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D - 09 - Clinical and Laboratory Profiles of Renal Transplant Patients at the University Hospital Onofre Lopes (HUOL/UFRN)

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INTRODUCTION: Kidney transplantation is the treatment of choice for end-stage renal disease, exceeding dialysis in terms of survival and quality of life. **OBJECTIVES:** Identify clinical and laboratory profiles of renal transplant patients at the University Hospital Onofre Lopes (HUOL), renal transplant reference center of Rio Grande do Norte (RN). **MATERIALS AND METHODS:** Descriptive study was conducted from September 2015 to February 2016, with 14 patients treated at the nephrology clinic of HUOL in Natal/RN, Brazil. Data were collected at 15 days after transplantation. **DISCUSSION AND RESULTS:** We included 14 patients with a mean age of 41.6 ± 11.1 years, most were male (57.1%) of brown colored/mulatto (85.7%), who received deceased donor kidney grafts (85.7%) and using as immunosuppressive the everolimus (28.6%), mycophenolate mofetil (71.4%), tacrolimus (100%), and prednisone (100%). The etiology of most frequent stage renal disease was hypertension (64.3), followed by glomerulonephritis (28.6%) and pyelonephritis (7.1%). Post-transplant biochemical parameters revealed means glucose concentrations of $82.3 \pm 10 \text{ mg/dL}$; glycated hemoglobin $5.8 \pm 1.4\%$; total cholesterol $192.6 \pm 20.8 \text{ mg/dL}$; LDL cholesterol $115.4 \pm 13.9 \text{ mg/dL}$; HDL cholesterol $39.4 \pm 10.3 \text{ mg/dL}$; triglycerides $190.1 \pm 56.9 \text{ mg/dL}$; creatinine $2.5 \pm 2.1 \text{ mg/dL}$; urea $88.4 \pm 68.8 \text{ mg/dL}$; albumin/creatinine ratio $200.7 \pm 28.9 \text{ mg/g creatinine}$; and glomerular filtration rate of $36 \pm 2.1 \text{ mL/min/1.73m}^2$. The changes observed in the markers of renal function, are associated with acute inflammation due to the transplantation procedure. The therapeutic regimen realized with immunosuppressant and corticoids drugs, however, can reverse this acute inflammation in a short period. **CONCLUSION:** Profile monitoring of transplant patients is critical to minimize or prevent the delayed graft function, common when the donor is deceased and evidenced by the decline of renal indicators, favoring episodes of acute rejection and complication of graft in the first week after transplantation. Thus, knowledge the profile of patients is critical to improving their quality of life, in order to minimize the morbidity and mortality after renal transplantation.

Keywords: Renal transplant, End-stage renal disease, Immunosuppression

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