





Outcome of BK Viraemia Among Kidney Transplant Recipients. A single Centre Experience.

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OBJECTIVES

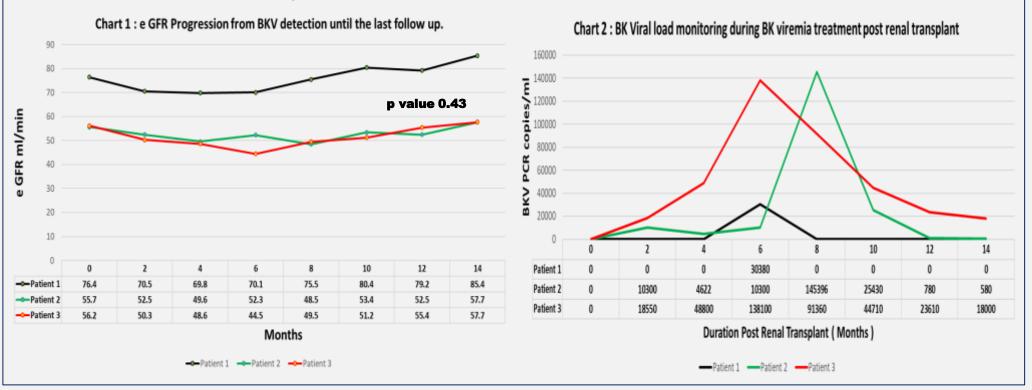
To study the treatment outcome of BK viraemia among the kidney transplant recipients at Penang General Hospital.

METHODS

All kidney transplant recipients who had routine BK virus load monitoring post transplant were included in this study. Only patients who were followed up for at least one year were included. Data were collected retrospectively by reviewing clinical notes

RESULTS

A total of 14 patients received kidney transplant between January 2020 and April 2021. Three out of these 14 (21.4%) kidney transplant recepients developed BK viraemia. The mean age was 34 ± 11.6 years old. Two patients were living related transplant recepients and one patient received cadaveric kidney transplant. The BK viraemia was detected at a mean of 3.3 ± 1.5 months post transplant. Two patients were on Tacrolimus and Mycophenolic mofetil combination while one patient were on Tacrolimus and Everolimus combination when BK viraemia was detected. Two patients responded to reduction of immunosuppressants alone with viral load less than 800 copies/ml while one patient required reduction of immunosuppressants and 3 courses of IVIG 1g/kg with a latest BK viraemia of 18000 copies/ml (98% reduction from peak level). The mean estimated glomerular filtration rate at diagnosis of BK viraemia was 62.8 ± 11.8 mL/min/1.73 m² and 69.6 ± 14.3 mL/min/1.73 m² at last follow up. One patient had renal graft biopsy done and there was no feature of rejection.



Conclusion

BK viraemia was detected in 21.4% of the kidney transplanted patients followed up at our center. This underscores the importance of routine screening for BK viraemia post transplant. Reduction of immunosuppressant alone or in combination with IVIG is effective in the management of BK viraemia following kidney transplant.