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#05744

Patient and Graft Survival Among People Living With HIV Receiving Solid Organ Transplantation: A 21-Year Experience from a High-Complexity Center in Argentina

10. Immune compromise & transplant ID

10b. Infections related to solid organ transplantation

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Background

Solid organ transplantation (SOT) in people living with HIV (PLWH) has become feasible due to advances in antiretroviral therapy and immunosuppression; however, data from Latin America are scarce. We aimed to describe long-term patient and graft survival in PLWH undergoing SOT at a high-complexity center in Argentina over an 18-year period.

Methods

We conducted a retrospective cohort study including all PLWH aged ≥18 years who received SOT between January 2004 and December 2024. Demographic, HIV-related and transplant variables, as well as follow-up and outcomes, were retrieved from institutional databases. Patient survival was estimated using Kaplan–Meier methods. Graft survival was assessed as the proportion of patients with a functioning graft at last follow-up.

Results

A total of 26 solid organ transplants were performed in 24 PLWH: 17 liver (70.8%), 5 kidney transplants (20.8%) and 4 heart (16.7%). Median age at transplantation was 45 years (IQR 41–54), and 17/24 (70.8%) were male. Median follow-up was 6.0 years (IQR 1.9–9.4). Rejection rates by organ were 70.6% in liver transplants (12/17), 60% in kidney (3/5), and 0% in heart transplants (0/4). The overall mortality was 29.2% (7/24). By organ type, patient mortality was 31.3% among liver transplant recipients (5/16), 25% among kidney transplant recipients (1/4), and 25% among heart transplant recipients (1/4). Estimated patient survival at 1, 5 and 10 years post-transplantation was described in table 1. Overall, 20/24 (83.3%) recipients had a functioning graft at last follow-up, including 87.5% of liver, 75% of heart and 75% of kidney transplant recipients.

Conclusions

In this single-center cohort of PLWH receiving SOT in Argentina, long-term patient survival was favorable and a high proportion maintained graft function at last follow-up, with outcomes comparable to international experiences. These findings support the continued expansion of access to SOT for PLWH in Latin America and underline the need for larger regional cohorts to refine prognostic estimates.

Table 1. Patient survival by transplanted organ, with number at risk and log-rank test

Transplant type	1-year survival	3-year survival	5-year survival	At risk (1 y / 3 y / 5 y)	Log-rank p value
Overall cohort	**95.8%**	**87.5%**	**79.2%**	**20 / 16 / 13**	**0.0006** (global)
Liver	93.3%	86.7%	73.3%	13 / 10 / 8	
Heart	100%	75.0%	75.0%	4 / 3 / 2	
Kidney	100%	100%	100%	3 / 3 / 3	

Notes: Estimates calculated using Kaplan–Meier survival analysis.
"At risk" indicates the number of individuals still under follow-up (not censored, alive) at each timepoint.
The log-rank test ($\chi^2 = 14.95$; df = 2; p = 0.0006) compares survival curves across liver, heart, and kidney recipients.
Kidney estimates should be interpreted with caution due to small sample size and absence of observed events.

Figure 1. CD4 evolution (median and IQR)

