

# ABSTRACT

## **Incidence of ICU complication in renal transplanted patient.**

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**Abstract: Background:** - The treatment of choice for patients with end stage renal disease is renal transplantation. Although transplantation improves life expectancy compared with dialysis, renal transplant recipients have significantly shorter life expectancies than the general population.<sup>[7]</sup> The renal transplant recipient is prone to a number of medical complications. Many factors and events can complicate the outcome of renal transplantation and can eventually lead to progressive renal dysfunction and graft failure.

. **Objective:**- The aim of our study is to determine the incidence of complication that can be occurred to renal transplanted patient while admitted in the ICU and the effect of these complications in morbidity and mortality of those patients. **Methods:** - Retrospective analysis of our ICU program database which contains demographic and daily physiologic data. 300 patient admitted to ICU included who had undergone transplant surgery were studied. The clinical and laboratory data obtained from case files and evaluated pertaining to age, sex, original renal disease in recipient, type of complications including rejection, Mortality, Morbidity:-

**Results:** Among the patients who underwent renal transplantation and admitted to ICU (studied group) 196 were males (65.3%) and 104 were females (34.7%), Out of 300 patients 205 patients were on steroids containing regimens representing 68.3% and 95 patients were on non-steroid regimens representing 31.7%. most common cause of admission was cardiovascular complication where 138 patients (**46%**) admitted to ICU with, 126 (42%) patients with infections , 106 (35.3% ) patients with graft dysfunction and renal complication , 71 (23.7% ) patients with chest complication. Duration of admission was significantly longer in cases with cardiovascular complication, neurologic disorders, gastrointestinal complication and chest complications. The mortality (non survivals) was higher in cardiovascular complication (96.3% vs 41%), graft dysfunction (59.3% vs 33%) and chest complication (92.6% vs 16.8%) than other complications. Mortality (non survival) was higher with longer ICU stay and in patients admitted more than one time.

. **Conclusion:**- Renal transplant recipients constitute a high risk population due to the increased prevalence of cardiovascular disease, fluid and electrolyte abnormalities, bacterial infections, hematologic abnormalities, neurological disorders and gastrointestinal bleeding

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secondary to Chronic Kidney disease. As a consequence, these patients are prone to develop multi-organ failure and other complications.

**Key words:**-renal transplantation, ICU complication.