LBP068 SUCCESSFUL KIDNEY TRANSPLANTATION FROM A DECEASED DONOR TO A RECIPIENT WITH CHRONIC INTRADIALYTIC HYPOTENSION. (CLINICAL CASE REPORT)

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Intradialytic hypotension (IDH) is a frequent complication in patients with chronic renal disease who are treated with hemodialysis (HD). Nowadays, there are few reports in the world literature about successful kidney transplantation (KT) with the blood pressure (BP) recovery to normal values in patients with chronic IDH.

Patient C., 51, female, was diagnosed with polycystic liver and kidney disease in 1988. In 2008, cysts of the right kidney were laparoscopically removed because of their suppuration. In June 2015, she was diagnosed with the end-stage renal disease (ESRD), in connection with which, renal replacement therapy was started using the HD. In November 2016, a video-laparoscopic bilateral nephrectomy was performed in order to rehabilitate the chronic focus of infection. After that, the average daily BP was 69/44 mmHg.

01.01.19, despite the high risk of graft loss in the early postoperative period, the patient underwent a deceased-donor KT. The time of cold ischemia of the transplant was 11 h, miss-match HLA AAB.

Correction of BP in the intraoperative period was carried out by dopamine and norepinephrine. During reperfusion BP was 105/50 mmHg. Immunosuppression was induced by administration of basiliximab and methylprednisolone, and diuresis was stimulated by furosemide.

In the postoperative period, against the background of the introduction of norepinephrine and dobutamine (canceled on the 4th day) BP was maintained at about 85/55 mmHg. Immunosuppressive therapy was prescribed - tacrolimus, mycophenolic acid, methylprednisolone. Daily diuresis remained at a level of less than 100 ml/day and HD sessions were performed untill the 34th day.

The patient's condition became satisfactory on day 70 with a BP of about 120/80 mmHg, diuresis about 1700 ml/day, creatinine 150 mmol/l and she was discharged.

Thus, refractory hypotension with a history of postponed bilateral nephrectomy, should not be considered as an absolute contraindication for KT. In our case, the KT did not only significantly improve the quality of life, but was also a lifesaving operation

LBP069 CLINICAL APPLICATION OF DIASTOLOGY IN THE 2016 ASE/EACVI RECOMMENDATIONS TO PATIENTS WHO UNDERGOING LIVING DONOR LIVER TRANSPLANTATION

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Background: The aim of this study was to compare the prevalence of diastolic dysfunction between the 2016 American Society of Echocardiography (ASE)/European Association of Cardiovascular Imaging and 2009 ASE/European Association of Echocardiography recommendations in patients undergoing living-donor liver transplantation (LDLT).
Patients and methods: A total of 312 adult patients who underwent LDLT at our hospital from January 2010 to December 2017 were retrospectively analyzed. Exclusion criteria were systolic dysfunction, arrhythmia, myocardial ischemia, and mitral or aortic valvular insufficiency.
Results: The study population was largely male (68.3%), and the median age was 54 (49–59) years. The median MELD score was 12 (6–22) points. The prevalence rates of diastolic dysfunction and indeterminate diastolic function were lower according to the 2016 recommendations than the 2009 recommendations. The level of concordance between the two recommendations was poor. The proportion of patients with a high brain natriuretic peptide level (> 100 pg/ml) decreased significantly during surgery in the normal and indeterminate groups according to the 2009 recommendations; however, only the normal group showed an intraoperative decrease in the proportion according to the 2016 recommendations. Patients with diastolic dysfunction showed a poorer overall-survival rate than those with normal function according to both recommendations. However, there was a difference in the survival rate in the indeterminate group between the two recommendations. A significant difference in patient survival rate was observed between the dysfunction and indeterminate groups according to the 2009 recommendations; however, the difference was not significant in the 2016 recommendations.
Conclusions: The 2016 classification may be better able to identify patients with a risk for diastolic dysfunction. Particularly, patients in the 2016 indeterminate group seemed to require a cardiac diastolic functional evaluation more frequently during and after surgery than those in the 2009 indeterminate group.

