



Submission No.: PG13-04

Session : Postgraduate Course 13 (Infection)

Date & Time, Place : November 16 (Thu), 15:00-16:30, Room 5F-2

Session Title : Key issues: when the patient is febrile after transplantation

Not small adults: what is different in pediatric SOT recipients

Ji-Man Kang

Yonsei University, Republic of Korea

Among solid organ transplant recipients (SOTRs), pediatric recipients constitute only a small portion, and research on this population is limited. Therefore, we often rely on guidelines designed for adult SOTRs. However, in certain cases, we face challenges that underscore the truth of the saying, "Children are not just small adults." In this discussion, I would like to address the following issues.

First, pediatric SOTRs have different underlying diseases and indications for transplantation compared to adult SOTRs, which can result in the selection and duration of antibiotic use. Especially in pediatric liver transplant recipients, an approach similar to high-risk adults is necessary due to the unique characteristics of conditions such as biliary atresia and the Kasai operation

Second, children's immune systems have not yet fully developed and often experience primary infections, requiring more time to achieve pathogen-specific cell mediated immunity during the post-transplant period compared to adult SOTRs. Additionally, the serology of newborn infants may be influenced by maternal antibodies.

Lastly, children, especially, are highly susceptible to community-acquired viral infections such as respiratory viruses. This vulnerability can impact the transplant schedule, so aggressive testing and appropriate interventions might be essential.