

COMPLICATIONS AFTER PEDIATRIC HEART TRANSPLANTATION - 9 YEARS SINGLE CENTRE EXPERIENCE

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BACKGROUND

Complications are the major determinants of long term survival after pediatric heart transplantation (HTX). In 2007 a pediatric heart transplant program has been established in Budapest, Hungary

AIMS

Our aim was to summarize our experience concerning complications after pediatric heart transplantation

PATIENTS AND METHODS

Since 2007 29 children were transplanted at the Pediatric Cardiac Centre, Budapest. They were 7.1 (5.7) years old at the time of HTX

Seven patients required ventricular assist device prior HTX

After induction, initial immunosuppressive therapy was tacrolimus and mycophenolate mofetil. Regular controls were timed every 2-6 weeks, mean follow up was 3.4 (2.1) years

RESULTS I.

Major complications were infections, gastrointestinal and hematological diseases.

Posttransplant infections: Clostridium difficile-related enteritis in 4 patients, CMV infections (1 lethal pneumonitis, 2 pts with treated hepatitis) in 3 patients, mild, but recurrent upper respiratory tract infections in 4 patients, severe fungal infection (immediately after HTX) in 1 patient, lethal myocarditis in 1 patient

HEMATOLOGICAL DISEASES

Drug - adverse reactions: neutropenia -7

Rejection

Immune dysregulation

Evans sy, Autoimmune hemolytic anaemia -AIHA - 2

Infection, tumor

Posttransplant lymphoproliferative disease (PTLD)- GI manifestation -1

CONCLUSION

- Our observations underline the importance of infection control in the long term survival after HTX as 50% of posttransplant mortality was due to infective diseases
- Drug related diseases are of mild-to-moderate intensity, but treatment may be difficult
- Autoimmune diseases are present at around 10%, but due to posttransplant immune dysregulation, effective treatment could be problematic

RESULTS II.

Controlled hypertension was present 11 patients, 6 patients needed treatment for dyslipidaemia

Gastrointestinal complication: 10 of 29 patients had abdominal pain and enteritis

GASTROINTESTINAL PROBLEMS- IMMUNOSUPPRESSION

Drug - adverse reactions - 7*

Rejection

IBD -1 (colitis ulcerosa)

Immune dysregulation

Infection, tumor

C. difficile infection - 4
PTLD - GI manifestation -1

* In 6 patients GI problems were mycophenolate related, they were converted to everolimus, however in one patient everolimus had to be withdrawn