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## The transhepatic catheterism in the young children for the kidney transplantation

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**W**e report the case of a 13-year-old child with total vascular depletion, the only alternative of which was a renal rescue transplant. After a complete assessment before the renal transplant, the induction treatment required central administration, the only possibility was a hepatic catheter placed in the emergency. We decided to use an unconventional vascular approach in pre and immediate postoperative despite its high thrombogenic risk. The patient received all of his induction therapy by sus-hepatic without incidents but, however, under effective anticoagulants administered for proven thrombotic risk. The use of unconventional central pathways in kidney transplantation is increasingly coveted, given the defects of renal transplant recipients who have been purified by hemodialysis and are subject to vascular peripheral depletion. The transhepatic route is a good alternative in this case while waiting for renal transplantation as well as for the use of renal transplant induction treatments and has already been used in a patient with high immunological risk who required Bortezomib and of central Eculizumab with complete vascular exhaustion on highly thrombogenic terrain in order to prepare for a rescue transplant. The suspected hepatic pathway is a central pathway which certainly presents disadvantages compared to the risk of thrombosis but constitutes an alternative and thus allows the handling of immunosuppressive treatments. With the development of new management techniques and optimal management strategies, patients who previously had no therapeutic options could have the hope of receiving a rescue transplant.

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