# EVALUATION OF CYTOKINE LEVELS

GRAFT OUTCOME

AMONG RENAL TRANSPLANT RECIPIENT
WITH RELATED LIVING DONORS





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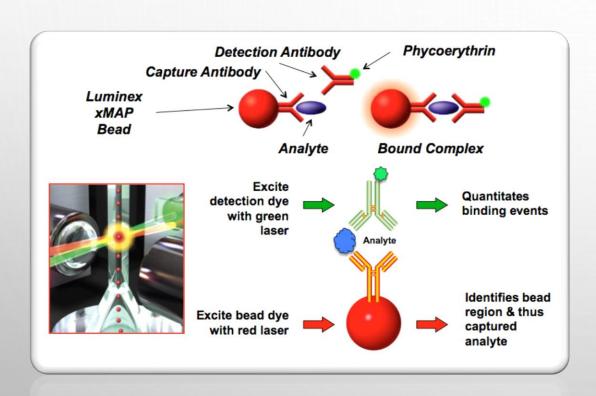
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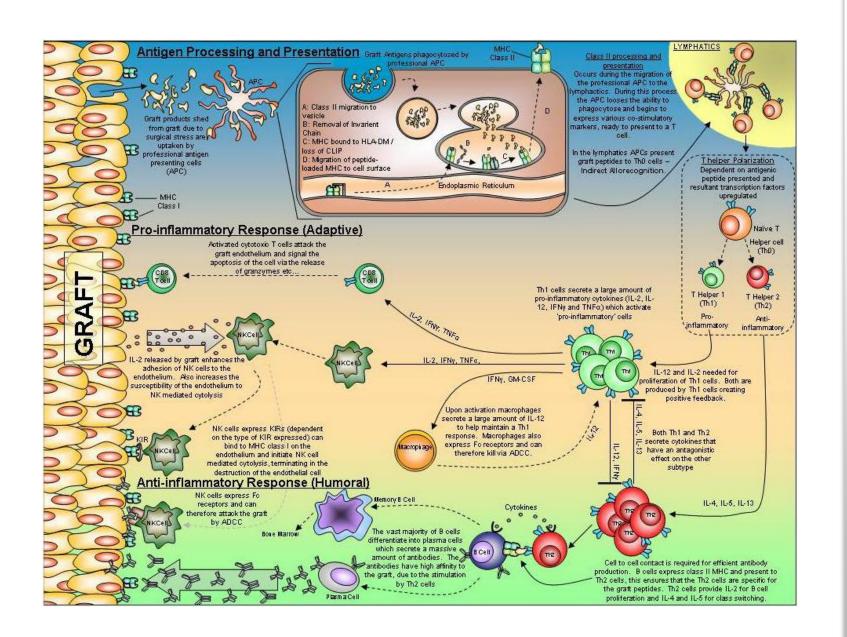
### SCOPE OF PROJECT

analyte



#### BEST PRACTICE FOR LRD

- CROSSMATCHING
- MIXED LYMPHOCYTE
   CULTURES
- BIOMARKER IDENTIFICATION



# THE IMMUNOLOGY OF TRANSPLANTATION



# INTRODUCTION

- CYTOKINES PLAY A **CRITICAL ROLE** IN THE INFLAMMATORY PROCESS OF THE ALLOIMMUNE RESPONSE LEADING TO **REJECTION**.
- MEASUREMENT OF CYTOKINE LEVELS PRE-TRANSPLANTATION (PLASMA AND SUPERNATANT OF MLC) INVESTIGATED
- TO ESTABLISH
  - RELATIONSHIP TO GRAFT OUTCOME AND;
  - WHETHER ELEVATED CYTOKINE LEVELS COULD BE UTILISED AS
     EARLY PREDICTORS OF GRAFT REJECTION



## **METHODS**

- 15 PATIENTS AND THEIR LRD + 4 HEALTHY CONTROL
- A **MULTIPLEX** CYTOKINE DETECTION KIT WAS USED WITH A TOTAL OF **27 CYTOKINES** PER SAMPLE.
- THE AVERAGE **AGE** WAS **39.9**  $\pm$  13.4 YEARS (RANGE: 21 61).
- AVERAGE **DURATION** OF RENAL REPLACEMENT THERAPY BEFORE TX WAS  $\mathbf{23.5} \pm 10.5$  MONTHS (RANGE: 6 46).
- BOTH CIRCULATORY AS WELL AS MLC
  SUPERNATANT CYTOKINES WAS MEASURED



