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The Screening and Management of Infectious Diseases after Kidney Transplantation

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Infections still contribute to a large extent to the morbidity and mortality after successful kidney transplantation. This is mainly due to the immunosuppression, the extent of exposure to organisms and post–transplant environment. Although the incidence of infectious diseases has come down in the last two decades due to more specific immunosuppression and prompt diagnosis and treatment, still the effects of infection can be devastating to any successful transplant program. The patterns of infection over the last two decades have changed from bacterial to higher incidence of viral and fungal infections. Mycobacterial disease has emerged with increasing incidence. There are three phases of infections following transplantation. The first in the first month, the second between second to the sixth month, third beyond six months. In the first phase bacterial infections including urinary tract infection and wound infection predominate. In the second phase respiratory infections, CMV disease and hepatitis are mainly responsible. In the third phase mycobacterial disease, viral infection and fungal infection emerge as important causes. The prevention of infection starts right from the pre–operative phase when both donor and recipient should not only be screened for active infections but also for various exposures including viral markers. During the first phase following transplantation, a careful adherence to surgical asepsis, removal of catheter and other foreign material from the patient early would reduce the infections. In the long–term prevention antibacterial, antiviral and anti fungal prophylaxis play an important role. It is very important to make a precise and prompt diagnosis to manage infections successfully. It might be prudent to reduce the immuno–suppressants to balance the functioning of the graft and outcome of infections. In our center, in the last 1500 kidney transplantation urinary tract infections still predominate. Next comes viral infections including CMV disease, hepatitis and herpetic infections. Tropical infections like gastro-enteritis, nocardia, malaria and filaria also affect our patients. Both mycobacterium tuberculosis and lepra have been seen in the transplant recipients.