

Two strategies help prevent CMV disease in transplant patients

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(HealthDay)—For liver transplant recipients, universal prophylaxis and preemptive strategies (using ganciclovir or valganciclovir) are similarly effective for preventing cytomegalovirus (CMV) disease (CMD), according to research published online Dec. 17 in the *American Journal of Transplantation*.

Khalid Mumtaz, M.D., from The Ohio State University in Columbus, and colleagues conducted a [systematic review](#) and meta-analysis to examine the efficacy of universal prophylaxis and preemptive strategies for preventing CMD in [liver transplant](#) recipients. The authors assessed CMD as the primary outcome, while secondary outcomes included acute cellular rejection, graft loss, and mortality. An indirect comparison of the studies was performed due to the heterogeneity of comparative studies. Data were included for 32 studies involving 2,456 liver

transplant recipients.

The researchers found that most studies had a low risk of bias. CMD was 10 percent with universal prophylaxis and 7 percent with preemptive strategies, regardless of donor/recipient CMV sero-status (mean difference, 2.6; P = 0.34). Between the strategies, acute cellular rejection and graft loss were also similar. Regardless of donor/recipient sero-status, graft loss was significantly lower in the universal prophylaxis group.

"In indirect comparison, the incidence of CMD, acute cellular rejection, and mortality in liver [transplant recipients](#) [was] similar with two strategies," the authors write. "Trials comparing the two strategies directly are needed."

More information: [Abstract](#)
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