

Case

69 year old male

End-stage kidney disease 1979: HSP

Home HD 1979-1989

Deceased donor transplant 1989-2013; return to HHD

Type 2 diabetes

Ischaemic heart disease, AF, aortic stenosis: warfarinised





Case

Highly sensitised

Wife is only potential live donor: positive cross-match, no significant reduction in DSA with test PEx

2 years in NLDKSS with only one offer

July 2016: offer of a kidney from an altruistic donor:

81 year old female, 63kg, EDTA-GFR 66 mL/min

Long discussion in MDM and in clinic, over a number of visits

Might expect GFR in high 20s/low 30s

Concern re cardiac status making deceased donor transplantation less attractive



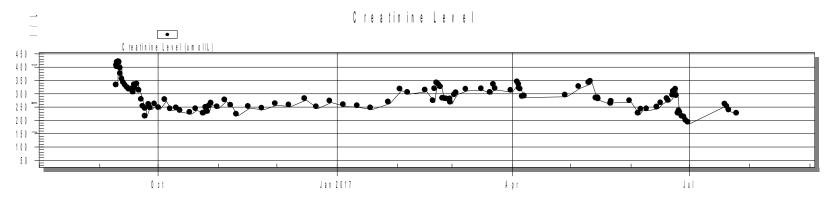


Case

Small lower pole artery tied off at operation

Acute rejection day 7: TCMR 1a + AMR

Steroids + PEx



Achieved eGFR ~20 mL/min

Work-up for TAVI detected lung lesion: metastatic lung adenocarcinoma RIP 10 months after transplant





Discussion

I never knew it would be so bad





Discussion

Careful attention had been paid during the consent process

But questions remain:

- Do we understand recipients' priorities in the same way we do for live donors?
- Can we do better at analysing and questioning recipients' expectations from transplantation?
- Do we pay sufficient attention to recipient comorbidity in considering risks?





