whereas symptomatic CMV disease was not different between groups (5.6% vs 5.8%, P = 1.00), [2 (1 hepatitis and 1 colitis) in pre-emptive vs 3 (2 pneumonia and 1 syndrome)]. Under pre-emptive strategy, patients with CMV infection were more likely to be older [49.6 vs 41 years old], P = 0.04, and have longer time on dialysis prior to KT [6.2 vs 4.2 years], P = 0.01, compared to those not receiving.

**Conclusion:** Our experience showed that pre-emptive CMV monitoring was helpful in the detection of asymptomatic significant viremia, but did not lower the incidence of symptomatic CMV disease. These results confirmed the evidences of pre-emptive therapy, even our in-house monitoring protocol, could show the benefit from early detection of subclinical CMV infection, necessitating the prevention of cost- and life-saving of CMV disease burden. Future studies on CMV–related effects following prompt diagnosis such as graft rejection and survival outcome would substantiate the need for CMV prevention among intermediate to high risk KT population.

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