



Il trapianto renale da vivente: tra sogno e realtà

Sabato 20 febbraio 2016

Aula Magna Nuovo Arcispedale S. Anna
Cona, Ferrara

Il Segretario
Prof. C. Feo

Il Presidente
Prof. R. Manfredini

per Medici, Biologi, Farmacisti, Professioni Sanitarie
Sono disponibili attestati di partecipazione per gli studenti in Medicina

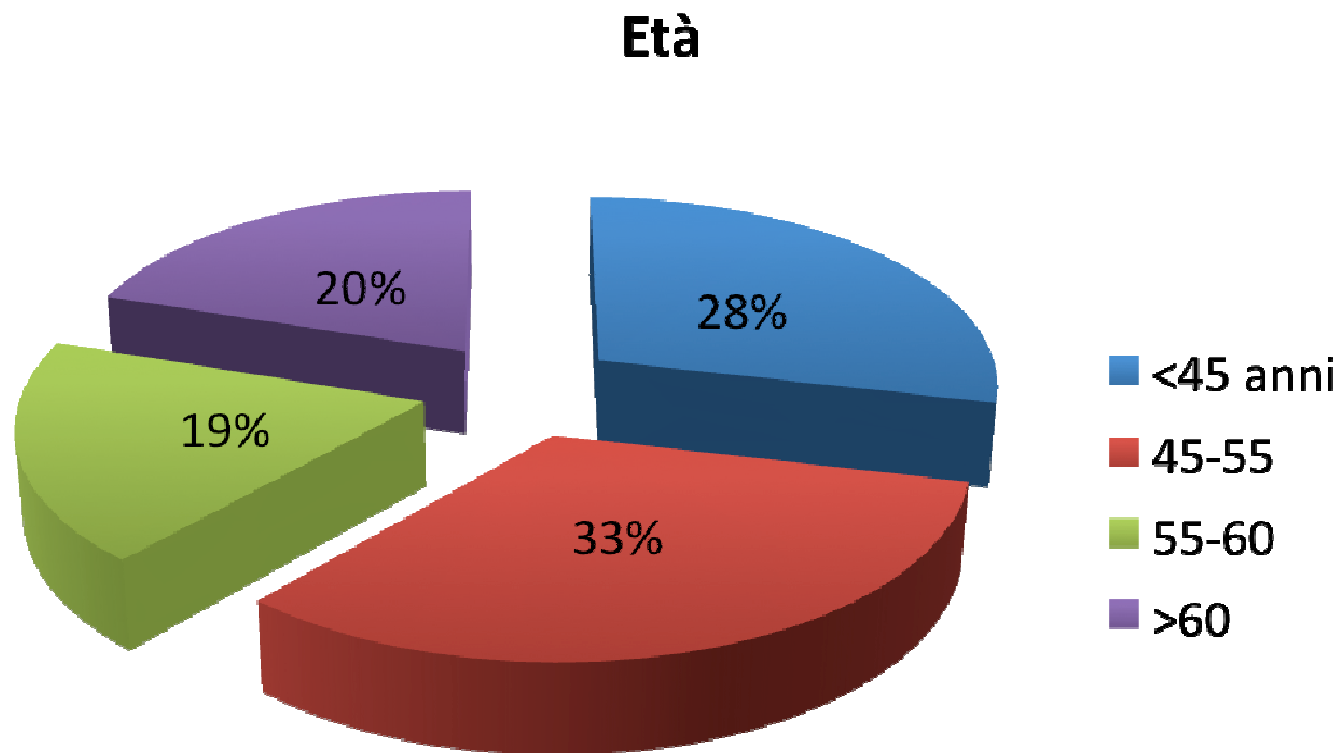
Valutazione clinica del donatore

Giovanni Liviano D'Arcangelo