# MEDICAL HISTORY

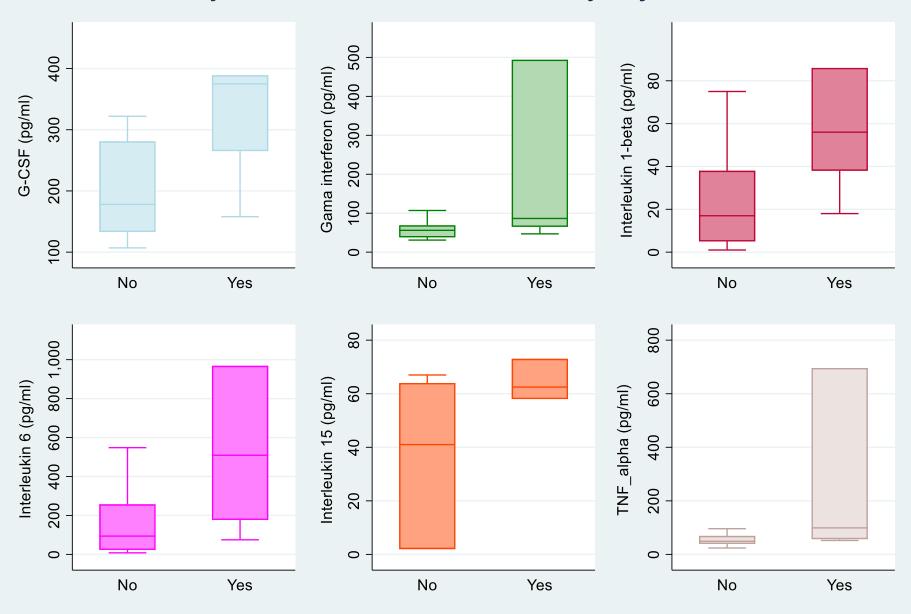
Medical history	Recipients
	n (%)
Diabetes mellitus	1 (7)
Hypertension	12(80)
Hyperuricemia	2(13)
Systemic lupus erythematosus (SLE)	2(13)
Hypothyroidism	2(13)
Hypercholesterolemia	5(33)
Unknown	1(7)
Dialysis (HD/PD)	9/6

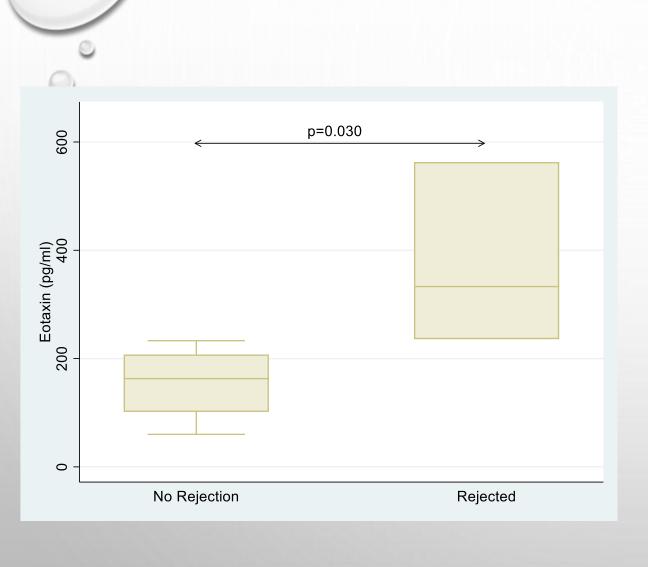


# **RESULTS**

- Two groups
  - those who rejected (n=3) the renal transplant (G1)
     and
  - those with a successful graft (n=12) G0.
- Higher median concentrations of all cytokines were observed for G1, in both the plasma and supernatants of the MLC.
- The **eosinophil chemotactic protein, eotaxin** (p=0.03) was higher in G1 compared to G0.

#### Cytokines elevated in kidney rejection





- Eotaxin has been reported previously to be significantly secreted in chronic allograft rejection animal models (Dosanjh, 2014).
- Eotaxin plays an important role in the recruitment of eosinophils.
- Eosinophils have also been shown to play a crucial role in the mechanism of injury during adverse prognosis on graft rejection episodes (Almirall et al., 1993; Jezior et al., 2003; Bush et al., 2016; Yuvaraj et al., 2017).



# CONCLUSIONS

- This study suggest that:
- Higher median concentration of antiinflammatory cytokines may be indicative of the initiation of kidney rejection episodes.
- Furthermore, **eotaxin** may be utilised on as **biomarker of rejection**.



# THANK YOU

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