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Erythrocytosis following renal transplantation; Abstract; Sri Lanka Medical Association -104th Anniversary Academic Sessions; 1991_.27-28pp

Abstract : All living patients transplanted between October 1985 and August 1990 under Faculty of Medicine Kidney Transplant Programme were studied for PTE. Patients with PTE were defined as those with sustained haemoglobin of greater or equal to 15g/dl. All weekly clinic follow up data sheets were reviewed. We identified 12 patients (22.2%), 10 males and 2 females aged 18 to 50 with PTE was between 3 and 24 months (mean 9.8 months)post- transplant. The average maximum Hb% was 16.6g/dl. (range 15.4 to 18g/dl). PTE persisted for a varying period from 2 months to 34 months. No patient had coincidental leucocytosis, thrombocytosis or splenomegely, and no other causes of secondary polycythemia were evident clinically. The graft function was excellent before and during PTE. (mean serum creatinine 1.34mg/dl, range 1-1.8mg/dl). All patients but one were hypertensive 8 patients had received diuretic therapy. Cessation or continuous administration of diuretics did not alter PTE. No surgical complications like graft artery stenosis, obstructive uropathy were encountered in our patients. No differences in the pre transplant blood transfusions compared to other transplant patients could be detected. There was no apparent morbidity associated with PTE in this group. Only one patient had three episodes of TIA. No patient required phlebotomy. We conclude that the aetiology of PTE was probably multi factorial in this group of patients. PTE was characterized by good graft function and low frequency of complications.