

SUCCESSFUL MANAGEMENT OF POLYFRACTURE IN PATIENT AT EARLY POST-OPERATIVE PHASE OF RENAL TRANSPLANT

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INTRODUCTION:

In Malaysia the prevalence of renal transplantation for End Stage Renal Disease is 59 patients pmp. It is the treatment of choice but to ensure good survival rate of the transplanted organ the patients will require life-long immunosuppressive therapy including steroid. Very few studies had been reported in kidney transplant recipients affected by trauma; most likely due to the infrequent presentation of these patient to trauma center. Most studies involved recipients in the second years or more post-transplant period. Acute organ rejection within six months following trauma is reported among 17% of solid organ recipients. A comprehensive preoperative planning with special focus on the graft functioning is required.

REPORTS:

A 34-year-old male had received a living-related donor renal transplant in September 2019 due to Chronic renal failure secondary to chronic granulomatous nephritis. His postoperative course was uneventful and he had been on tacrolimus 3mg bd and prednisolone 10mg od along with antihypertensive medication.

Twenty-two weeks post-transplantation, he had a motor-vehicle accident and sustained multiple facial laceration and multiple long bone fractures. He had close spiral fracture of the left

distal humerus and ipsilateral distal radius, both over a functioning AV Fistula vessel. He also suffered ipsilateral close comminuted fracture neck of femur, supracondylar femur and patella of the right lower limb complicated by massive blood loss.

Locking plate of the humerus and supracondylar fracture, external fixator for the radius fracture and right cemented bipolar hemiarthroplasty were done ten days post-trauma.

His pre-existing morbidity, possible early and late complications with regards to the fracture management and anesthesia complications, as well as the function and risk of rejection of transplanted organ is addressed in this paper.

CONCLUSION:

Transplant recipient sustaining trauma should be managed together by multidiscipline and multi centre.

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