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# Mycobacterium Tuberculosis in Kidney Transplant Recipients

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#### Introduction

The incidence of Tuberculosis (TB) in kidney transplant recipients(KTR) is 0.5 to 6.5% in developed countries and up to 15.4% in endemic areas. This study is to describe the prevalence and clinical manifestations of TB in KTR.

## Methodology

This is a retrospective analysis of KTR who were diagnosed with TB between 2000 to 2022 in Hospital Selayang from Transplant Database. Electronic medical records were used for data collection.

Table 1 : Demographics

Transplant Recipients with Tuberculosis	N =15
Age ( mean)	43.3 ± 7.46 years
Gender	
Male Female	73.3% 26.7%
Type of Kidney Transplant	
Living-donor kidney transplant Deceased-donor kidney transplant	46.7% 53.3%
Induction agents	
Intravenous thymoglobulin Interleukin- 2 inhibitors Unknown	27% 27% 46%
Maintenance Immunosuppressants	
Tacrolimus + Mycophenolate Mofetil + Prednisolone	53.3 %
Cyclosporin + Mycophenolate Mofetil + Prednisolone	20.0 %
Tacrolimus + Everolimus + Prednisolone	6.7%
Everolimus + Mycophenolate Mofetil + Prednisolone	6.7%
Tacrolimus + Azathioprine + Prednisolone	6.7%
Everolimus + Prednisolone	6.7%

Results

210 KTR under follow up

15 KTR (7.1%) Diagnosed with TB

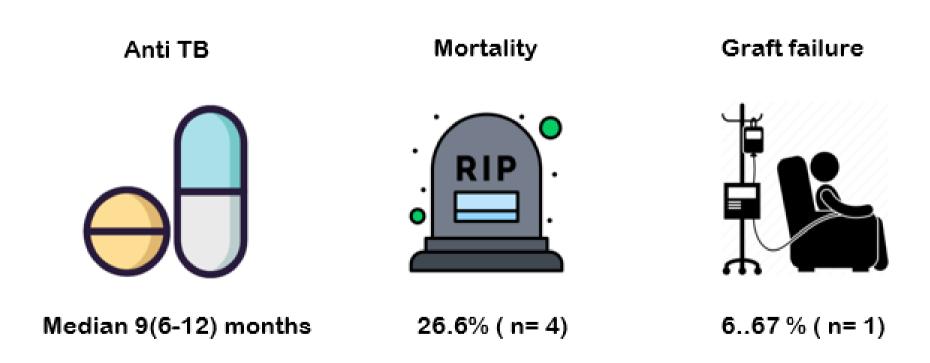
- √ Median duration between transplantation and TB was 22 (4-102) months
- ✓ Six (40%) developed TB within 6 months post-transplantation



- ✓ Five KTR (33.3%) from the TB cohort had history of pulse corticosteroid therapy for acute graft rejection.
- ✓ Median duration between pulse therapy and TB was 5(0-15) months

**Table 2: Clinical course** 

Clinical Presentation and Diagnosis		
Clinical Presentation		n =15
	Fever/night sweats	13
	Respiratory symptoms	6
	Constitutional symptoms	4
	Diarrhoea	2
	Acute confusional state	1
Organ Involvement	Pulmonary	13
	Extrapulmonary	6
	✓ Bone Marrow	2
	✓ Lymph node	1
	✓ Pericardium	2
	✓ Brain	1
	Disseminated Tuberculosis	4
Diagnosis	Positive Sputum AFB direct smear and Culture	4
	Positive Bronchoalveolar lavage for AFB	5
	Positive HPE finding of lung nodule	1
	Positive HPE finding of lymph node	1
	Positive CSF finding	1
	Empirical treatment	4



### Conclusion

TB remains endemic in our KTR population with high suspicion index in patients presenting with fever. Extensive investigation including bronchoscopy provides a higher yield of diagnosis in this group of cohorts.