

بِسْمِ... الرَّحْمَنِ الرَّحِيمِ



**برنامه پانزدهمین  
کنگره علمی پیوند اعضای ایران**

همزمان با چهلمین  
کنگره علمی سالیانه جامعه جراحان ایران

تهران - مرکز همایش‌های رازی

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به نام خدا

## به نام خداوند جان آفرین حکیم سخن در زبان آفرین

اساتید، دوستان، برادران و خواهران گرامی:

بسیار مفتخرم از طرف انجمن پیوند اعضاء ایران، تشریف‌فرمائی‌تان را به این سمینار که در جوار جامعه بزرگ جراحان تشکیل می‌گردد، خیرمقدم عرض کنم. بی‌شک، نقش برجسته اساتیدی هم چون آقایان دکتر فاضل، دکتر برومند، دکتر قدس، دکتر سیم فروش و ... که سالیان دراز عمر گران‌بهای خود را وقف پیشرفت و اعتلای این رشته مهم نموده‌اند برکسی پوشیده نیست.

اکنون وظیفه جوانان است که این رشته را دنبال کنند و تا میل به اهداف بلند علمی و انسانی از پای ننشینند و در آینده جزء سرامدان این رشته در جهان گردند. اینجانب زحمات تمامی اعضاء هیئت مدیره انجمن پیوند اعضاء خصوصاً جناب آقای دکتر گنجی را که وقت زیادی را صرف این مهم نموده‌اند، ارج می‌نهم. در پایان انتخاب چهره برجسته انجمن پیوند اعضاء، جناب آقای دکتر نوبخت در انتخابات تاریخی مجلس محترم شورای اسلامی را به ایشان تبریک می‌گویم و مطمئن هستم که ایشان می‌تواند بسیاری از مشکلات قانونی و بودجه‌ای این انجمن را برطرف نمایند.

با تشکر

دکتر سید علی ملک‌حسینی

رئیس انجمن علمی پیوند اعضاء ایران

# بِسْمِ اللَّهِ

## استادان عالیقدر و همکاران ارجمند

با سلام و درود فراوان،

یزدان پاک را سپاسگزاریم که به ما توفیق برگزاری پانزدهمین سمینار انجمن علمی پیوند اعضای ایران را در کنار شما بزرگواران عطا فرمود و با نهایت احترام و افتخار مقدم شما عزیزان را گرامی می‌داریم. از این که در این راه دشوار در کنارمان هستید قدردان شما عزیزانیم.

ضمناً باعث مباهات و افتخار است که به عرض برسانم همانگونه که همگان آگاهید استاد فرهیخته و ارجمند، دبیر افتخاری انجمن پیوند اعضای ایران جناب آقای دکتر علی نوبخت حقیقی به عضویت مجلس شورای اسلامی نائل آمده‌اند.

امید است با توجه به طبع والا و ذهن پویای ایشان راهکارهای اصولی‌تر و گام‌های بیشتری در پیشبرد سلامت و رفاه مردم و جامعه پزشکی برداشته شود.

دکتر محمدرضا گنجی

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دکتر علیرضا شمسایی فر

دکتر عزت‌ا... عبدی

دکتر غلامحسین نادری

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عطیه جلالی

آرزو کرمی فر

علیرضا محمود

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## **Association of Serum Fetuin-A Levels with Allograft Outcome in Renal Transplant Recipients**

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**Purpose:** To determine serum fetuin-A pattern after renal transplantation and its association with graft outcome.

**Materials and Methods:** In 41 renal transplant recipients, serum pretransplant fetuin-A levels and serum fetuin-A concentrations on days 7 and 30 after transplantation were measured using the enzyme-linked immunosorbent assay (ELISA) method. Also, the association between serum fetuin-A levels with clinical and laboratory parameters was evaluated.

**Results:** A significant decrease in serum fetuin-A levels was noted in the first week after transplantation ( $P < .001$ ). Subsequently, it started to increase and surpass pretransplant values during the first month ( $P < .001$ ). Pretransplant fetuin-A levels did not differ among patients with different diethylenetriamine pentaacetic acid (DTPA) results. In addition, serum fetuin-A levels did not significantly correlate with metabolic parameters.

**Conclusion:** In this prospective study there was no increase in serum fetuin-A levels during the first month and pretransplant fetuin-A levels are not predictive for allograft outcome in renal transplant recipients.

