

SOFTWARE

TREG AND TRANSPLANT REJECTION

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Yesterday evening I heard an interesting talk here about lung transplant rejection where one of the best prognostic marker was the (pre transplantation) Treg count.

I wonder if there are some preexisting patient conditions, like allergy, that are responsible for this phenomenon?

At least it is already known since 2008 that [Treg function is important](#). [Current Treg therapies](#) are exploiting this. Another allergy hallmark the [IL33/ST2 axis](#) is actively tested at the moment in transplant rejection.

In contrast [transplant acquired allergy](#) is something different - a side effect of tacrolimus? Or any other ingredient of the cocktail of steroids, mycophenolate, and IL-2 receptor inhibitors such as basiliximab?

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