**RAISED PROCALCITONIN IN IMMEDIATE POST RENAL TRANSPLANTATION SCENARIO**

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Background: Patients in immediate post renal transplant setting, usually harbour dialysis catheters and are given Induction immunosuppression .They are prone for sepsis. Procalcitonin,a sepsis marker, has also been shown to be elevated without infection, in stem cell transplantation using High dose ATG(20mg/kg) ₁ .However ,it has not been studied extensively in renal transplantation.

Objectives: Objective was to ascertain whether Procalcitonin increases in Post renal transplant scenario and to note its relation to sepsis.

Methods: This was a retrospective study of living donor renal transplantations, between October 2023 to January 2024.Primary end point was elevation of Procalcitonin >2ng/ml. Secondary end points was sepsis(SOFA score >2) . ATG(Thymoglobulin)4.5mg/kg was used as induction agent in all patients, divided into 3 doses on days -1,0 & 1;ABO incompatible recipients additionally received Rituximab and Plasma exchange. Procalcitonin levels were done at day -1,day 0 and subsequently if high.

Results: 12 transplants were studied, with a male: female ratio of 2:1.Mean patient age was 40 years. 5/12 were Diabetic. Three transplants were ABO incompatible transplants. Primary end point was noted in 6 of the 12(50%) recipients, with mean rise in Procalcitonin of 5.53 in this group. None had sepsis features.

Conclusion: Procalcitonin can be raised in immediate renal transplant patients in whom ATG was used, without sepsis. Early post-transplant sepsis needs an alternative marker.

Reference:

# 1.Helena Brodska et al.Crit Care. 2009.

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