

67. EN BLOC KIDNEY TRANSPLANTATION, THE BEST OPTION?

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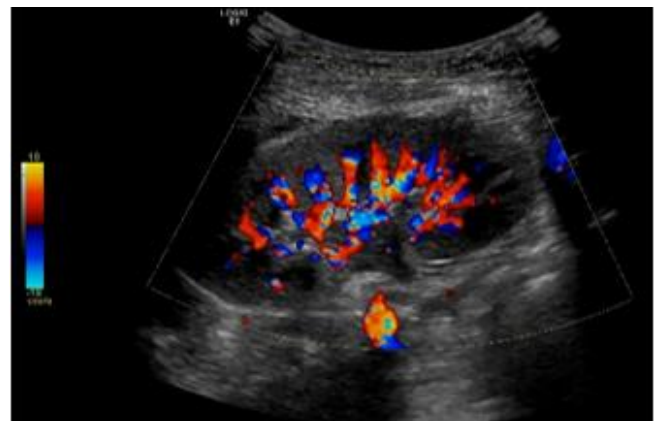
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BACKGROUND: Kidney transplantation is the treatment of choice in pediatric patients with end-stage renal disease. Among the transplantation techniques, en bloc renal transplantation, first practiced in 1969, has been considered, nevertheless, it increased the risk of urinary, vascular and functional complications. In recent years, there have been reports of better results compared to the standard technique. **THE CASE:** A 15-year-old male patient with a history of chronic kidney disease stage KDIGO V of unspecified etiology undergoing hemodialysis. His case was discussed in the transplant department, who indicated renal transplantation. During the protocol for his inclusion in the national waiting list, a positive purified protein derivative (PPD) test of 20 millimeters of induration was detected, which required a computed tomography scan, locating areas of ground glass bilaterally, therefore prophylaxis with isoniazid 300 mg daily orally for six months was indicated. At the end of the regimen, he was considered eligible to receive a transplant. The first option was to receive a kidney transplant from a living related donor; however, the donor had a positive COVID 19 test, therefore it was decided to switch to receiving the transplant from a deceased donor. Availability of en bloc kidneys was reported, and the transplant was performed successfully. During his post-transplant stay, he showed adequate

blood flow by doppler ultrasound with no evidence of thrombosis (Figure 1) and adequate renal function. He is currently in good health, complying with his immunosuppressive regimen and without complications. **CONCLUSION,** Despite the refusal to perform it in previous decades due to complications, it is currently considered an acceptable technique, even showing a long-term graft survival similar to grafts obtained from living donors. Despite these good results, kidneys from low weight donors are rarely used. One of the main complications is urological, however, they do not have an impact on graft survival, in addition, they did not occur in the patient. It is important to consider en bloc kidney transplantation as one of the options due to its good results and long-term graft survival similar to the most commonly used technique.

Figure: Doppler ultrasound with adequate blood flow and no suggestive evidence of renal thrombosis.



Key Words: Kidney Transplantation, Renal Insufficiency, Case Report.