**U.O. di Nefrologia, Dialisi e Trapianto
Policlinico S. Orsola – Malpighi
Direttore Prof. Gaetano La Manna**

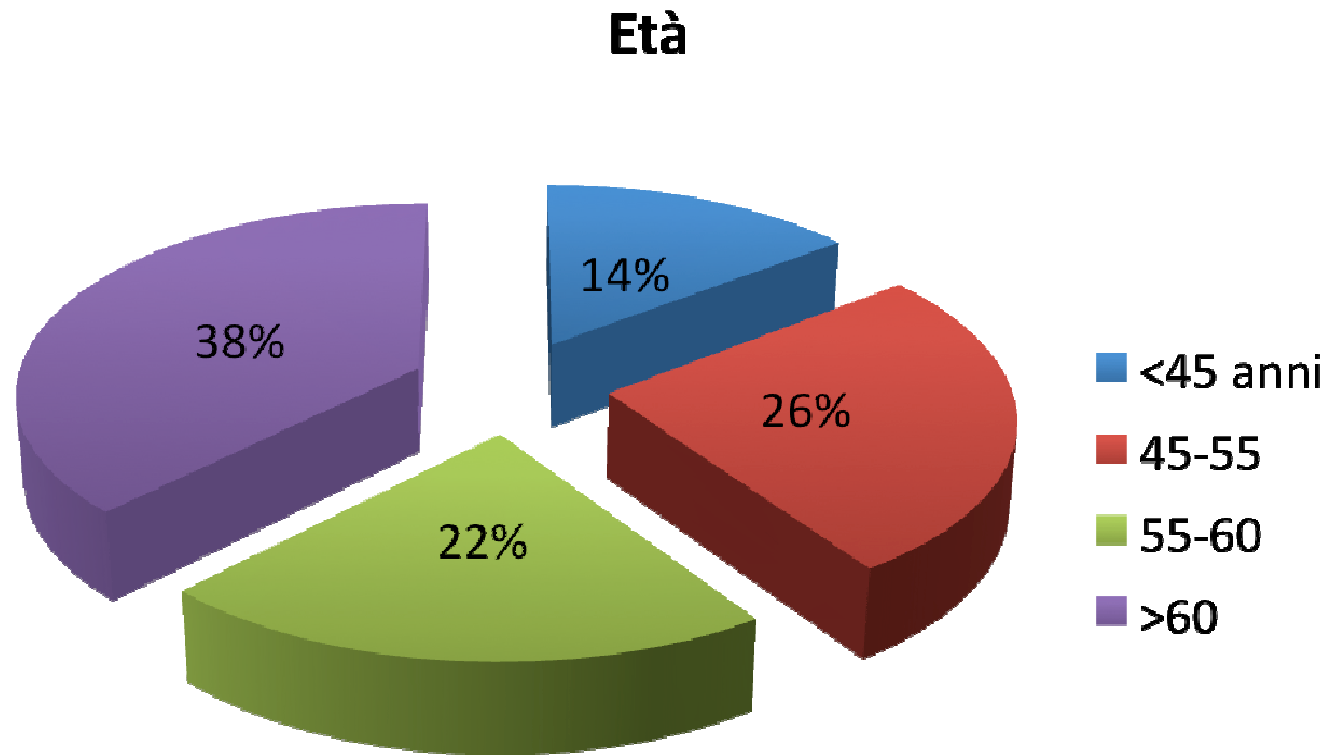


Composizione della *Lista trapianti di rene* di Bologna suddivisa per età

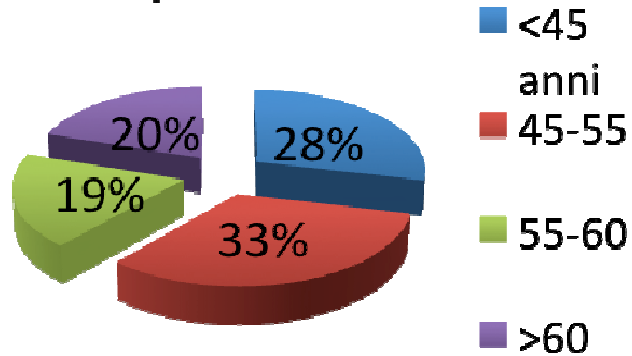


Aggiornamento al 31/12/2015

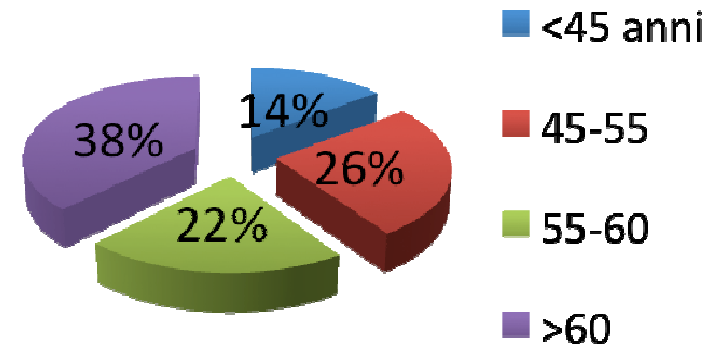
Pazienti *trapiantati* di rene a Bologna da donatore cadavere suddivisa per età



