

Abstract Type : Oral Presentation
Abstract Submission No. : F-004995

The Effect of Steroid Pulse Therapy for the Reduction of Acute Rejection Episode in Subclinical Borderline Changes : An Open-Label, Randomized Clinical Trial

Eunsung Jeong¹, Kyo Won Lee², Manuel Lim², Janhun Yang², Ji Eun Kwon², Jae Berm Park²

¹Department of Surgery, Dongguk University Ilsan Hospital, Republic of Korea

²Department of Surgery, Samsung Medical Center, Republic of Korea

Introduction: Subclinical rejection (SCR) has been correlated with subsequent chronic allograft nephropathy and allograft dysfunction. SCR is known to be effective in steroid pulse therapy in other studies. However, there is controversy about borderline change. The purpose of this study is to investigate the effect of early steroid pulse therapy for the reduction of acute rejection episode during the first year after renal transplantation in the patients who will show subclinical borderline changes at 2-week protocol biopsy.

Methods: This study was a randomized clinical study in which 17 recipients with stable kidney graft function and borderline changes in the protocol biopsy at 2 weeks were enrolled. The recipients were divided into two groups depending on steroid pulse therapy. We investigated changes in Banff scores through protocol biopsy after 1 year.

Results: Recipients who underwent ACR and borderline change within 1 year were 4 patients (50%) in the No SPT group and 6 patients (66.7%) in the SPT group, and there was no difference between the two groups ($p=0.637$). There was no difference between the two groups in the change of the Banff score between the 2 weeks and 1 year protocol biopsy. And there was no difference in the rates of opportunistic infections including cytomegalovirus ($p=0.471$) and BK polyomavirus ($p=0.637$). Also, there was no difference between the two groups with respect to creatinine and eGFR at 2 weeks to 3 years after surgery.

Conclusion: There was no difference in Banff score change, infection rate, and graft function between the two groups. In conclusion, we suggest that steroid pulse therapy is not essential in subclinical borderline change.