

group included the patients who didn't show DGF symptoms. Then, serum levels SOD and NOS in all blood samples were measured by ELISA.

Results: Results: Serum SOD and NOS levels were significantly higher in the DGF group compared to those in the control group ($p \leq 0.001$). SOD and NOS serum levels significantly affect DGF ($p < 0.001$) in such a way that they may be diagnostic factors of DGF.

Conclusions: Conclusion: This study showed a significant relationship between SOD as well as NOS and DGF. Therefore, plasma levels of SOD and NOS may be used as diagnostic tools to determine the risk of DGF.

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WILLING BUT UNABLE TO BECOME LIVE KIDNEY DONORS; A MULTI-CENTRE PERSPECTIVE FROM A RESOURCE POOR SETTING IN SOUTHEAST NIGERIA



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Introduction: Kidney transplantation is developing in Nigeria. Availability of suitable, willing, living donors is one of the major factors leading to its success. The clinical characteristics of potential donors, motivation behind donation, as well as clinical findings that preclude eventual donation deserves attention. The objectives of this study were to determine the socio-demographic characteristics of potential living kidney donors, donor motivation, incidental findings on clinical evaluation and some identified factors that prevented eventual kidney donation.

Methods: A retrospective review of clinical data of potential living donors who presented for pre-donation evaluation over a period of 20 months (August 2017-March 2019) in three kidney care centres in Southeast Nigeria. Age, gender, occupation, relationship to prospective recipient, motivation behind donation, clinical findings and exclusion criteria were collated.

Results: Information for one hundred and twenty eight (128) potential living donors was retrieved. Mean age was 26 ± 6.5 years. There were 120 males and 8 females with M:F ratio of 15:2. Majority were unskilled workers (59%) and unrelated to prospective recipients (68.7%). Among those related to the patients (31.3%), there were more second degree relatives (18.8%) than first degree relatives (12.5%). Ninety six (75%) of the prospective recipients received blood transfusion during haemodialysis. The motivations behind donation were fear of losing a loved one to death (81.3%), altruism (12.5%) and financial gain (6.2%). Some incidental findings identified on clinical evaluation included proteinuria (15.6%), hypertension (12.4%), bradycardia (6.2%), abnormal glucose tolerance (3.1%), cardiomegally (3.1%), bacteriuria (3.1%), renal cysts (3.1%). Some exclusion criteria findings included immunological incompatibility (31.3%), proteinuria (15.6%), hypertension (12.4%), financial motivation (6.2%) and abnormal glucose tolerance (3.1%), abnormal cardiac tests (3.1%). Presence of donor specific antibody (58%), positive lymphocyte cross match (19%) and more than 3/6 HLA mismatches were the incompatible immunological factors.

Conclusions: Immunological incompatibility was the leading cause of failure to donate a kidney with presence of donor specific antibody been the predominant factor. Pre-sensitization with multiple blood transfusions may be the culprit and measures to avoid blood transfusion will be invaluable for a transplant program in a resource-poor setting like ours.

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KNOWLEDGE AND ATTITUDE TOWARDS ORGAN DONATION AMONG PERUVIAN MEDICAL RESIDENTS



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Introduction: Health care professionals are important and critical link in the organ procurement process and therefore, their knowledge and attitudes are essential factors in the promotion of an environment that has a positive influence on organ donation rates. Objective: To assess the knowledge and attitude towards organ donation among medical residents.

Methods: A cross sectional study was conducted among medical residents ($n=90$) on March 2018 at a public tertiary care hospital, Lima-Peru. The survey contents consisted of the organ's general characteristics, education status, religion, general information about donation and transplantation and the attitude toward the donation and transplantation. The survey was validated (Spearman=0.67, α Combach=0.812). Used SATA 12, level of significance was 5%.

Results: The mean age were $29.2 \text{ years} \pm 4.2$. More than half of the respondents had the correct knowledge about organ donation (58%). Nearly half of the respondents have an ID Donation (52.8%) very willing to donation (82.2%), refuse to donate (17.8%) are not willing to donate due to religious and cultural reasons, similar to latinoamerican studies. More than 80% of the study participants in our study accepted that they would donate their organs, similar to mexican and colombian studies, but different some spanish and german studies. They found information in medical school (44.4%) and hospital information (31.1%), others sources of information such as social networks and internet (56%), in our country this the first study that evaluated this tecnological aspects in this population. There are relationship among clinical and surgery residents and knowledge about organ donation and procedence ($p < 0.05$). No statistically significant differences were found among years of residents, gender and cultural aspects.

Conclusions: The present study demonstrated favorable attitude among medical residents towards organ donation despite their limitations/gaps in knowledge about the same. Need to implemented courses and workshops about on organ donation and transplantation in the medical residents curriculum in order to improve knowledge of medical students.

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LOW-DOSE VALGANCICLOVIR IS AS EFFECTIVE AS THE STANDARD DOSE PROPHYLAXIS FOR CYTOMEGALOVIRUS IN RENAL TRANSPLANT RECIPIENTS



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Introduction: Cytomegalovirus(CMV) is the most common viral infection in renal allograft recipients. Retrospective and few randomised control studies have shown oral valganciclovir in the recommended dose of 900mg once daily for prophylaxis can result in an increased risk of cytopenias and temporary discontinuation of anti-proliferative agents risking acute rejection. The above mentioned may predispose to increased risk of rejection and also add to the economic burden of the patient in resource-limited countries. The objective of the study is to compare the standard dose with low dose valganciclovir for CMV prophylaxis in the renal transplant setting.

Methods: We conducted a PILOT single centre, open-label, prospective randomised control trial comparing standard dose (900mg once daily) and low dose (900mg thrice-weekly) in renal transplant recipients. The primary Outcome was 1) CMV incidence 2) To assess the feasibility of conducting a more extensive randomised control study that will compare low dose versus standard dose valganciclovir prophylactic strategies in renal transplant recipients. Sixty post renal transplant recipients (living-related, $n=39$ and deceased $n=21$) were enrolled in the study between February 2018 to December 2018. All the patients were randomised into two groups(group 1, $n=30$ and group 2, $n=30$), in the ratio of 1:1 based on randomisation software. Group 1 was given a standard prophylactic dose of valganciclovir(900mg once daily for three months), and group 2 was given a low dose valganciclovir prophylaxis(900mg thrice weekly for three months). The mean age in both groups was 37 years. Both the groups were comparable for baseline parameters which included age, sex, BMI, induction agent, type of CMV serostatus, maintenance immunosuppression and HLA mismatch. The distribution of living related and deceased donors were statistically significant between the two groups($p=0.02$). The follow-up period of the study was six months. All patients had D+/R+ CMV serology status