LBP071 ADHERENCE, SELF-EFFICACY AND ATTITUDE TOWARDS HEALTH LOCUS OF CONTROL AMONG HEART AND KIDNEY RECIPIENTS – MULTICENTER STUDY

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The aim of the study: The measurement adherence and attitude towards health locus of control and self-efficacy among heart and kidney recipients
Methods: Adult kidney as well heart transplant patients from two centers were included to the study. Patient completed 6-item Morisky Medication Adherence Scale (MMAS-6), Multidimensional Health Locus of Control scale (MHLC) and General Self Efficacy Scale (GSES), Hospital Anxiety Depression Scale (HADS) in addiction to several socio-demographic and transplant related data.
Result: The preliminary study group consisted of 73 recipients (47 heart transplant recipients and 25 kidney recipients). The mean self-assessment of adherence was 8.6 pt. They reported moderate adherence and half of recipients reported good adherence to the immunosuppressive treatment. There was not difference between variables and kind of transplantation as well as center. The self-assessment was related to depressive symptoms ($r = -0.23$, $p < 0.05$) as well as (MMAS-6). The study group presented good attitude towards health locus of control and self-efficacy.
Conclusion: The study group was moderately adherent to treatment and depressive symptoms influenced on the adherence in this study population.

LBP072 PERFUSION-DECELLULARIZATION OF VASCULARIZED PIG STOMACHS

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Background: Total-partial gastrectomy, congenital gastric malformations and other causes of permanent gastric size reduction may result in severe side effects and poor life quality. A bioengineered stomach transplant could thus restore a physiological transit and a digestive function, while being fully compatible. This work aim was to apply, in piglet stomachs, the "decellularization-recellularization" approach, as previously reported by our team in human and porcine composite tissues
Methods/Materials: Seven neonatal porcine stomachs were surgically harvested along with their vascular pedicle and decellularized by sequential perfusion of demineralized water, sodium dodecyl sulfate, Triton X-100, finalized by DNASe and PBS solutions.Cell clearance was evaluated by H&E and DAPI stainging and DNA quantification. Extracellular matrix preservation was assessed by Masson's Trichrome (MT), type I and type IV collagens, and laminin stainings, elastin and GAG quantification. The vascular network was evaluated with angio-CT. Finally, matrix samples were sterilized and cultured with a fibroblastic cell line and analyzed by H&E and Live/dead stainings.
Results: Stomachs were successfully decellularized, with a fast bleaching during the SDS perfusion while preserving their morphology. Nuclei were absent on H&E, MT and DAPI staining; DNA reduction was significant ($p < 0.01$). MT showed a well-preserved microscopic architecture of the mucosa, submucosa, muscularis and serosa layers. Type I, type IV collagens, and laminin were positively stained in both native and decellularized stomachs. Matrix proteins quantification revealed an increase for the collagen but a decrease for elastin and GAG. The angio-CT showed a well preserved and accessible vascular bed. Seeded fibroblasts were viable after 7 and 14 days, as shown by the Live/dead and the H&E stainings.
Conclusion: We demonstrated the ability to produce porcine stomach extracellular matrix with a preserved vascularization. This could offer broad new perspectives in organ tissue engineering at this anatomical level.

LBP073 ATTITUDE OF THE ELDERLY IN THE SOUTHEAST OF SPAIN CONCERNING LIVING DONATION

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Background: To reduce the considerable organ deficit, living donation is being promoted. The aging of the population has changed some of the approaches to the organ donation and transplant (ODT) process, such as considering elderly people as potential donors. The objective of this study was to analyze the attitudes toward living donation (LD) of the elderly from the Southeast of Spain.
Method: A study was carried out with a representative sample of individuals > 65 years of age stratified by sex and geographical location of the Southeast of Spain ($n = 420$). A questionnaire was distributed to them with