defines the functional status of the lower urinary tract and encompass other tests in preoperative management. Few studies have been published on UD parameters in transplanted patients. Our purpose was to assess a score system to predict obstruction in these patients before RT, to avoid complications

METHODS: From 01/2005 to 12/2018 278 male patients >50 yrs underwent RT in the Transplant Center of our Hospital. 60(26%) developed LUTS after RT and underwent UD. Patients' data have been collected and analyzed retrospectively. Follow-up was possible in 50 (83%) patients, with a medium of 4,2±2,4yrs (minimum:9 months)

RESULTS: Patients' median age was 56(47-64)yrs. 36(60%) patients were not in therapy for LUTS, 24(40%) took α1- blockers. 42(70%) patients underwent UD after RT: 14(33%) had diuresis >500 mL before RT, 6(14%) were oliguric and 22(53%) anuric. 18(30%) patients underwent UD before RT: 11(61%) had diuresis >500 mL, 6(33%) were oliguric and 1(6%) anuric. Within the group who underwent UD after RT:15(36%) had a IPSS>20;22(52%) IPSS 8-19;5(12%) storage LUTS. Among patients who did UD before RT:3(17%) had a IPSS>20;12(66%) IPSS 8-19;3(17%) storage LUTS. 34(57%) patients underwent transurethral resection of the prostate (TURP) following UD, 30 did UD after RT. Within patients who did UD before RT:1 underwent TURP after RT, 3 underwent TURP before RT. Patients who underwent TURP before RT had a diuresis >500 mL.18 patients who did not undergo TURP received therapy, 3 started intermittent self-catheterization. At TURP, median prostate volume was 40(32-67)mL and median duration of anuria was 94 months. Among patients who underwent TURP, 25(73.5%) had a post-void residual urine volume >1/3 of their bladder capacity (BC) and 28(82%) had a BC >200mL. No repeat TURP was performed. Creatinine levels significantly decreased 3 and 6 months after TURP in transplanted patients, with a significant improve of the peak flow rate. Statistical significance was found only between TURP and bladder capacity>350ml (p=0,033), detrusor pressure>30cmH2O (p=0,041) and duration of anuria≤3yrs (p=0,038)

CONCLUSIONS: UD could select candidates to RT who will benefit from surgery for prostatic obstruction.It would be advisable to do UD in candidates for RT (with conserved micturition and pts with anuria of less than 3 yrs), to early discriminate those who need TURP

Source of Funding: None

MP59-17

IMPACT OF TIME ZERO BIOPSY ON THE FINAL OUTCOME AFTER ONE YEAR OF TRANSPLANTED KIDNEYS

Fernando Gomes Filho, Flavio Ordones, Pedro Pajolli, Hamilto Yamamoto, Oscar Fugita, Carlos de Jesus, Rodrigo da Silva, Jose Trindade Filho, Joao Amaro, Luis de Andrade, Paulo Kawano, Botucatu - SP, Brazil*

INTRODUCTION AND OBJECTIVE: The low organs supply led to an expansion of criteria for kidney transplantation (KT), and its impact in the late glomerular function rates (eGFR) is still unknown. This study aims to correlate the histological findings at time zero biopsy (TzB) with eGFR to identify reliable criteria to aid in the correct evaluation of the organ.

METHODS: All histological findings of time zero biopsy (TzB) from deceased donors' kidneys (dKT) were studied. For this analysis, data from a historical series were obtained from the database records of the UNESP Kidney Transplant Service, between 2007 and 2017, totaling 697 transplants. After exclusion of deaths (with functioning and non-functioning grafts) and ineligible patients (without biopsies or minors), the final sample was composed by 395 patients. TzBs were analyzed considering histological criteria by compartment (vascular, interstitial, tubular and inflammatory) and correlated with GFR after one year.

RESULTS: Among donors, 56.9% were men, with mean age of 39 years and the main causes of death were brain trauma (44.2%) and stroke (46%). Histological analysis of TzB revealed 6% of glomerulosclerosis; with 18,8% of samples presenting vascular alterations (8.8% hyalinosis, 3.6% fibroelastosis, 7.1% arteriolosclerosis and 2.3% thrombosis); interstitial fibrosis in 54.6%; tubular changes in 76.9% (34.7% of acute tubular necrosis and tubular ischemia in 42.2%) and non-specific inflammatory infiltrate in 2.3%. Linear regression analysis showed that the main histological changes that had impact in the eGFR were interstitial fibrosis (p = 0.000), followed by tubular alterations (p = 0.036) and glomerulosclerosis (p = 0.008).

CONCLUSIONS: Although glomerulosclerosis can be responsible for a reduction in eGFR, this impact may not be as important as suggested. According to our study, other histological variables like interstitial fibrosis and tubular alterations have more significant negative impact in the eGFR than the glomerulosclerosis itself. These findings should be considered during the decision on allocation or disposal of graft.

Table 3: Values of r obtained from the linear regression model considering histological variables at time zero biopsy (TzB) as a function of glomerular filtration rate at the end of one year (eGFR).

Model 1	eGFR constant	p
Constant	67,34	
Glomerulosclerosis	-0,259	p=0,008
Vascular	-1.347	p=0,194
Tubular	-1.400	p=0,036
Inflammatory	-11.446	p=0,115
Interstitial	-5.222	p=0.000

r = 0,30 com p <0,05

Table 2: Main histological changes present in the renal samples obtained from time zero renal biopsies (TzB).

TzB	Histology	Number	%
Glomerulosclerosis		24	6
Vascular	Hyalinosis	23	5,8
	Fibroelastosis	14	3,6
	Arteriolosclerosis	28	7,1
	Thrombosis	9	2,3
	Normal	88	22,3
Tubular	Mild Ischemia	35	8,9
	Moderate Ischemia	89	22,6
	Severe Ischemia	42	10,7
	Acute T Necrosis	133	34,7
Inflammatory	Absent	380	96,2
	Present	9	2,3
Interstitial	Normal	173	43,8
	Minimal Fibrosis	134	33,9
	Moderate Fibrosis	70	17,7
	Intense Fibrosis	12	3,0

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MP59-18

THE ROLE OF CXCL11 AND CXCL13 GENE EXPRESSIONS ON ALLOGRAFT FUNCTION IN KIDNEY TRANSPLANT RECIPIENTS

Samed Verep, Hayriye Senturk Ciftci, Tayfun Oktar, Orhan Ziylan, Taner Kocak, Selcuk Erdem, Aydin Turkmen, Meltem Savran Karadeniz, Fatma Savran Oguz, Ismet Nane, Tzevat Tefik, Istanbul, Turkey*

INTRODUCTION AND OBJECTIVE: Kidney transplantation (KTx) has been established as the optimal renal replacement therapy