Background
The number of patients with end-stage renal disease is rising rapidly, while those who can undergo a kidney graft are limited because of the donor organ shortage. Among kidney transplantations the outcomes of living donors are superior to those from cadaveric sources; So much effort had been made to increase the supply of living donors, advances in tissue typing have been associated with improved patient and graft survival in recent years.

Methods
This retrospective Cohort single Centre study included 2465 kidney transplant recipients who received their grafts between March, 1976 and December, 2013 at Mansoura Urology and Nephrology center, Egypt. Out of them, 2075 received their grafts from Life related donors (related group), while the other 410 received their grafts from Life unrelated donors (unrelated group).

Results
The mean age of donors was significantly higher in the related group (36.2 ± 10.5) (P<0.001), while the mean age of recipients was significantly higher in the unrelated group (34.8 ± 11.1) (P=0.001). The percentage of couples with one DR matched locus was significantly higher in the unrelated group, while the percentage two DR matched loci was significantly higher in the related group (P <0.05) . The percentages of couples with three & four HLA matching were significantly higher in the unrelated group (P<0.005).

There were no significant differences between both groups regarding post-transplant medical complications. The percentages of patients with acute vascular rejection were significantly higher in unrelated group (P=0.005), while percentages of patients with no rejection were significantly higher in the related group (P=0.03). The patient and Graft survival were comparable in both groups.

Conclusions
Kidney transplant recipients who received their grafts either from life related donors or from life unrelated donors had a comparable patient and Graft survival.

Table 1: Demographic personal data of the recipients and donors, hematological characteristics and immunological workup:

Table 2: Pretransplant medical disorders in both groups:

Table 3: Adjunct therapy:

Table 4: Protocols of immunosuppressive therapy:

Table 5: Post-transplant medical complications:

Table 6: Number and types of rejection episodes:

Figure 1: Graft survival of pediatrics (<15 year) of both groups.

Figure 2: Patient survival of pediatrics of both groups:

Figure 3: Graft survival of recipients with PTDM

Figure 4: Patient survival of recipients with PTDM

Figure 5: Graft survival of recipients with mismatched HLA

Figure 6: Graft survival of all recipients:

Figure 7: Patient survival of all recipients: