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A retrospective study involving 191 patients transplanted from 2007 to 2016 with
hs at department of nephrology, dialysis and transplantation Sahloul Sousse Tunisi
ists of the administration of a monoclonal antibody for 67 patients group 1 (G1) ar
ymocyte anti-thymocyte globulin or thymoglobulin) for 124 patients group 2 (G2).
reated with ciclosporin or tacrolimus combined with MMF and corticosteroids or MM

. transplant patients with mean age of 33.13 ± 13.04 years. The occurrence of episode
in patients treated with rATG (21.77% in G2 *versus* 14.92% in G1) but without signifca
ay of occurrence of rejection was shorter in the G1. The uni-varied study showed that th
(p=0.005, OR=6.626, IC [1.503-29.20]), urinary tract infections (p=0.020, OR=2.044, C
38, OR=1.918, CI [1.032-3.564]), CMV infections (p=0.04, OR=2.567, CI [0.996-6.615
035, OR=4.472, CI [0.991-20.186]) are signifcantly observed with rATG treatment.
eumopathies (p=0.014, CI [0.034-0.681]) and urinary tract infections (p=0.04, CI [0.27
quent with ATG treatment. Neoplastic complications occurred exclusively in G2. W

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the Student's t test for the comparison of two independent sample means. Alpha risk was judged to be statistically signi cant from a 5% threshold.

We included 191 kidney recipients. 64.92% of the patients were received as induction therapy a polyclonal antibody and 35.07% received a monoclonal antibody (basiliximub). A high frequency of male sex was observed in both groups, 61.19% and 66.93% respectively with p=0.427. ere was no signi cant di erence for mean age in both groups, 31.73 ± 13.85 years in G1 *versus* 33.8 ± 12.57 years in G2, p=0.279. e most common initial nephropathy was chronic interstitial nephropathy in both groups, 65.67% and 42.74% respectively with signi cant di erence, p=0.013. e mean number of missmatch was higher in the ATG group (3.33±1.60 *versus* 2.32±1.75) with a signi cant di erence, p=0.001. Most patients in both groups received tacrolimus (50.74% in G1 *versus* 53.22% in G2) with p not signi cant p=0.743.19.40% of G1 patients received ciclosporin *versus* 39.51% in G2, p=0.005 while treatment with MMF alone was more prescribed in G1 (26.86% in G1 *versus* 4.03% in G2) with p=0.001(Table 1).

e occurrence of rejection was higher in the group treated with polyclonal antibodies compared with the basiliximub-treated group but without signi cant di erence (21.77% in G2 *versus* 14.92% in G1), p=0.253. e mean time to onset of acute rejection was shorter in the basiliximub group (11.26 +/-21.98 days *versus* 20.21+/-44.58 days) with no signi cant di erence p=0.37.

Infectious complications were observed particularly in the group treated with polyclonal antibodies with a signi cant di erence for the occurrence of pneumopathies (p=0.005), CMV infection (p=0.045), urinary tract infections (p=0.020).), cystitis (0.038) and digestive tract infections (p=0.035) (Table 2).

e multivariate analysis revealed that the occurrence of pneumonia (p =0.014, IC [0.034-0.681] and urinary tract infections, p=0.04, IC [0.277-0.969] were independently associated with treatment with rATG (Table 3).

No patient in group 1 developed neoplasia, while 10 patients in G2 (8.06%) had a neoplastic complication with a signi cant di erence p=0.017. ere were 3 cases of Kaposi's sarcoma, 2 cases of gra and cavum lymphoma, 1 luberkhunal adenocarcinoma of the colon, 2 common warts, 2 anal condylomas.

We also evaluated the impact of basiliximub induction *versus* polyclonal antibody on gra function.

e delayed gra function was observed more frequently in the group treated with r ATG 15.32% *versus* 11.94% but without signi cant di erence p=0.508.

Gra loss was observed more frequently in the basiliximub group, 8.95% *versus*

Pulmonary and digestive infections are independently associated with rATG treatment. is can be explained by the strong immunosuppression induced by polyclonal antibodies. Wang W and