If "passenger lymphocyte syndrome" (PLS) is a well-recognized complication in ABO mismatched solid organ transplantation, the coexistence of this reaction with recipient's alloimmunisation against multiple antigens expressed on the residual red blood cells in the graft is less common and unpredictable. The receiver of an ABO minor mismatch liver graft from a cadaveric donor developed hemolytic anemia within 2 weeks after transplantation. The organ donor was of blood group O D + C + c + E + e + K + k + Le(a + b-) and the recipient, A_1 D-C-c + E-e + K-k + Le(a-b-). The donor and recipient were both tested for irregular antibodies. Elution was performed on the recipient's red blood cells (RBCs). Neither of the recipient or donor had irregular alloantibodies at the time of transplantation. On day 10, anti-A antibodies were detected in the recipient's serum and eluted from his RBCs. At the same time, the patient developed multiple alloantibodies: anti-D, anti-C, anti-E, anti-K and anti-Le^a against the donor's erythrocyte antigens. Although serological analysis and hemolytic parameters confirmed the diagnosis of PLS which required transfusion support, no sign of graft damage due to recipient's immune reaction was detected. We thus report the coexistence of graft versus host and host versus graft reactions in a recipient of ABO non-identical liver transplant. This case illustrates the required follow-up of the recipient after transplantation.

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INTERLEUKINE-6 PROMOTER POLYMORPHISM -174G/C ASSOCIATION WITH CHRONIC NEPHROPATHY OF THE GRAFT: A META-ANALYSIS

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Despite being the subject of several independent studies, the relationship between Interleukine-6 (IL-6) polymorphisms and kidney graft outcome continue to be plagued by contradictory conclusions. In this meta-analysis we collect all the relevant studies to further clarify the association of IL-6 genotypes and Chronic Nephropathy of the Graft (CNG). Relevant published data was retrieved through Medline with references to kidney transplant outcome and IL-6 polymorphisms. Odds ratios (OR) with 95% confidence intervals (CI) were used to assess the strength of the association. Z test was used to determine the significance of the pooled OR. Statistical heterogeneity was measured using the Q statistic. A total of 6 studies, including 474 transplanted patients with CNG and 731 transplanted patients as control group with stable graft function, were collected. The distribution of IL-6 polymorphims was evaluated and no heterogeneity was observed among individual estimates. Original data was combined using the fixed-effects model. For the total population, we found that G/G and G/C IL-6 genotypes were less common in the CNG group than in the control group with an OR of 0.61, (95 % CI = 0.42–0.87), and p = 0.006, which shows a protective association of IL-6 high producers genotypes in the CNG group. IL-6 is both a major proinflammatory cytokine and an important anti-inflammatory mediator, these complex actions would yield variable effects on atherosclerosis and cardiovascular risk profile in kidney transplant recipients. Our comprehensive meta-analysis indicated that there is sufficient evidence to demonstrate an association between the IL-6 polymorphisms and CNG after kidney transplantation.

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INTERLEUKINE-6 PROMOTER POLYMORPHISM -174G/C IS NOT ASSOCIATED WITH ACUTE REJECTION EPISODES AFTER KIDNEY TRANSPLANTATION: A META-ANALYSIS

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Proinflammatory and anti-inflammatory cytokines play key roles in immunologic phenomena leading to Acute Rejection Episodes (ARE) after kidney transplantation which are responsible for kidney graft loss. In particular, interleukin-6 (IL-6), regulates the immune response by acting on various cells including differentiation and maturation of B and T cells or macrophages. This investigation seek to summarize current knowledge on the clinical impact on ARE of IL-6 -174G/C polymorphisms. Relevant published data was retrieved through Medline pertaining to kidney transplant outcome and IL-6 polymorphisms. Odds ratios (OR) with 95 % confidence intervals (CI) were used to assess the strength of the association. Z test was used to determine the significance of the pooled OR. Statistical heterogeneity was measured using the Q statistic. The effect of heterogeneity was quantified using the I^2-statistic. A total of 16 studies, including 672 ARE transplanted cases and 1290 transplanted controls without rejection episodes, were collected in this meta-analysis. For high vs. low IL-6 genotypes, no heterogeneity ($Q = 12.07$, $p = 0.67$, $I^2 = 0.0\%$) was observed among individual estimates, and original data was combined using the fixed-effects model. For the total population, we found no association between G/G and G/C IL-6 genotypes with ARE, we obtained an effect summary OR = 1.14, with a 95 % CI = 0.84-1.55, and p = 0.4. In conclusion, in recipients with a high producer (G/G and G/C) genotype of IL-6, the -174G/C polymorphism is not associated with acute rejection of renal allograft.

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HLA-C IS IMMUNOGENIC?

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HLA-C typing of the donor is not performed routinely although some patients have HLA-C cytotoxic antibodies (Ab). In urgency an extensive molecular HLA typing can delay the selection of recipients. The cytotoxicity of anti HLA-C Ab is questionable

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