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Outcome of long-term renal allograft recipients in the pre-cyclosporin era in Hong Kong Chinese

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The long-term clinical outcome of renal allograft recipients in the Chinese population has not been reported previously. We aimed to determine the long-term outcome and complications of renal allograft recipients in this locality. A retrospectively study was conducted to analyse patients transplanted in the pre-cyclosporin era who had grafts that functioned for ≥ 10 years. Forty-five patients (31 men, 14 women), representing a 10-year graft survival of 53%, were included. The mean age at transplantation and follow-up duration were 30 years (range 18-52) and 13.3 years (range 10.2-25.3) respectively. Sixteen patients (35%) were carriers of HBV or HCV. The mean serum creatinine at last follow-up was 1.36 mg/dl (range, 0.83-4.08). Posttransplantation complications included: hypertension in 25 (56%), infection in 16 (36%), tuberculosis in 5 (11%), acute rejection in 15 (33%), hyeprlipidaemia in 13 (29%), liver disease in 7 (16%), osteonecrosis in 5 (11%), malignancy in 4 (9%), coronary artery disease in 3 (7%), diabetes mellitus in 3 (7%), cataract in 3 (7%), and peptic ulcer in 3 (7%). One patient had successful resection of hepatocellular carcinoma following early diagnosis by a-feto protein monitoring. Late graft loss was noted in 5 patients: 3 due to chronic rejection, and 2 due to patient death with stable renal function. Graft function and survival correlated with proteinuria. We conclude that more than half of the patients with kidney transplantation performed in the pre-cyclosporin era have long-term survival with excellent graft function. Prevention and monitoring for late complications are essential to optimize the long-term outcome for these patients.

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CHARACTERISTICS OF LOCAL MIGRAINE PATIENTS

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BACKGROUND: Migraine is a common cause of recurrent episodic headache, there may be other neurological features including auras and epilepsy. This study aims to assess the proportion of patients managed as migraine in a specialist neurology clinic who fulfil the IHS diagnostic criteria, and their clinical features.

METHODS: a retrospective study of patients managed as migraine in SYP neurology clinic is carried out focussing on whether diagnostic criteria of IHS are fulfilled. Clinical features, migraine subtypes, occurrence of complicated migraine, precipitating and relieving factors, as well as response to medications are studied.

RESULTS: Eighty-two patients are managed as migraine and 66 (80%) fulfil the IHS diagnostic criteria for migraine, 57 (86%) are female and 9 (14%) are male. The mean age of onset is 28.5 years for female, and 29.4 years for male. Only 8 patients (12%) have positive family history of migraine. Among the 66 patients, 38 (57.6%) have migraine without aura and 28 (48.4%) have migraine with aura; the most common aura being visual counting for 64.4 %, brainstem aura accounts for 16%, followed by sensory aura 13%, motor and aphasic auras each 3.3%. Migraine aura without headache occurred in 4 patients, 14 % of migraineur with aura, all being visual aura. Menstruation is the most common precipitating factor, reported by 26% of patients, stress reported by 18% followed by sleep deprivation noticed by 13%. Bedrest with sleep is the most frequent relieving factor, reported by 13% of pateints. Sumatriptan, either oral or SC, is the most effective, achieving 40% or more reduction of pain intensity in 74% of patients; paracetamol, NSAID and ergotamine are also useful, achieiving that in 71%, 69% and 60% of patients respectively. Propranolol, pizotifen and tricyclic antidepressants are effective prophylactic treatment, achieving 40% or more reduction in attack frequency in 59%, 55% and 43% of patients respectively. One patient had occipital infarct and simple partial seizure complicating migraine. Complications of treatment are uncommon.

CONCLUSION: More than 80% of our migraine patients are female with mean age of onset before 30s though range is wide. Migraine without aura is slightly more common than migraine with aura, 58 versus 42%, probably with selection bias. Complicated migraine is uncommon. Sumatriptan, paracetamol ,ergotamine derivatives and NSAID are effective for acute pain relief. Prophylactic treatment is not highly effective.