Età pazienti in lista



Età trap. da cadavere



**Pazienti in lista <55 anni=61%
ma solo il 40% viene trapiantato da
donatore cadavere**



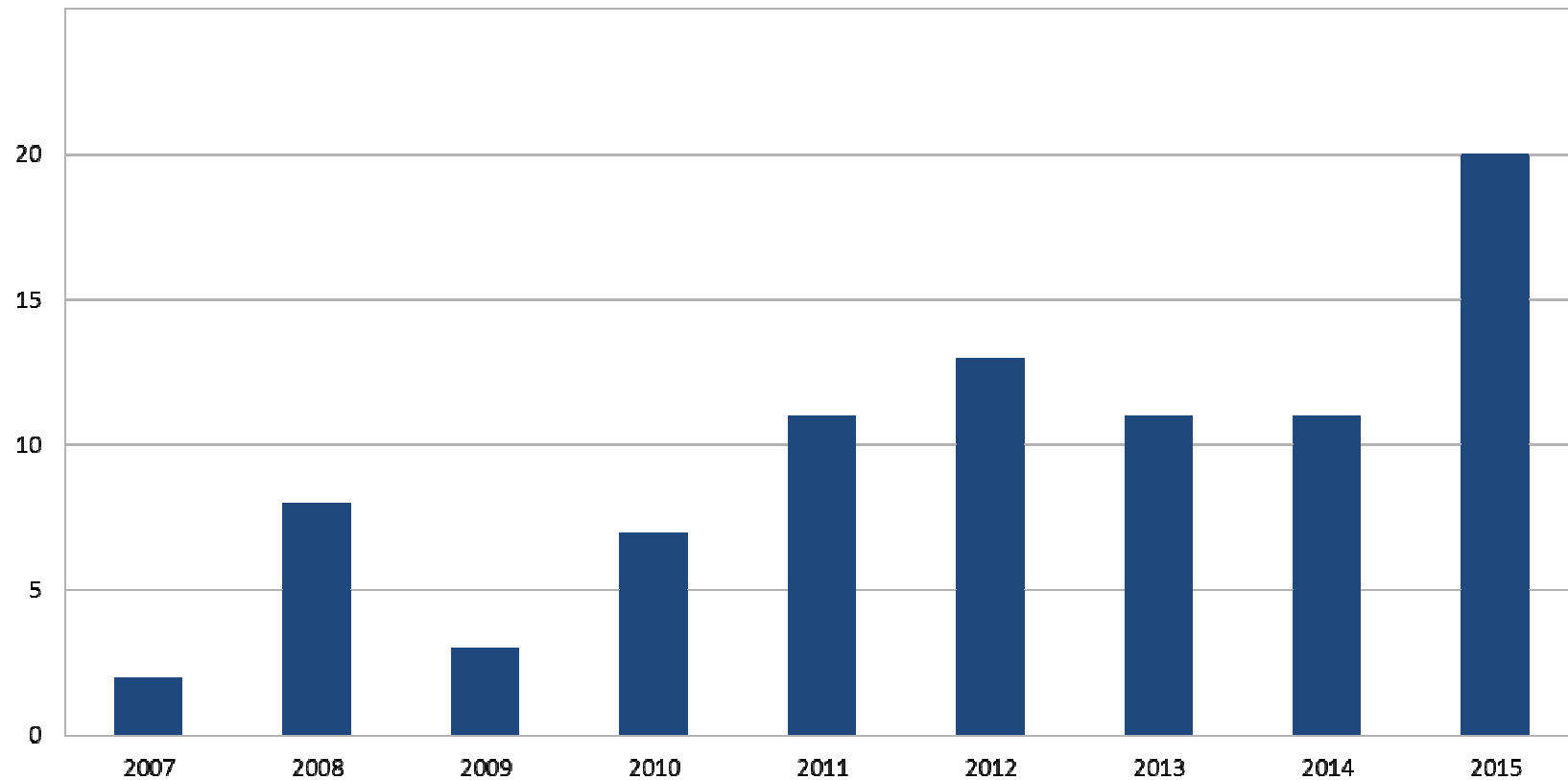
