Special Issue

Antibody-Mediated Rejection in Kidney Transplantation

Message from the Guest Editors

Antibody-mediated rejection (AMR) represent a major challenge in kidney transplantation, affecting both the short- and long-term graft survival since its discovery in hyperacute rejection. The significant role of donorspecific antibodies (DSA) and C4d deposition in AMR was identified in the 1990s. Although solid-phase assays and flow cytometry crossmatch have improved DSA detection, challenges remain in developing optimal surveillance protocols for early subclinical AMR detection and elucidating the pathogenicity of non-HLA and anti-blood-type antibodies. Traditional AMR treatments include steroids, plasmapheresis, and intravenous immunoglobulin, supplemented by B-cell depletion. Treatment options have expanded to include monoclonal antibodies targeting CD25, CD20 and C5. Additional approaches targeting other molecules in the immune system are also expected to emerge. Despite these advancements, chronic AMR remains a leading cause of late graft failure, necessitating effective desensitization strategies or interventions. We welcome contributions to this Special Issue of Antibodies, aiming to redefine AMR management in kidney transplantation and enhance patient treatment.

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About the Journal

Message from the Editor-in-Chief

Antibodies is a relatively new journal with a major focus on quick dissemination of knowledge related to antibodies, especially how to quickly translate basic research results to therapeutic applications. Because it covers all areas related to antibodies unexpected connections between different areas could be made, leading to major discoveries and opening new fields of research and development. This is enhanced by the large readership of the many antibody-related areas of research. A specific priority area is human monoclonal antibodies for therapy of diseases and aging.

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