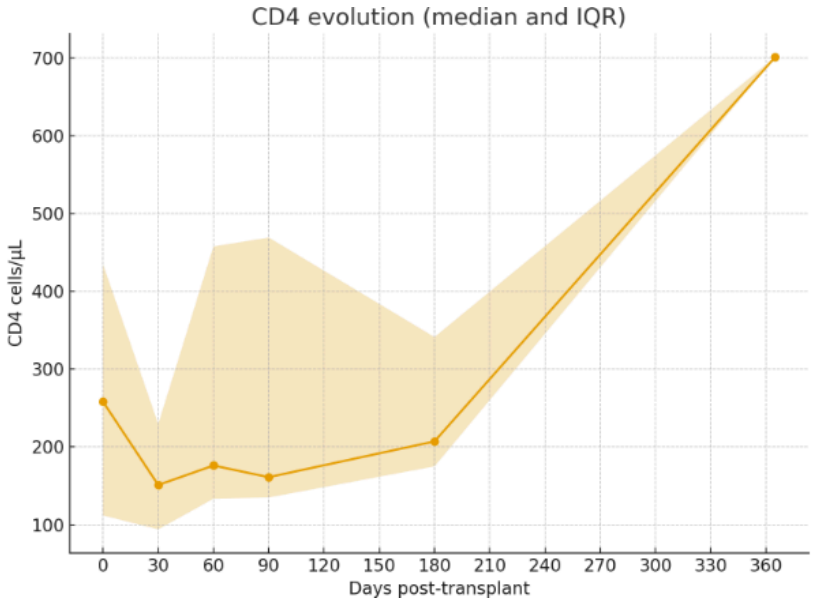
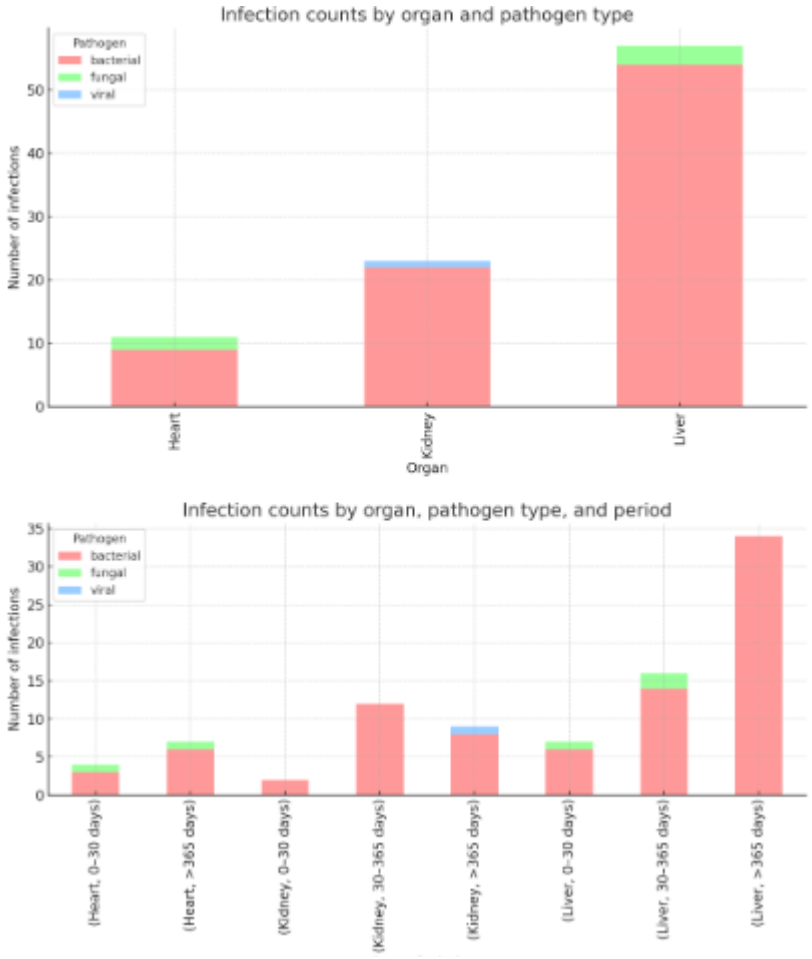


Figure 2. Pathogen-specific and time-stratified infection profiles across transplanted organs



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Graft survival, Long-term outcomes, Opportunistic infections
References, 300 characters, including spaces (if exceeding 300 characters please provide DOI number only) :
10.1111/ctr.13499 10.1056/NEJMoa1001197 10.1002/lt.24705 10.1053/j.ajkd.2018.02.361 10.1016/j.transproceed.2021.09.140 10.1111/imj.15423

Conflicts of interest

Do any of the authors have conflicts of interest related to the studies presented in this abstract?
No