Trapianto da vivente



Trapianto da cadavere
con nuovo algoritmo

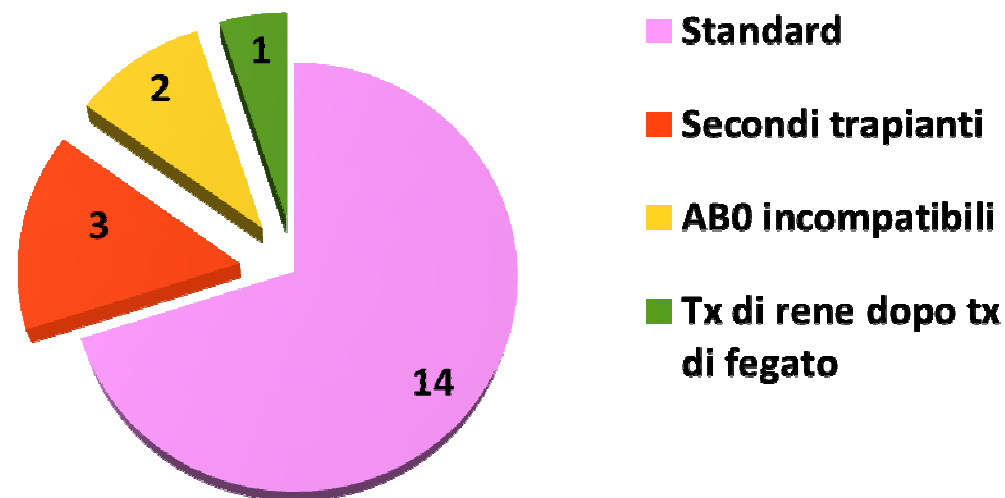
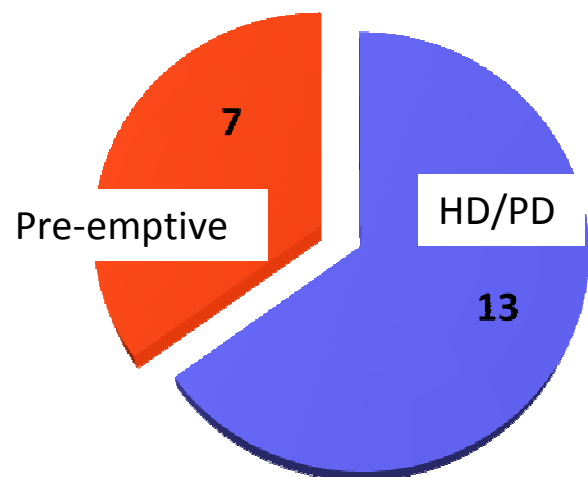
Programma Trapianto Renale AOU di Bologna

