1- to 3-Year Results in HIV-Infected Liver and Kidney Transplant Recipients

**Background**

- Liver and kidney failure are growing problems in the HIV-ART era.
- Initial organ transplantation may be a safe and effective option.

**Methods**

- Prospective observational study of HIV-infected and HIV-negative patients.
- Follow-up for 5 years.
- HIV-related complications and changes in CD4+ T-cell and HIV viral load.
- Transplantation: liver and kidney.

**Subject selection criteria**

- HIV+ T-cell count < 200 for kidney recipients and < 100 for liver recipients.
- HIV+ recipients with stable ART for ≥ 6 months.
- Transplantation of liver and kidney.

**Interventions**

- Donor: Discarded and living donors were used.

**Comorbidities and coronary artery disease**

- Metabolic and other chronic conditions.
- High-risk patients.

**Prophylaxis and therapy regimens**

- Anti-rejection therapy.
- Anti-viral therapy.
- Immune modulation.

**Endpoints**

- Early (first 3 months) and late (1-3 years).
- CD4+ T-cell count and viral load.
- Complications.

**Results**

- 25 subjects were enrolled between March 2000 and September 2003.
- Overall survival rate: 92%.
- Karnofsky performance status: 100%.
- Laboratory results: stable.

**Conclusion**

- Initial organ transplantation may be a safe and effective option for HIV-infected patients.

**Discussion**

- Overall graft and patient survival rates are promising.
- Survival rates for HIV-infected patients are similar to those for HIV-uninfected patients.

**Adverse Events**

- Adverse events and complications are similar to those for HIV-negative recipients.

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