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Corticosteroid minimization in renal transplantation: careful patient selection enables feasibility

Georgios Vlachopanos, Julie M Bridson, Ajay Sharma, Ahmed Halawa

Abstract

Corticosteroid (CS) minimization following renal transplantation has been the focus of extensive research during the last two decades. Transplant clinicians try to explore the advantages of this approach, which include cardiovascular risk factor (hypertension, diabetes, dyslipidemia) improvement, enhanced growth in children, bone disease amelioration and better compliance with immunosuppressive agents. Nevertheless, any benefit must be carefully weighed against the reduction in net immunosuppression and the potential harm to renal allograft function and survival. Complete CS avoidance or very early withdrawal (i.e. no CS after post-transplant day 7) seems to be associated with better outcomes in comparison with later withdrawal. However, an increased incidence of CS-sensitive acute rejection has been observed with all CS minimization strategies. Among the prerequisites for the safe application of CS minimization protocols are the administration of induction immunosuppression and the inclusion of calcineurin inhibitors in maintenance immunosuppression regimens. Transplant recipients at low immunological risk (primary transplant, low panel reactive antibodies [PRA]) are thought as optimal

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