

عنوان مقاله:

Short term and Long term Survival Rate and Risk Factors of Graft Rejection after Deceased Donor Kidney Transplantation: A Systematic Review and Meta-Analysis

محل انتشار:

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خلاصه مقاله:

Introduction: The purpose of the current meta-analysis was to determine the short-term and long-term graft survival and patient survival from the deceased donors, and determine the prognostic factors. Methods: PubMed, Scopus, and Google Scholar databases were searched in March Yo19 to obtain articles that report short-term and/or long-term graft and patient survival. The study also includes articles that analyzed the hazard ratio (HR) of graft rejection or patient death for deceased donor risk-related factors. The measures in this study could be summarized as the survival rate and the HR of graft rejection and patient death.Results: In the final analysis, Ya articles were included. The 1- and ayear graft survival were 9.0% and Y۶%, and for patient survival were 9.0% and ∧.0% respectively. The 1- and ۵-year graft survival in transplant donation after brain death (DBD) recipients were 9Y% and Y9% and for patient survival were 9F% and 9.% respectively. The 1- year graft and patient survival in donation after circulatory death (DCD) recipients were λγ% and ۹۵%, respectively. Also, the 1- and ۵-year graft survival in patient expanded-criteria donors (ECDs) were λλ% and FA%, and for patient survival were 9m% and AV%, respectively. The 1-year graft survival in standard-criteria donors (SCDs) recipients was 94%, and 1- and ۵-year patient survivals were 95% and 91%. Age of deceased donor, ECD kidney, and male sex were the significant prognostic factors for graft rejection. Conclusions: The findings of the first comprehensive meta-analysis of graft and patient survival of the deceased donor showed that the overall short-term and long-term graft and patient survival are desirable and confirm that ECD and DCD recipients have a poorer graft .survival chance than standard donors

کلمات کلیدی: Graft Survival, Patient Survival, Deceased Donor, systematic review and meta-Analysis

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