

Summary and Conclusion

In conclusion, our studies shows highly concordance of monocytes and vascular endothelial cells as a predictor of early posttransplantation rejection. The positive lymphocyte crossmatches not detected by the immunofluorescence techniques using VEC as the target may either represent that an antibody is directed to lymphocyte -restricted antigen and not present on VEC, or that the immunofluorescent method is not as sensitive in detecting HLA antigens , or that the antibody responsible for the positive lymphocyte crossmatch is of the IgM class and does not bind to VEC.

This preliminary study, suggests that sensitization detrimental to renal allograft function may be predicted using the VEC / Monocyte as a cell target when this sensitization is not detected with the T or B cell. The very strong correlation between a negative VEC/Mo crossmatch and a benign clinical course suggests that this method can detect the threshold levels of antibody that are clinically relevant. While the VEC crossmatch is not 100% predictive of early posttransplant graft loss , it may help to explain the pathogenesis of early sever rejection episodes that are probably antibody- mediated in the patient thought to be nonsensitized on the basis of current techniques.

We believe that postrevascularization biopsies predict early posttransplantation rejection. Instead , PTC infiltration representing sensitization of the endothelium, does not correlate with pretransplant HLA sensitization and may be mediated by mechanisms different from those of classic HLA sensitization.

Detection of anti-endothelial / monocyte antibodies in combination with PTC leukocytosis yields early identification of recipients at high risk for allograft

rejection that can be prevented by modification of immunosuppressive regimens.