

Personalized Immunosuppression during Kidney Transplantation requires an Assessment of your Immune System's Sensitivity

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and mixed rejection and late AMR (N 6 months post-transplant) are both difficult to treat and carry a particularly poor prognosis. It would appear that immunosuppressive regimens that come with a slightly higher risk of mild, reversible cellular rejection might be okay if they also have other advantages, like fewer complications in the long run.

Result

However, this trade-off is likely to be less successful in areas of high immunological risk. The significance of preventing AMR cannot be overstated for patients who are at increased risk for it. The scope of this article does not permit a comprehensive discussion of options for early immunosuppression as well as longer-term regimens based on the post-transplant course. Age-related changes in the T-cell effector immune response in older patients and lower adherence to the prescribed regimen are two factors that contribute to an increased risk of acute rejection in younger transplant recipients (see "Adherence to medication" below). A study by Tullius and colleagues Over 100,000 kidney transplant patients who were registered with the United Network for Organ Sharing (UNOS) registry from 1995 to 2008 found that acute rejection was significantly lower in the first year after the transplant for each successive decade of age above 39. Another large registry study, this one involving 27,707 transplant recipients in the United States from 1995 to 2002, found that recipients between the ages of 18 and 44 were 23% more likely than recipients between the ages of 44 and 59 to experience acute rejection by year 1.

Discussion

A younger age as a predictor of acute rejection risk has consistently been reported in other registry and large single-center analyses on the other hand, there is evidence that a graft from an older donor, possibly one with greater immunogenicity, increases rejection risk [6]. Tullius and colleagues' extensive UNOS analysis revealed that donors over the age of 29 had higher acute rejection rates, but the difference was not statistically significant across all age groups. A well-established