

CMV Infection after Pediatric Renal Transplantation: Experience Center

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Renal transplantation may be a life-saving procedure. Morbidity and mortality on waiting-lists are related to the time of chemical analysis and end-stage renal disease is one in all the foremost vital causes of death; this is often the explanation why transplantation must be performed as before long as doable so as to cut back the time of chemical analysis. Once the transplantation is performed, variety of complications could occur in post-transplant evolution, the foremost vital of that is rejection. The rejection could seem through many mechanisms; however one in all the foremost frequent causes of rejection is herpes virus (CMV) infection. It is vital to possess a precautious and quick identification of CMV infection so as to keep up the practicality and survival of the graft. PP65 CMV antigenemia has tried its effectiveness in detective work and observance the CMV infection in transplanted patients.

The ability of the transplanted patient to eradicate CMV infection depends on many problems like the sort of immunological disorder, medical care received, the sort of condition that has resulted in ESRD, or the quantity of MHC-mismatches as of the time of transplantation.

CMV infection could progress as a primary infection, however it's going to additionally grow to be a latent CMV that thanks to the immunological disorder medical care for transplant is activated in tissues and humor and so CMV sickness seems. The CMV infection identification may be performed by many ways : substance identification of CMV-infected fibroblasts, immunologic response check, ELISA test, agglutination Latex, by staining immunoperoxidase, determination of Ig and immune globulin immunoglobulin's against CMV, antigenemia (65-kD lower matrix protein, structural leucocyte protein) and DNA-CMV (PCR technique). Prophylactic medical care is ideally done by administering associate anti-viral medical care right Once transplantation, extremely economical, non-toxic, easier to administer and not terribly pricey, to any or all (or teams with a bigger risk of) urinary organ and/or exocrine gland graft recipients. KDIGO guides suggest that the recipients of a nephritic graft (unless each the donor and also the recipient have a negative CMV serology) ought to get bar for CMV infection with ganciclovir or valganciclovir for a minimum of three months once transplantation and for six weeks once the treatment with anti-lymphocytes T antibodies

Case: Viral infections after renal transplantation (TR) constituting one of the major causes of morbidity and mortality. Cytomegalovirus (CMV) infection remains the most common viral infection seen in kidney transplantation. The object of our

study was to report cases of CMV infection in pediatric kidney transplant patients in our center.

Patients and Methods

This is a descriptive and analytical retrospective study of pediatric renal transplant on a 12-year period between June 2007 and September 2019 at Department of Nephrology University Hospital IBN ROCHD.

Results: During this period, we identified 21 pediatric renal transplant patients; the average age of patients was 11 years old during the intervention with extremes ranging from 5 years to 17 years. The sex ratio was 1.2 with 12 boys and 9 girls. The initial nephropathy was dominated by congenital malformations. An antecedent hypertension was found in 45% of patients. The history of infection was found in 45% of cases. The surgical history was found in 40% of cases. At the time of transplant, 20 patients had received for at least six months of dialysis. Kidney transplantation has been preemptively in a patient.

CMV infection occurred in patients TWO. The delay means the infection occurred was 18 months. The discovery of a vérimie CMV was symptomatic in both patients. The treatment was based on antiviral treatment "cymevan" and the evolution was marked by a gradual decline in vérimie up negativity.

Discussion: Viral infections after TR may be responsible for severe complications. Periodic assessments infectious must be undertaken and the systematic screening of cancers. CMV infections can be

easily avoided by prophylactic treatment. Prevention of CMV infection in organ transplant is now possible and effective, even if the implementing rules are still imperfectly codified and vary from one team to another. Probably prophylaxis, the efficacy is clearly demonstrated, will become the most used strategy and it will be practical as routine as prophylaxis of P.carinii or Candida infections. The issue of the induction of resistance to antiviral drugs du CMV do is more central

Conclusion: The CMV infection is the most important infectious cause of rejection. That's why we have to avoid its appearance or, in case of appearance, a correct diagnosis and treatment is necessary as soon as possible in order to avoid the consequences of CMV infection. Only the prevention of CMV infection can decrease immunological consequences induced by the expression of very early gene of CMV