**Keywords:** kidney transplantation; postoperative complications; kidney failure; kidney function tests.

## **Cell Therapy in Chronic Renal Disorders**

Gholamreza Pourmand, Sudabeh Alatab , Iraj Najafi Naser Aghdami, Naser Ahmadbeigi

Chronic kidney disease (CKD) is a worldwide public health problem that affects approximately 7% of the population worldwide. Progression of CKD to stage V leads to End Stage Renal Disease (ESRD) in which dialysis and transplantation remain the only cure options. However currently there is trust that stem cells and regenerative medicine may provide additional regenerative options for these patients.

Mesenchymal stem cells (MSCs), as undifferentiated cells, have the ability to differentiate into multiple cell lineages and induce immunomodulatory effects. At present, stem cell based therapy, mainly mesenchymal stem cells, is the focus of many experimental and some clinical studies for treatment of CKD. In the majority of experimentally-induced CKD models investigated, MSCs administration produced beneficial changes, improved renal functional parameters and reduced renal fibrosis and glomerulosclerosis. However the scenario is different for clinical trials as there are few clinical trials that have tested safety and efficacy of MSCs in patients with chronic renal diseases. Although results from these few clinical trials suggested that administration of MSCs to patients suffering from CKD is feasible and well tolerated but many concerns including the choice of the cell type, route of administration and timing of delivery, still need to be assessed.

In our center (Urology Research Center, Sina hospital, Tehran University of Medical Sciences) by financial support from Iranian Presidential Center for Innovation and Technology Cooperation, we have performed a clinical trial in order to evaluate the safety of administration of autologous MSCs in patients who are at stages of 3-4 of chronic kidney disease. Our preliminary data showed the safety

and feasibility of this method and also the relative improvement of kidney function measured by serum creatinin and GFR. In continue to assessment of effects of MSCs, we have designed a phase 1 clinical trials in order to assess the feasibility and probable efficacy of MSC injection in peritoneal dialysis patients who suffer from extensive fibrosis of peritoneum in order to keep them on PD for safer and longer period of time.

in conclusion results although results from several preclinical studies suggest the capacity of stem cells namely MSCs to repair the damaged kidney, however in order to consider these cells as a practical therapeutic strategy to treat CKD several barriers need to be overcome. Results obtained from ongoing trials in this field will help us to better assess the efficacy and safety profile of cell based therapy in chronic kidney disorders

## **Anesthetic Experience of 1000 Cases During 10 Years in Renal Transplantation: A Retrospective Study**

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**Objectives:** Since the first renal transplantation surgery, clinical studies have failed to ascertain the benefit of one anesthetic technique over another. This article provides an overview of the important issues to be considered in these patients, and also discusses several anesthetic challenges in these surgeries.

**Patients and Methods:** Through a retrospective study, we described our experience during 10 years, from 2002 until 2012, in 1000 cases of living and cadaveric transplants. We reviewed their medical history and noted age, sex, blood groups, cause of end stage renal disease, history of dialysis and the type of renal transplantation. Preoperative investigation and preparation, as well as details of anesthetic management, were also recorded.

**Results:** General anesthesia was performed in 82% of patients and for the rest of them, spinal, epidural and combined spinal and epidural were done. The age of the patients was in the range of 12 - 68 years, with the mean of  $36 \pm 11$  years. The mean of surgery duration was  $2.9 \pm 1.1$  hours. The most significant point during surgery is keeping the mean arterial pressure  $> 95$  mmHg and maintaining fluid load with crystalloid.

**Conclusions:** The type and amount of fluid replacement therapy and optimizing hemodynamic status, before and during reperfusion of the transplanted kidney, are of particular importance during renal transplantation surgery.

**Keywords:** Anesthesia; Kidney Transplantation; Delayed Graft Function; Reperfusion; Blood Pressure

## **Combined liver-kidney transplantation (CLKT): experience at Shiraz organ transplant center**

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**Introduction:** Because of the rare indications, the number of CLKT is low, however an increase in its number coincided with the introduction in 2002 of the MELD (Model for End-stage Liver Disease) score for allocation of livers, prioritizing patients with renal dysfunction.

In our center the indication of CLKT still hereditary diseases mainly hyperoxaluria and congenital hepatic fibrosis.

