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**Recipient Outcomes of Donor-Derived glomerular fibrin thrombi in deceased donor kidney transplants.**

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**Introduction:** Deceased donor kidneys with glomerular fibrin thrombi (GFT) are routinely discarded due to perceived poor outcomes. Although good outcomes have been reported, the data is limited. This retrospective case control study has the largest number of cases and reports the clinical and pathological outcomes of donor derived GFT

**Methods:** Recipients with deceased donor kidney transplant from January 2014 to December 2020 at our center were included. Recipients with GFT in the preimplantation or immediate post-reperfusion biopsy were the cases. Controls were recipients with donor kidney biopsies without GFT. Each case was matched to a control based on the kidney donor profile index, recipient age, gender and diabetes. GFT was defined as focal if <50% of glomeruli had GFT and diffuse if 50% or more of the glomeruli were affected. Our center performs surveillance biopsies at 4 months, 1 and 2 years and this data was also included in the analysis.

**Results:** Of the 1760 kidney transplants performed, we identified 82 recipients with donor derived GFT. 27 of these had diffuse GFT and 20 had evidence of necrosis. The cases were matched to 82 controls. Cases and controls were similar at baseline. Compared with the control group, the recipients with GFT had a similar creatinine at 1 month and at 3 years (1.9 vs 1.8 mg/dl at 1 month, and 1.7 vs 1.6 mg/dl at 3 years). There was no difference in death censored graft survival as shown in the figure. Between the controls and cases, the surveillance biopsies at 1 year did not show a difference in the moderate to severe interstitial fibrosis and tubular atrophy (16.7 vs 23.8%, p=0.44) or moderate to severe chronic glomerulopathy (2.1% vs 2%, p=0.24).

**Conclusion:** When carefully selected, presence of GFT does not portend a poor outcome and hence should not be the sole reason for organ discard.