

Study reports excellent outcomes among HIV+ kidney transplant recipients

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HIV+ kidney transplant recipients who are not infected with hepatitis C virus (HCV) have similar kidney and patient survival rates as HIV- recipients, according to a study appearing in an upcoming issue of the *Journal of the American Society of Nephrology (JASN)*. The findings suggest that excellent outcomes can be achieved among HIV+ kidney transplant recipients.

Chronic diseases, such as end-stage [kidney](#) disease, represent the leading cause of death among HIV-positive individuals. Kidney transplantation is now offered as an acceptable treatment option for HIV+ patients with end-stage kidney disease, although experience with HIV+ kidney transplantation is in its relative infancy. "Understanding long-term outcomes among HIV+ [kidney transplant](#) recipients is paramount to ensure continued access to life saving kidney transplantation for this vulnerable population," said Jayme Locke, MD, MPH, FACS (University of Alabama at Birmingham).

To get a better understanding of the long-term health of HIV+ patients who undergo kidney transplantation, Dr. Locke and her colleagues examined the health of the US HIV+ kidney transplant population from 2002 to 2011. During that time, 510 HIV+ adults underwent kidney transplantation. These patients were matched 1:10 with HIV- adults who underwent kidney transplantation.

Among the major findings:

- Overall, 5- and 10-year kidney survival rates were significantly lower among HIV+ recipients compared with HIV- recipients (69% vs. 75% and 50% vs. 54%, respectively); however, when limited to patients without HCV, mono-infected HIV+ recipients had similar 5-year and 10-year kidney survival rates compared with uninfected recipients.
- Overall, patient survival among HIV+ recipients was significantly lower than survival rates of HIV- recipients; however, when limited to patients without HCV, rates were similar for mono-infected HIV+ recipients and uninfected recipients at both time points.
- HIV+ recipients co-infected with HCV had inferior kidney and patient survival rates.

The findings reveal that HIV+ kidney transplant recipients who are not infected with HCV have similar kidney and patient [survival rates](#) as HIV- recipients. Importantly, though, almost 25% of HIV+ [kidney transplant recipients](#) are co-infected with HCV, compared with only 5% of the general kidney transplant recipient population. This study's results suggest caution in transplanting co-infected patients.

"Locke and colleagues should be commended for providing a national perspective on the status of HIV transplantation which supports the expanded use of [kidney transplantation](#) in this group," wrote Alissa Wright, MD and John Gill, MD, MS (University of British Columbia, in Canada) in an accompanying editorial.

More information: The article, entitled "A National Study of Outcomes among HIV-infected Kidney Transplant Recipients," will appear online at jasn.asnjournals.org/ on March 19, 2015.

The editorial, entitled "Kidney Transplantation in HIV-Infected Recipients: Encouraging Outcomes, but Registry Data Are No Longer

Enough," will appear online at jasn.asnjournals.org/ on March 19, 2015.

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