**AIM:** To analyze the experience with combined liver-kidney transplantation in our transplant center.

**METHOD:** A retrospective review was conducted. All transplants were performed using grafts from deceased donors. 7 cases of liver and kidney transplantation were done in a period between 8\1389 and 12\1394. Four combined liver-kidney transplantations were performed in the same period, two liver then kidney transplantations and one liver after kidney transplantation. Four patients were male (57.2 %) and three were female (42.8%). The average patients and donors age was  $20\pm 12$  and  $22\pm 18$ , respectively. The main cause of liver and kidney dysfunction were primary hyperoxaluria (n=6) and congenital hepatic fibrosis (n=1). The average cold ischemic time was ( $6.30\pm 5.10$ ). There were two deaths, one of them was CLKT and the other one was liver after kidney transplant because of primary non function liver graft which was treated by retransplantation.

**CONCLUSION:** The survival rates achieved in this series are considered satisfactory and show that this procedure has an acceptable morbidity and survival.

## **Clinical study about comparison culture of allograft ureteral stents with urine culture of kidney recipients .**

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### **Abstract**

**Background:** Inserting ureteral stent for allograft ureter during anastomosing reduces complication of anastomosing and it is recommended by some experts but stent is foreign body and it may causes some complications in which infection may be one of them that we have investigated in this study. To determine the correlation between urine cultures (one week post transplantation at the time of Foley catheter removing and also four weeks post transplantation at the time of ureteral catheter removing) and ureteral stent bacteria in allograft kidney.

**METHODS:** 61 recipients of kidney transplantation at our center between 2012 and 2015, 34 males and 27 females between age of 12 to 60 years, whom were operated by same team of transplant and same immunosuppressive and antibiotic medicines, all were included in this study. All the information with details of urine and stent cultures were collected prospectively and analyzed retrospectively. Four weeks post transplantation, ureter stent was removed and it was cultured. The result of stent culture was compared with urine culture which was sampled one week post transplantation (during removing urethral Foley

## **Effect of Kidney Transplantation on Early and Late Post-transplant Prostate-specific Antigen Levels**

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**Introduction:** Despite the progress in the understanding, diagnosis and treatment of prostate cancer, many aspects of the disease still remain controversial. This is particularly true in the transplant population. The aim of this study was to determine the effect of kidney transplantation on serum prostate-specific antigen (PSA) levels.

**Material and Methods:** Forty patients who were on peritoneal dialysis or hemodialysis underwent kidney transplantation at our department. The immunosuppressive protocol was uniform during the study period. The creatinine and prostate specific antigen (PSA) levels, both free and total, were measured by immunofluorometric assays immediately before transplantation and on post-transplant Days 1, 7, 90 and 180.

**Results:** The mean age of the patients was  $49.97 \pm 4.4$  years. After transplantation, there was a significant decrease in free PSA, but there was no correlation between total PSA and serum creatinine. Free PSA levels were significantly decreased after kidney transplantation but total PSA remained unchanged. This was observed in post-transplant patients irrespective of whether they had delayed graft function, slow graft function or immediate graft function during the observed period.

**Conclusions:** Total PSA can be used as a marker for prostate cancer screening after kidney transplantation.

**Key words:** Prostate cancer; renal transplantation, prostate specific antigen

## **Immediate Renal Transplantation after Radical Prostatectomy For Patients with Organ Confined Prostate Cancer**

Reza Mahdavi Zafarghandi, Mahmoud Tavakkoli, Rahim Taghavi, Alireza Ghoreifi, Masoud Mahdavi Zafarghandi

**Introduction:** To minimize the recurrence of a previously treated neoplasm in organ recipients, a period of 2 to 5 years without recurrence is advocated for most malignancies. It seems that prostate cancer is different among malignancies due to its natural history. Most prostate cancers are detected at a low stage and demonstrate slow growth after detection and also can be easily monitored for recurrence after treatment. Herein we present our experience about 3 patients who underwent renal transplantation immediately after radical prostatectomy (RP).

**Methods:** Three patients (age: 55, 60 and 62 years), known cases of end stage renal disease were detected to have organ confined prostate cancer in their evaluation before renal transplantation. They underwent renal transplantation (RTX) from deceased donors, immediately after radical RP and we followed them thereafter.

**Results:** The etiology of their ESRD was Diabetes, Hypertension and idiopathic. Their PSA were 6.6, 10.0 and 9.8 ng/ml, and trans-rectal ultrasound guided prostate biopsy revealed their Gleason Score (GS) as following: 3+3=6, 3+4=7 and 3+3=6. Their gross specimen after radical RP revealed the same results with negative margins. They had nadir PSA in their one year follow up after RP, so they underwent RTx after one year. In their 6, 4 and 2 years follow up after RTx they had normal creatinine levels without any evidence of prostate cancer recurrence.

**Conclusions:** Candidates for renal transplant with organ confined prostate cancer could be immediately considered for transplant after RP instead of waiting the period of five years before organ transplantation.

