

## Introduction

Solid organ transplantation (SOT) has become a life-saving treatment for end-stage organ failure. However, despite advancements in immunosuppressive medications [2]. While these two types of rejection are often considered distinct entities, they can also interact and contribute to a mixed rejection phenotype. The development of effective immunosuppressive agents has significantly reduced the incidence of acute rejection in the early

This review is limited by the complexity of the immunological mechanisms involved in acute rejection and the rapid pace of research in this field. Further research is needed to fully understand the long-term impact of these new diagnostic and therapeutic strategies on clinical outcomes.

## Conclusion

Future research should focus on developing more effective strategies for preventing acute rejection, particularly through the induction of immune tolerance. Clinical trials are needed to evaluate the efficacy and safety of new immunosuppressive agents, cell-based therapies, and diagnostic tools. Further research is also needed to explore the potential of AI and machine learning in the diagnosis and management of acute rejection. Significant progress has been made in understanding the mechanisms and treatment of acute rejection in SOT. Advances in immunosuppressive therapy, diagnostic techniques, and emerging therapeutic approaches have improved graft survival rates and patient outcomes. Continued research in this field is crucial for further reducing the incidence of acute rejection and achieving long-term graft acceptance.

## References

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