

INTRODUCTION AND AIM OF THE WORK

Although there have been many recent advances in conservative renal replacement therapy, renal transplantation is the best treatment for children with end-stage renal disease (*McDonald and Craig, 2004*).

Transplantation results of several large pediatric studies reported from the North American Pediatric Renal Transplant Cooperative Study (NAPRTCS) registry (*Tejani et al., 1999*), and United Network for Organ Sharing (UNOS) scientific registry were quite promising, with outcomes comparable to those of adult recipients (*Cecka et al., 1997*).

Children with well-functioning graft have a better quality of life, improved cognitive development and near normal growth in comparison with dialysis (*Vester et al., 2005*).

Despite advances in improved immunosuppressive regimes (*Filler et al., 2005*), surgical technique and pre- and post-operative management (*Neipp et al., 2002*), kidney transplantation remains a challenging procedure in small children with a higher risk of peri-operative complications and poorer outcome (*Tejani et al., 1997*).

The aim of this work is to evaluate the outcome of live-donor renal transplantation in children with end stage kidney disease who were weighing less than twenty five kilograms at time of transplantation and maintained on different immunosuppressive therapeutic modalities post-transplantation.