**Key words:** Renal Transplantation; prostate Cancer; radical prostatectomy

## **An Investigation into the Factors Effective in the Consent of Families with Brain Dead Patients Candidate for Organ Donation in Isfahan, Iran in 2013-14**

فرشته زمانی، دکتر مریم خلیفه سلطانی

### **Abstract**

**Background:** Studies show that with regard to social, cultural and institutional contexts, several factors affect family decision-making on organ donation. This study aimed to investigate the effective factors in organ decision by family members with brain dead patients.

**Materials and methods:** The study method was descriptive-comparative in which a researcher-made questionnaire was used in order to collect data. The reliability of the questionnaire was obtained as 0.81 using Cronbach's alpha. The study sample consisted of all members of families with brain dead patients in Isfahan, Iran in 2013-14. The collected data were entered into SPSS v.20.0 software and the level of significance was considered as less than 0.05.

**Results:** The obtained results indicated that factors such as age, marital status and cause of brain death did not have any effect on their families consent ( $P\text{-Value} > 0.05$ ), while factors such as gender, duration of hospitalization, having organ donation card, personal view of the brain dead patient and the number of patient's children had a significant relationship with the consent on organ donation ( $P\text{-Value} < 0.05$ ). Also the level of awareness and knowledge of families along with their attitude can be effective in their decision about organ donation. In addition, the care and treatment team were effective in family decisions regarding organ donation.

**Conclusions:** In general, the necessary culturalization and increasing the population awareness and their knowledge can be a positive step in this regard and may cause an easy and rapid acceptance of organ donation by the involved families.

**Key-words:** Brain Death, Organ Donation, Family, Consent

## **Rituximab Related Late Onset Neutropenia in Kidney Transplant Recipients Treated for Antibody-Mediated Acute Rejection**

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### **Abstract**

**Objectives:** Kidney transplantation is a new area in which rituximab is being used as treatment of acute antibody mediated rejection (AMR) or as an induction agent in ABO- or HLA- incompatible transplantation. A recently recognized delayed side effect of rituximab is late onset neutropenia (LON). Herein we report our observation of LON in rituximab-treated kidney transplant recipients with AMR.

**Material and Methods:** This observational, prospective study was performed on kidney transplant recipients with highly clinically suspicious or biopsy proven AMR who were treated with plasmapheresis plus intravenous immunoglobulin (IVIg) with (controls) or without (cases) rituximab.

**Results:** Compared to none of the control patients, four out of six patients (66.7%) in the rituximab-treated group experienced LON 35-93 days after the last dose of rituximab administration. Neutropenia course was complicated by endocarditis in one patient and resulted in patient death due to patients non-permission for valvular surgery.

**Conclusion:** Increased use of rituximab as the treatment of AMR among kidney transplant recipients necessitate attention to its delayed onset side effect, neutropenia. Although asymptomatic in some patients, however, in kidney transplant recipients who are usually treated concomitantly with plasmapheresis and mycophenolate and both latter treatments predispose these patients to hypogammaglobulinemia, monitoring for infectious episodes is necessary.

## **Does hypertrophy phenomenon occur in un relative allograft kidney with calcineurin inhibitor post transplantation?**

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**Introduction:** in human ,phenomena of hypertrophy in kidney occurs after being single kidney in any reason but there is not any information about allograft kidney hypertrophy in chronic renal failure recipient with calcineurin inhibitor so we decided to study this phenomena in grafted kidney prospectively

**Method:** the size of 65 in kidney recipients (which have been not involved with acute rejection in first 4 weeks post-transplant) have been studied by ultrasound before transplant (in donor of kidneys 60 males 5 females between age 25-35 years ,before nephrectomy and 4 weeks after nephrectomy) and after transplant (4 weeks post transplantation in recipient kidney 40 males 25 female age between 7-64 years with medicine calcineurin inhibitor) and the results have been compared

**Results:** in this investigations the size of allograft in longitudinal diameter ( at least 12 mm) and anterior posterior diameter (at least 3 mm ) and parenchyma size(at least 1 mm have been increased )

**Conclusion :** this investigation disclosed that hypertrophy of allograft kidney in 4 weeks post transplantation calcineurin inhibitor may be possible

**Key words:** allograft kidney hypertrophy size of kidney calcineurin inhibitor

## **Liver Transplantation in Coagulation Factor deficiency; case series**

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### **Abstract**

**Background:** Liver transplantation for other diseases typically results in a coincidental cure for hemophilia A and B. There are also reports of correction of factor VII and factor XI deficiency after liver transplantation. In this case series we reported 5 cases (3 cases with hemophilia, one case with congenital Vitamin-K dependent factor deficiency and one case with factor X deficiency who had underwent Liver transplantation from 2011 till 2016 in Shiraz Transplant Center.