Trapianti Renali da donatore vivente



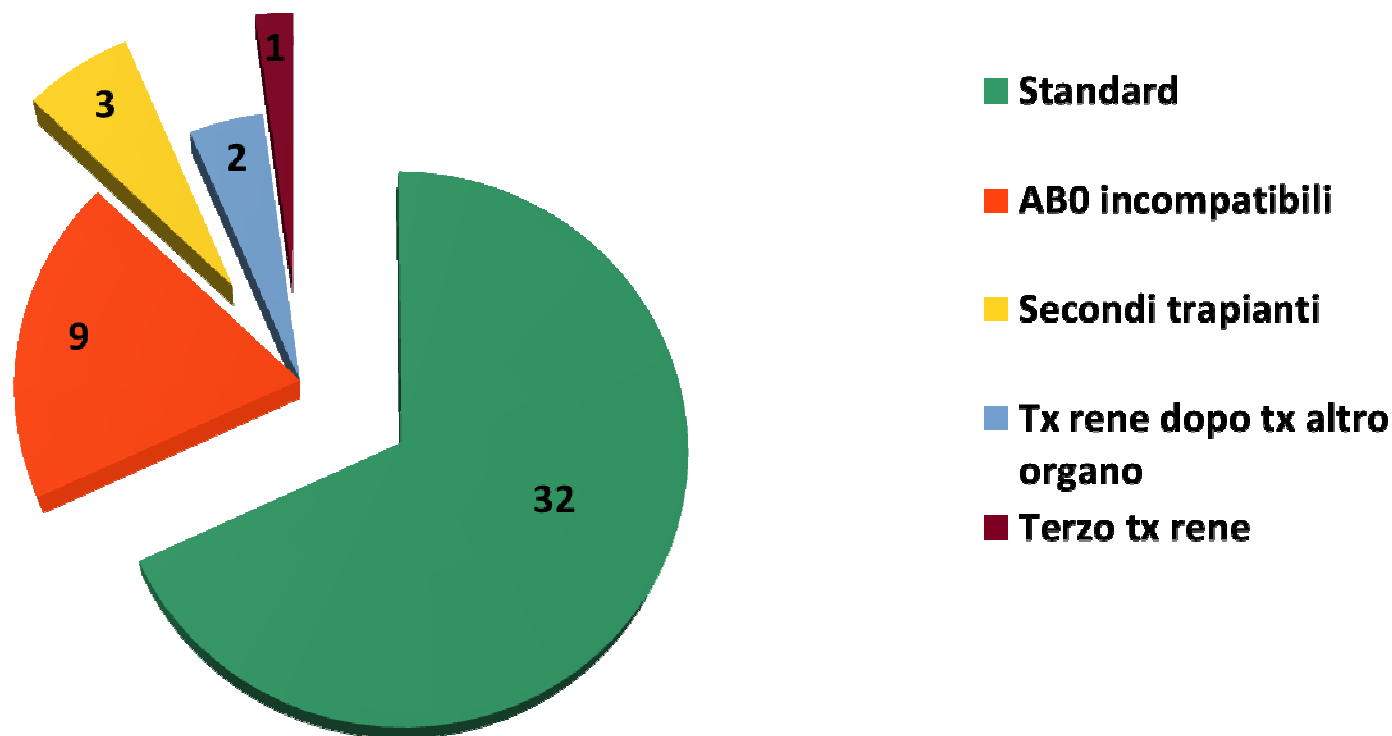
Programma Trapianto Renale AOU di Bologna

Trapianti Renali da donatore vivente 2015



Programma Trapianto Renale AOU di Bologna

Caratteristiche pazienti in studio per trapianto renale da donatore vivente



Abdominal Solid Organ Transplantation

Immunology, Indications,
Techniques, and
Early Complications

Antonio Daniele Pinna
Giorgio Ercolani *Editors*

 Springer

Giorgio Feliciangeli, Gaetano La Manna,
Giovanni Liviano D'Arcangelo, and Vania Cuna

In Italy, in Europe, and in the world, the kidney *transplantation* from a living donor is the main treatment to satisfy the aspiration for a better quality of life of patients with end-stage renal disease.

There are many reasons why the medical physicians (nephrologists, surgeons, etc.) suggest patients and their families taking into consideration the option of kidney donation from living donor instead of applying for the waiting list from deceased donor. The main arguments can be ascribed to two main points:

The transplantation from a *living donor* has better clinical results than the transplantation from deceased donor. This first point is well demonstrated by a recent study [1] that compares the transplantation results of completely HLA-mismatched living and completely HLA-matched deceased. The objective of the study was to evaluate the impact of HLA matching on the outcome of the kidney transplantation. It demonstrated the risk of graft failure increased proportionally with the number of HLA mismatches both in deceased donor and living donor transplantations. At the same time, the relative risk of graft failure for living donor transplantation (even with six mismatches) is the same as for deceased donor transplantation with 0–2 mismatches.

The supply of kidneys from donors with *brain death* is not sufficient to satisfy the claim of kidney transplantation both in the present and in the future. In developed countries (Europe, USA, etc.), there is a constant reduction of donors with brain death. This is not only in the case of brain traumas, but also in the case with

G. Feliciangeli • G. La Manna (✉) • G.L. D'Arcangelo • V. Cuna
Nephrology, Dialysis and Transplantation Unit, Department of Experimental, Diagnostic and Specialty Medicine, S. Orsola University Hospital, Via Massarenti 9, Bologna 40138, Italy
e-mail: giorgio.feliciangeli@aosp.bo.it; gaetano.lamanna@unibo.it; giovanni.livianodarc@aosp.bo.it; vania.cuna@aosp.bo.it

