

314.55/28.886 (E;  $p=0.43$ ) for Signa vs Roche and  $p=0.94$  vs Serva; Lact recovery rate was similar among all groups: 51.4/30.4% for Signa, 62.3/28.9% for Serva and 91.3/24.4% for Roche group. Similar enzyme efficiency was observed among these three groups in terms of stability, functionality and purity.

**Conclusion:** Signa V collagenase achieved similar urea isolation outcomes as Liberase and Serva, and represents a cost-effective alternative product. This result questions the validity of purified enzyme blends and indicates that more research is needed to better understand the requirements for ideal enzymes for human fetal isolation.

CONCURRENT ORAL SESSION 124: LONG TERM OUTCOMES - QOL/AGING/FERTILITY/WNKP

POSTER BOARD NUMBER P3 - 151

1725 THE EFFECTS OF PHYSICAL QUALITY OF LIFE, TIME, AND GENDER ON CHANGE IN SYMPTOMS OF ANXIETY AND DEPRESSION AFTER KIDNEY TRANSPLANTATION

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**Introduction:** Previous research demonstrated that functional performance and health-related quality of life (HRQOL) improve following kidney transplantation, but the extent to which improvement in symptoms of anxiety and depression is related to post-transplant physical HRQOL has not been characterized. The aim of this study was to test the effects of physical HRQOL, time post transplant, and gender on pre- to post-transplant change in symptoms of anxiety and depression.

**Methods:** Longitudinal HRQOL data were prospectively collected at specific times before and after kidney transplantation using Health Survey, Center for Epidemiologic Studies Depression Scale (CES-D), and Beck Anxiety Inventory (BAI). Within-subject change scores were computed to represent the longest follow-up for each patient. Multiple regression was used to test the effects of time post transplant, gender, and post-transplant physical component summary scores on change in BAI and CES-D scores. Baseline scores on outcome measures were modeled to account for and quantify their expected effects. Summary data are reported as mean±SD.

**Results:** 167 patients (74% male; 51% HC; age=54.98 years) reported 474 survey points over 43 months. Time post-transplant ranged 1 to 39 months (mean=9.98). Patients with the poorest pre-transplant HRQOL showed the greatest improvement on every model. Change in CES-D and PCS scores continued with time post transplant. Reduced post-transplant physical quality of life was associated with less improvement in symptoms of anxiety (model 1) and depression (model 2). This relationship is also reflected in model 3, which quantifies the negative effect of post-transplant anxiety on change in PCS. Gender did not affect these outcomes.

**Conclusions:** Despite improvement on all HRQOL measures, there was less improvement in symptoms of anxiety and depression in those patients with reduced physical HRQOL after kidney transplantation. Awareness of the significant relationships between physical and mental quality of life indicators in both men and women suggests the importance of early recognition and intervention strategies to promote continued improvement in mental and physical quality of life following kidney transplantation.

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1726 THE EFFECT OF SPONTANEOUS TWIN PREGNANCY ON RENAL TRANSPLANT FUNCTION AND HAEMODYNAMICS

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Pregnancies after transplantation are associated with an increased risk for both mother and fetus with higher rates of stillbirth and preterm deliveries. Spontaneous twin pregnancy is uncommon in renal transplant recipients and presents an even greater risk. The effects on transplant haemodynamics have not been studied. We present a case of a successful outcome for both mother and babies and detail the effects of the pregnancy on transplant function and haemodynamics within the transplant kidney.

A 27-year old woman received a cadaveric transplant in December 1995 from

a 31year old donor, HLA B11 mismatch. She had a past history of recurrent urinary tract infections and hypertension and presented initially to the nephrologists with bilateral dysplastic kidneys requiring peritoneal dialysis prior to transplantation. Immunosuppression at induction was Neoral 200mg BD, Azathioprine 75mg and Prednisone 20mg. At the time of spontaneous conception (March 07) she was taking Neoral 100mg BD, Azathioprine 50 mg daily and Prednisolone 5 mg daily.

The course of the pregnancy was unremarkable apart from a modest increase in proteinuria (0.3 to 1.0 g/24h) and blood pressure (123/81 baseline to 132/92 mmHg). At 32 weeks due to increasing blood pressure a semi-elective C-section was performed with the delivery of two healthy babies which required minimal medical input.

During the pregnancy serum creatinine fell by 36% (142 to 91µmol/L), urea fell by 39% (9.0 to 5.5mmol/L) while eGFR (MDRD) rose by 29%/min. Albumin fell by 28% (39 to 28 g/L) while there was a modest increase in uric acid to 6.51mmol/L. Transplant scans revealed a 23% increase in cross-sectional area of the kidney with a 10% increase in main renal artery peak flow and a 23% reduction in resistive index. Serum creatinine rose to 109µmol/L, eGFR 48ml/min (baseline 40ml/min), urea 8.1mmol/L, and albumin 30g/L post pregnancy and remained stable. The RI remained unaltered and the peak renal artery flow fell 58% while the cross-sectional area returned to baseline post delivery.

Twin pregnancy can be successful with no increased risk in comparison to non transplant females. Physiological changes in renal haemodynamics are similar to non transplant pregnant patients (70% rise in renal blood flow, 25% fall in urea and creatinine, 55% increase in GFR) with no detrimental effect to the transplant function post pregnancy.

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1727 KIDNEY TRANSPLANTATION FROM CADAVERIC DONORS OLDER THAN 60 YEARS OF AGE

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Donor age was identified as a major factor that determines long term outcome after kidney transplantation. However, the influence of other parameters such as acute rejection (AR) and delayed graft function (DGF) both on short and long-term kidney graft survival from elderly deceased donors has not been well characterized. In this study we analyzed retrospectively the impact of the above parameters on the outcomes of 40 kidney allograft recipients (mean age: 49.5±11.5 years) transplanted between March 2001 and December 2006 from elderly (mean age: 64.9±4.6 years) deceased donors. Patient and graft survival rates at 1, 3 and 5 years post-transplantation were 97.4%, 97.4%, 80.4% and 87.3%, 81.5% and 69.8% respectively. Twenty (50%) of patients suffered DGF and 11 (27.5%) AR episodes, while 8 (20%) lost the graft. Acute rejection was a significant determinant for worse renal graft outcome and graft loss (Risk Ratio [RR] for graft loss in pts with AR vs absence of AR: = 7.0;  $p=0.001$ ). DGF itself was not associated with graft loss (RR for graft loss in pts with DGF vs absence of DGF = 1.7;  $p=0.11$ ). Mean GFR levels (MDRD6 formula) at 6 months, 1 and 2 years were 26.6±9.1, 30.4±10.3 and 32.0±6.5 ml/min/1.73m<sup>2</sup> in kidney graft recipients presented AR and 53.4±17.3, 54.6±15.8 and 54.7±18.2 ml/min/1.73m<sup>2</sup> in patients without rejection episodes ( $p=0.05$ ). Mean 24h proteinuria was statistically significant higher in patients with AR only 1 year post-transplantation (766.6±391.9mg/24h in pts with AR vs 253.4±239.5mg/24h in pts without AR,  $p=0.05$ ). In conclusion, renal grafts from older deceased donors can be successfully transplanted to younger recipients. Acute rejection episodes in kidney allografts from elderly deceased donors had a significant negative impact both on short and long term graft function and outcome.