**Methods:** We reviewed the file of patients who had underwent liver transplantation for coagulation factor deficiency since 2011 in our center.

**Results:** All Hemophilic cases transplanted due to HCV cirrhosis and one of them also had HCC. Their mean age at the time of transplantation was 44 years old. All of them were male. Concentrated factor was administered to all of them before transplantation. Average intra-operative bleeding was 1600cc. PTT normalized within 24hrs after transplantation. There was no need for factor infusion after transplantation. One case expired due to bleeding a day after transplantation due to surgical bleeding. The Patient with HCC expired 3 years after transplantation due to recurrence of HCC and extensive Lung metastasis.

In Patients with congenital Vitamin-K dependent factor deficiency and factor X deficiency coagulation factor return to normal a week after transplantation. Congelation factors administered in both cases before

and a week after operation.

**Conclusion:** Liver transplantation is a curative method for hemophilia A and B with cirrhosis and Vitamin-K dependent, factor deficiencies with severe bleeding

**Key words:** Hemophilia, Congenital Vitamin-K dependent factor deficiency, Liver transplantation factor X deficiency

## **Non occlusive mesenteric ischemia after renal transplantation**

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**Introduction:** Non occlusive mesenteric ischemia (NOMI) is very rare after renal transplantation. This disorder is difficult to diagnose and also can be fatal. We described a 51-year-old man with ESRD who developed intestinal ischemia and infarction due to NOMI 3 days after cadaveric renal transplantation, but was managed successfully and his renal graft function has been saved.

**Case Presentation:** A 51-year-old man known case of end stage renal disease with unknown etiology underwent deceased donor kidney transplantation. We did not meet any complication including hypotension peri-operatively. On postoperative day 3 the patient complained of abdominal pain with localized guarding in epigastric and RUQ regions but there were no signs of tenderness or rebound tenderness. WBC count was highly increased and urinary output was dropped to 50 ml/h and creatinine level raised to about 3 mg/dl. Emergent ultrasonography showed free fluid in abdominal cavity and a plain radiography also showed air under diaphragm. Emergency laparotomy was performed due to vital sign instability. During surgery ischemic necrosis of a segment of small intestine was seen but the inferior and superior mesenteric arteries did not have any occlusive lesion. The necrotic segment was removed and end ileostomy was established. Histopathologic evaluation revealed necrotic intestine without evidence of vascular thrombosis or vasculitis. The patient remained stable. Urine output was about 50-60 ml/h and serum Cr has dropped to 1 mg/dl.

**Conclusions:** NOMI after kidney transplantation is a rare condition, but should be considered in mind in patients with abdominal symptoms and mentioned risk factors. The physician should be able for early diagnosis and treatment of this rare and potentially fatal condition.

## **Predictors of Tumor-Free Survival After Liver Transplant in Patient With Hepatocellular Carcinoma**

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### **Abstract**

**Objectives:** To identify the predictors of overall survival and tumor-free survival of 88 hepatocellular carcinoma patients who were treated with orthotopic liver transplant at Shiraz Organ Transplant Center.

**Metarials and Methods:** We performed this retrospective study after reviewing the transplant database of all patients who underwent orthotopic liver transplant secondary to hepatocellular carcinoma and liver cirrhosis. Hepatocellular carcinoma was diagnosed in 70 patients before liver transplant and 18 patients on histologic examination of the explanted livers. Cox regression identified independent factors that affected post - transplant survival.

**Results:** The overall survival rate was 83% and the tumor-free survival rate was 79.5%. Independent factors for tumor recurrence were Milan criteria, alpha-fetoprotein level before operation  $\geq 400$  ng/mL, tumor grade, vascular invasion, and age.

Vascular invasion (odds ratio, 5; 95% confidence interval, 1.1 to 25.496;  $P = .049$ ) and tumor grade (odds ratio, 14.42; 95% confidence interval, 3.652 to 56.95;  $P < .001$ ) were statistically significant.

**Conclusions:** Vascular invasion and tumor grade were predictive factors for tumor-free survival.

**Key words:** Cancer, End-stage liver disease, Outcome, Vascular

**با تشکر از شرکت‌های دارویی که اسپانسر این کنگره بودند:**

