

9.21 Histologic evidence of acute cellular rejection in post-transplant lung biopsies

¹Sinead Ryan, ¹Owen MacEneaney

¹Mater Misericordiae University Hospital, Dublin, Ireland

Background: Incidence of lung transplantation is increasing, with a median survival of 6.7 years post-transplant (1). The leading cause of death is bronchiolitis obliterans syndrome (1), with acute cellular rejection a significant risk factor. We determined the frequency of acute rejection at this institution over a one-year period.

Methods: Histopathological reports for post-transplant lung biopsies performed in 2022 were reviewed. Acute rejection was graded according to the International Society for Heart and Lung Transplantation guidelines (2).

Results: Fifty-seven biopsies were performed on 39 patients (29 male, 10 female). The average age was 52 years (range 27-72 years). Most biopsies were performed within one year of transplant (64.9%). The majority showed no evidence of acute rejection (68.4% grade A0), with 28.1% showing minimal or mild acute rejection (21.1% A1, 7.0% A2). No cases of moderate or severe acute rejection were recorded.

Conclusion: The frequency of acute rejection within our institution in 2022 was comparable with international data (1).

Conflict of Interest: The authors declare that they have no conflict of interest.

References:

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