Pediatric kidney recipients often have subclinical inflammation

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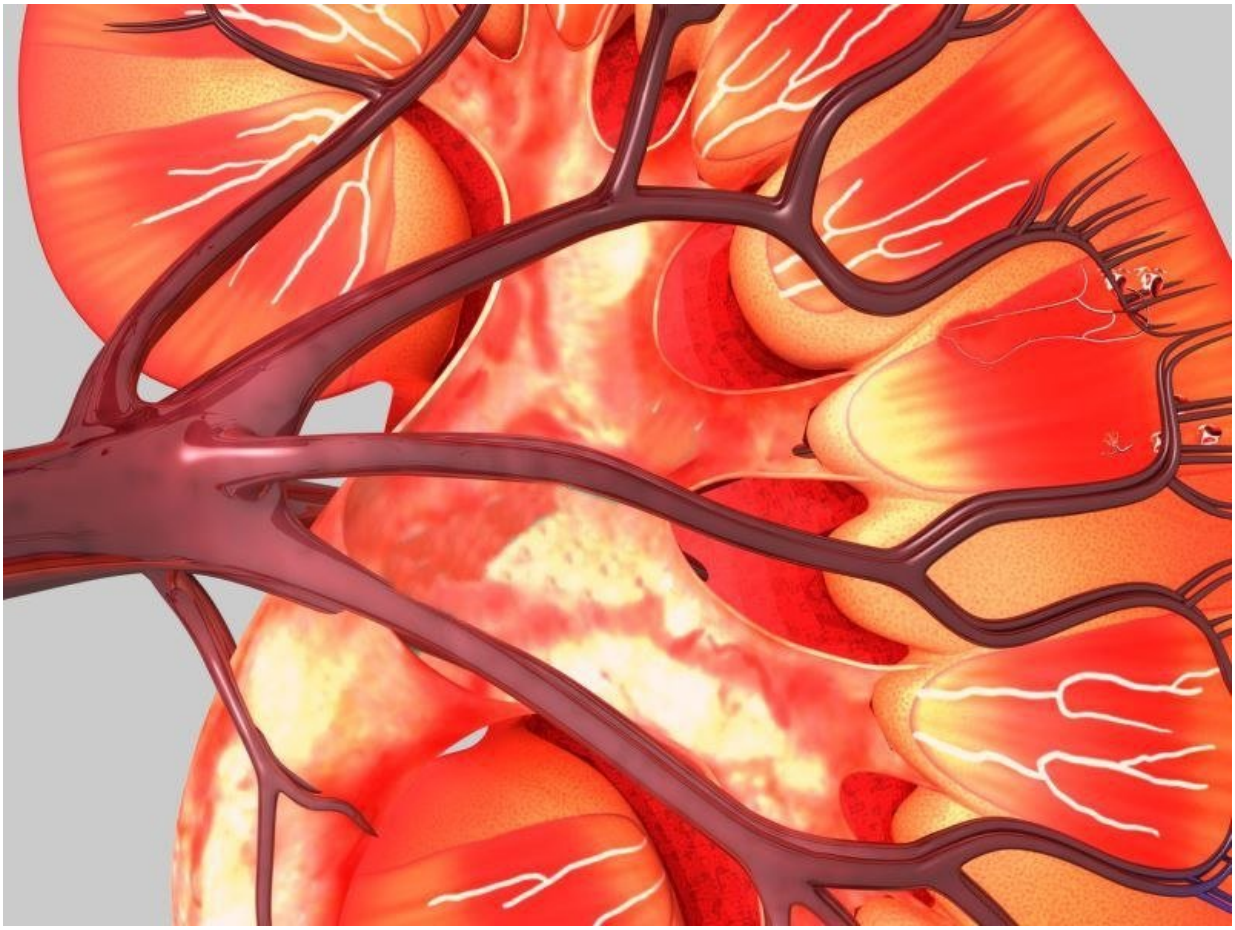

(HealthDay)—For pediatric kidney recipients, subclinical inflammation

is associated with increased risk for acute rejection and allograft failure, according to a study published online May 15 in the *American Journal of Transplantation*.

Michael E. Seifert, M.D., from the University of Alabama School of Medicine in Birmingham, and colleagues conducted a retrospective cohort study involving 120 consecutive pediatric kidney recipients, of whom 103 had surveillance biopsies within six months after transplant.

The researchers found that 36 percent of subjects had subclinical inflammation, which was correlated with increased risk for the composite end point of acute rejection and allograft failure (adjusted hazard ratio, 2.89). The incidence of the composite end point was significantly lower for subjects with treated versus untreated subclinical borderline rejection (41 versus 67 percent). The incidence of the composite end point was 78 percent for those with subclinical vascular injury versus 11 percent in subjects with no major surveillance abnormalities.

"We showed that subclinical inflammation phenotypes were prevalent in pediatric kidney recipients without clinical dysfunction and were associated with increased acute rejection and allograft failure," the authors write. "Once prospectively validated, our data would support implementation of surveillance biopsies as standard of care in pediatric kidney transplantation."

More information: Abstract/Full Text (subscription or payment may be required)

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