Test di compatibilità donatore/ricevente

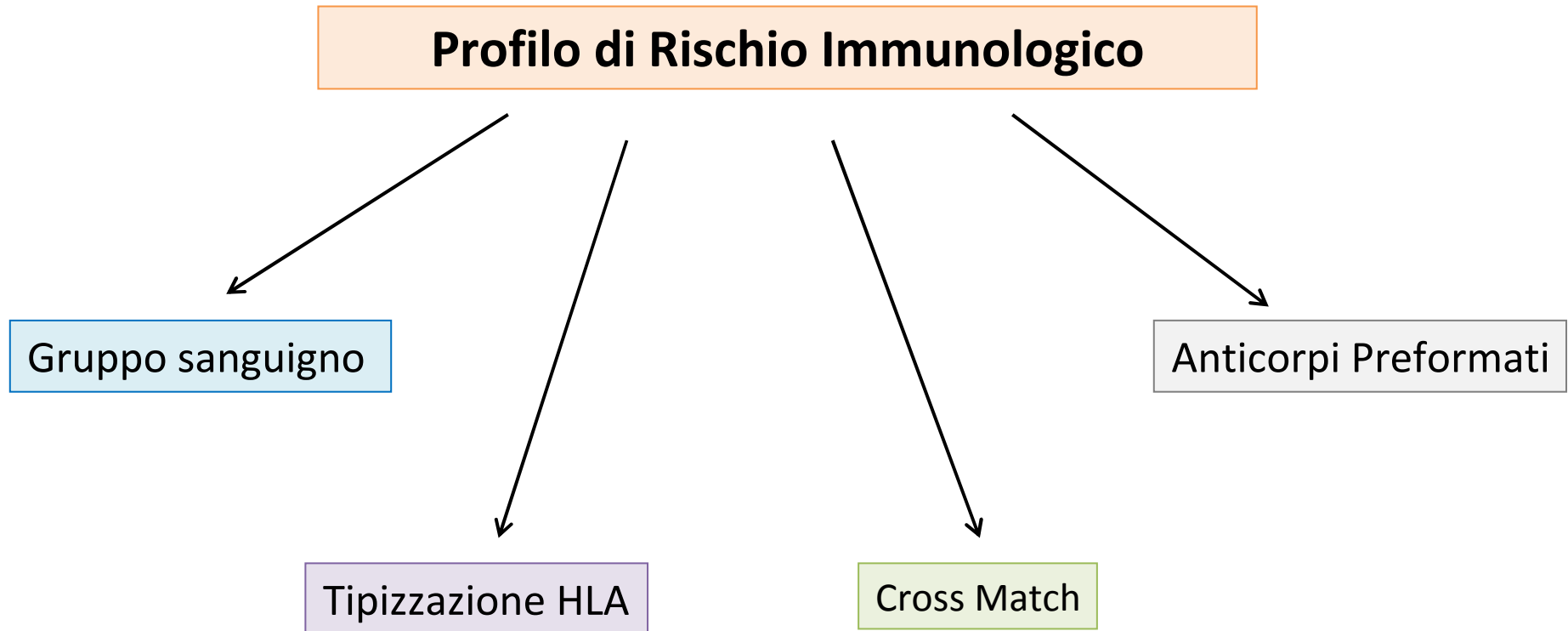


Table 17.1 Evaluation of donor

History and examination	Instrumental investigations	Microbiological screening	Laboratory investigations	Immunological investigations
Family history	Chest radiograph	HBV	Blood count and coagulation	Blood group
Pathological history	Electrocardiogram	HCV	Urea, creatinine, serum uric acid, creatinine clearance, GFR measurement by other methods	Isoagglutinins IgG IgM anti-donor group (if ABO incompatible)
Physical exam	Echocardiography	HIV	Fasting lipids	HLA typing
Psychiatric history	Stress test	IgG and IgM CMV	Liver function	HLA crossmatch
Medications	Additional cardiac investigations	IgG and IgM EBV	Serum electrolytes	Anti-HLA antibodies
Blood pressure	Renal scintigraphy	Syphilis screening	Fasting blood glucose and/or oral glucose tolerance test	
Cardiovascular disease	Computed tomography	Tuberculosis test	PSA	
BMI	Mammography	IgG and IgM HSV	Urinalysis	
Willingness to donate	Resonance imaging	Urine culture	24 h urine, protein excretion	

BMI body mass index, *HBV* hepatitis B virus, *HCV* hepatitis C virus, *HIV* human immunodeficiency virus, *CMV* cytomegalovirus, *EBV* Epstein-Barr virus, *HSV* herpes simplex virus, *GFR* glomerular filtration rate, *PSA* prostate-specific antigen, *HLA* human leukocyte antigen

Valutazione Medico Legale

- Verbale commissione medico-chirurgica
 - Valutazione di Parte Terza
 - Giudice Tutelare
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