

Background: Acute cellular rejection and graft vascular disease are major factors limiting the survival after orthotopic heart transplantation (OHTx). Tacrolimus could be more potent than cyclosporin A in therapy of recurrent acute rejection episodes in OHTx patients. Dyslipidemia is one of the risk factors involved in the development of graft vascular disease. Statins are common part of standard drug regimen after OHTx. On the other hand, they are potentially dangerous as they could interact with cyclosporin A. Study in healthy volunteers showed that tacrolimus should have no interactions with statins.

Aim: In the first study we retrospectively assessed the effect of switching patients after OHTx with recurrent cellular rejection episodes from cyclosporin A to tacrolimus. In the second (prospective) study we evaluated the efficacy and safety of combined therapy with tacrolimus and atorvastatin in patients after OHTx with dyslipidemia.

(...)

Conclusions: Tacrolimus has a beneficial effect not only on recurrent acute rejection episodes in heart transplant recipients but it also decreases the incidence of future rejection episodes. In patients after OHTx with dyslipidemia switching to tacrolimus and atorvastatin could be a suitable therapeutic option, because this combination is safe and effective in decreasing of total cholesterol, LDL-cholesterol and apolipoprotein-B levels.