Kahu²

¹*University of Tartu, Tartu, Estonia*

²*Tartu University Hospitals, Tartu, Estonia*

Email: ylle.kirsimagi@kliinikum.ee

The principal aim of the present analysis was to establish the prognostic factors for transplant survival. The analysis was based on the 298 first cadaveric kidney transplantations in adult patients, carried out in Estonia in 1995-2004, with a minimum follow-up of 1 year. The Kaplan-Meier estimate was 80.9 for one-year and 59.7 for five year graft survival. Considering the whole study period, significantly better results were noted for the period 2000 – 2004 compared with the period 1995 – 1999, 1-year survival 86.8% and 72.6%, respectively. As 14.7% of the patients lost their graft during 3 postoperative months, the covariates affecting short-term graft survival need not the same as the covariates important for the long-term period. Two different models, stratified for two periods, were developed to estimate the risk factors for graft failure for the short-term post-transplantation period (follow-up 1 year) and for the long-term period (follow-up 6 years) for the grafts that had survived for the first three months (254).

Short-term graft survival is predominantly affected by delayed graft function (DGF) ($p < 0.0001$), recipient age ≥ 50 years ($P = 0.017$) and body-mass index ≥ 30 ($p = 0.045$). These prognostic factors for short-term graft survival does not significantly influence long-term graft survival for which the prognostic factors are cross-match ($p = 0.030$) and donor age ≥ 60 years ($p = 0.012$).