Immunité et Infection/IMI-3

No Detectable Indirect Effects of Late-onset Cytomegalovirus (CMV) Disease after Valganciclovir (VGC) Prophylaxis in Kidney Transplant Recipients.

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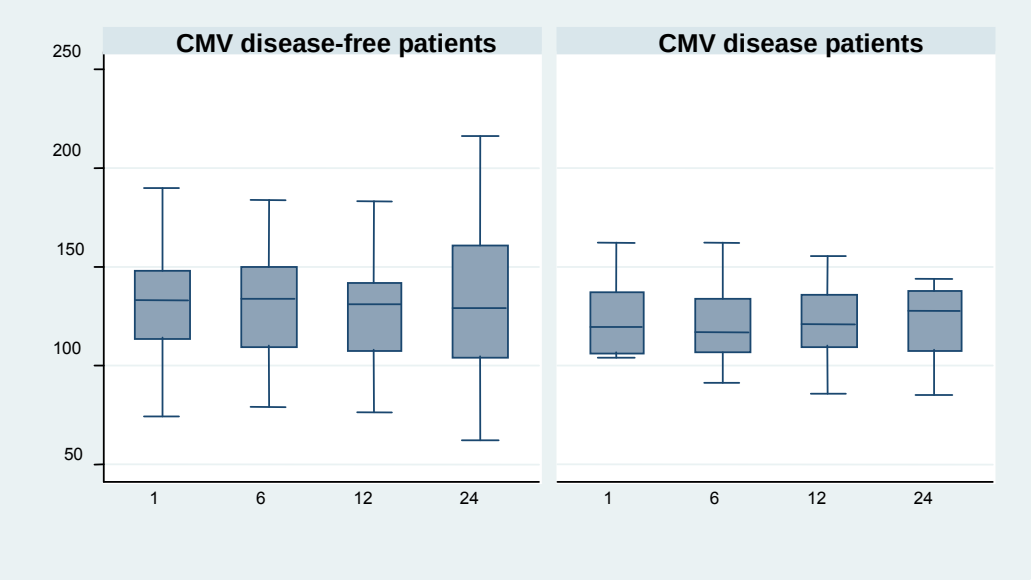
Background: CMV disease remains an important cause of morbidity after kidney transplantation and has been associated with graft loss and other indirect effects. A 3-month course of VGC prophylaxis reduces the incidence of CMV disease. However, little is known about the indirect effects of late-onset CMV disease after VGC prophylaxis.
Objective: To evaluate the impact and indirect consequences of late-onset CMV disease after VGC prophylaxis in kidney transplant recipients.
Methods: Retrospective analysis of 61 consecutive adult kidney transplant recipient with positive CMV serology (donor or recipient) who received VGC prophylaxis for 3 months and completed a follow-up of at least 2 years post-transplantation. Patients who developed CMV disease were compared to CMV disease-free patients for renal function (plasma creatinine values) at 1, 6, 12 and 24 months and for the incidence of graft loss, acute rejection, diabetes, cancer and opportunistic infections.
Results: 8/61 (13%) patients developed CMV disease at a median of 131 days after transplantation (range: 98 – 220). The CMV incidence in D+/R- high risk patients was 6/18 (33%), while it was 2/43 (5%) in intermediate-risk patients ($p < 0.01$). All 8 patients were treated by oral valganciclovir (median 39 days; range: 19 – 119) with a complete resolution of CMV disease. There was no difference in creatinine values between the two groups at any time during follow-up (Figure). There was no graft loss, and the incidence of acute rejection, cancer and opportunistic infections did not differ between the two group. The incidence of post-transplant diabetes was higher (38% vs 15%) in patients with CMV disease, but this difference was not significant ($p = 0.4$).
Conclusions: **An incidence of 13% of late-onset CMV disease was observed despite 3 months VGC prophylaxis. However, no indirect consequences were found. Moreover, therapy of CMV disease by oral VGC was effective and safe. Larger trials are needed to study whether late-onset CMV disease is associated with indirect consequences, as described with early-onset CMV.**



Research Day

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César Roux Auditorium

Genes and Diseases

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Manuela Weier and Henrik Kaessmann of the Centre Intégratif de Génomique - CIG
and Jérôme Thomas of the Lausanne DNA Array Facility, Centre Intégratif de Génomique - CIG

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