

A PROPENSITY MATCHED ANALYSIS OF PERFORMING VERSUS NOT PERFORMING RENAL REPLACEMENT THERAPY PRIOR TO LIVER TRANSPLANT IN END STAGE LIVER DISEASE PATIENTS WITHOUT CONCOMITANT KIDNEY DISEASE

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Poster

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In a propensity-matched US database study of 728 liver transplant patients without pre-existing renal disease, pre-transplant renal replacement therapy was associated with higher resource utilization and ICU-related complications but no difference in mortality or transplant rejection.

KEY POINTS

- Among 364 matched pairs, patients receiving RRT before liver transplant had no difference in all-cause inpatient mortality (4.9% vs. 3.6%, $P=0.4$), transplant rejection (5.2% vs 6%, $p=0.6$), or 30-day, 60-day, 90-day, and 180-day survival compared to controls.
- Pre-transplant RRT was associated with significantly longer length of stay (32 vs 14 days, $P<0.001$) and higher median hospital charges (\$827,695 vs \$467,809, $P<0.001$).
- Patients with pre-transplant RRT had significantly higher rates of mechanical ventilation (43.7% vs. 16.2%, OR 4.0), septic shock (44.8% vs. 21.4%, OR 2.9), ICU admission (40.7% vs. 17.0%, OR 3.3), and acute kidney injury (95.6% vs. 75.8%, OR 6.9).
- All patients who received RRT pre-transplant required RRT post-transplant (100% vs 17%, $P<0.001$).
- The authors conclude that results suggest RRT is better avoided in the pre-transplant setting in the absence of renal dysfunction, though they note longitudinal studies are needed to establish causality.

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