

# Primary Care of the Solid Organ Transplant Recipient



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## KEYWORDS

- Primary care • Immunocompromised host • Immunosuppressive agents
- Solid organ transplantation • Liver transplantation • Heart transplantation
- Kidney transplantation • Lung transplantation

## KEY POINTS

- Care of the solid organ transplant (SOT) recipient includes assessment of function of the transplanted organ, symptoms and signs of infection and rejection, and medication toxicities.
- Common metabolic complications of immunosuppressants include chronic kidney disease, hypertension, hyperlipidemia, diabetes, gout, and decreased bone density.
- Increased risk of malignancy, especially skin cancers and posttransplant lymphoproliferative disorder, is an important long-term complication of immunosuppressive medications used in SOT recipients.
- Infections in SOT recipients tend to follow a pattern depending on time since transplant; increased immunosuppression used to treat rejection effectively “resets the clock” with respect to timing of infections.
- Live vaccines are contraindicated in SOT recipients receiving immunosuppressive medications.

## INTRODUCTION

Solid organ transplantation (SOT) is one of the most remarkable advances in modern medicine. Between 2009 and 2013, an average of 28,533 SOTs were performed each year in the United States.<sup>1</sup> The most commonly transplanted organ is the kidney, followed by the liver, heart, and lung (**Table 1**). The life expectancy of SOT recipients is increasing: the 50% survival for liver and kidney transplants now exceeds 10 years<sup>2</sup>; 5-year survival rates are shown in **Table 2**.<sup>3</sup>

With SOT, the certainty of death from a failing organ is supplanted by the promise and expectation of restored life. This transformation requires accepting the upfront risk of transplantation, facing the morbidity of a host of potential complications, and

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**Table 1**  
**Average number of transplants per year in the United States, between 2009 and 2013**

Organ	Average Number of Transplants per Year
Kidney	16,785
Liver	6333
Heart	2355
Lung	1786
Kidney-Pancreas	808
Pancreas	302
Intestine	135
Heart-Lung	30

Data from Health Resources and Services Administration, US Department of Health & Human Services. Transplants in the US by recipient age, US transplants performed: January 1, 1988–September 30, 2014. Organ Transplantation and Procurement Network. Available at: <http://optn.transplant.hrsa.gov/converge/latestData/step2.asp>. Accessed December 13, 2014.

then committing to sustained maintenance efforts to stay as healthy as possible. The increase in survivors of SOT beckons generalists to have continued and expanding roles in treating SOT recipients. Patients with complex medical and social problems are common in primary care, but there are nevertheless specific considerations to the care of SOT recipients that are essential to optimizing their health.

### INITIAL ASSESSMENT OF THE SOLID ORGAN TRANSPLANT RECIPIENT

#### Case

A 54-year-old man presents for a first visit to a primary care provider, stating he has “graduated” from the liver transplant program. He is feeling well.

**Table 2**  
**Approximate 5-year survival of solid organ transplant recipients in the United States, 1997–2004**

Organ	Approximate 5-y Survival, %	
	Women	Men
Kidney	86	84
Liver	73	72
Heart	69	73
Lung	47	47
Kidney-Pancreas	84	86
Pancreas	80	85
Intestine	46	49
Heart-Lung	42	36

Data from Health Resources and Services Administration, US Department of Health & Human Services. All Kaplan-Meier patient survival rates for transplants performed: 1997–2004, based on OPTN data as of December 5, 2014. Organ Procurement and Transplantation Network. Available at: <http://optn.transplant.hrsa.gov/converge/latestData/step2.asp>. Accessed December 13, 2014.

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