

EVALUATION OF KIDNEY TRANSPLANT OUTCOMES IN PATIENTS WITH CHRONIC KIDNEY DISEASE

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Introduction. Chronic kidney disease (CKD) poses a significant global health challenge, with a growing number of patients advancing to end-stage renal disease (ESRD). Treatment options for renal failure include hemodialysis, peritoneal dialysis, and kidney transplantation, with transplantation offering the best long-term outcomes. Despite medical advancements, issues such as limited organ availability, the need for lifelong immunosuppressive therapy, and surgical risks continue to be major obstacles. A key factor driving CKD progression is the increasing prevalence of metabolic disorders, particularly diabetes and hypertension, which are the leading causes of ESRD worldwide. Research suggests that early diagnosis and proper management of CKD can greatly alleviate healthcare burdens and enhance patient outcomes. However, for those who reach ESRD, kidney transplantation remains the most effective treatment, offering better survival rates and quality of life compared to prolonged dialysis.

Aim of the study. Our main targets: analyze kidney transplantation outcomes, evaluate patient survival rates, assess post-operative complications, identify best practices for improving transplant success, investigate trends in immunosuppressive therapy efficacy.

Materials and methods. The GRCH opened a Transplantation Department in 2013, performing the first kidney transplant in Grodno Region. It later became part of the Department for Surgical Pancreatology, Hepatology, and Organ and Tissue Transplantation.

Results and discussion. The study examined postoperative complications in kidney transplant recipients, focusing on early issues like infections, seroma, lymphoma, acute rejection, thrombosis, and urinary leaks. Late complications included chronic rejection, infection-related hospitalizations, and graft dysfunction requiring dialysis. Postoperative management involved induction immunosuppression with basiliximab, pulse therapy with methylprednisolone, baseline therapy with cyclosporin, mycophenolic acid, and prednisolone, along with prophylactic antibiotics. Symptomatic therapy was provided as needed. Early complications affected 22 patients (13.5%), with 3 deaths (1.8%). One patient died from cardiovascular insufficiency, and another with acute graft rejection required transplantectomy and dialysis. In the late postoperative

period, 4 patients (2.45%) underwent transplantectomy due to allograft glomerulonephritis, urinary infection, or graft dysfunction, all leading to dialysis. Six patients (3.7%) died from comorbidities. Kaplan-Meier analysis estimated a 5-year survival rate of 94.5% following heterotopic kidney transplantation.

Conclusion. Kidney transplantation significantly improves the quality of life and survival rates in ESRD patients. Despite complications, the success rates are comparable to international standards. Optimizing perioperative care, long-term follow-up, and the development of novel therapeutic interventions can further enhance outcomes. The continued collaboration between nephrologists, transplant surgeons, and researchers is essential for advancing transplant medicine and ensuring better long-term patient prognoses.

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GENDER EFFECTS ON CLINICAL PROFILE IN PATIENTS WITH CHRONIC HEART FAILURE

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Introduction. Heart failure (HF) is one of the major health threats to women and men, particularly at old age. HF is classified into HF with reduced ejection fraction (HFrEF) and HF with preserved ejection fraction (HFpEF) [1]. In western populations, HFpEF has a greater prevalence in women and HFrEF in men. However, most HF studies worldwide were conducted on men, and information collected about men with HF cannot be assumed to apply equally to women [2]. This study investigates the gender differences in patients with HFrEF. Understanding these differences is crucial for tailoring effective management strategies and improving overall patient care in HFrEF.

Aim of the study. To evaluate clinical and echocardiographic differences in male and female patients with chronic HFrEF

Materials and methods. The study included 85 patients with HF with reduced LVEF (<50%). Group 1 included 45 (52.9%) male patients, while group 2 consisted of