



Re: Renal Transplantation in Children Weighing <15 kg: Does Concomitant Lower Urinary Tract Dysfunction Influence the Outcome?

Ghirardo G, Midrio P, Zucchetta P, Gamba P, Zanon G, Murer L, Castagnetti M.

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EDITORIAL COMMENT

The most beneficial effects of renal transplantation (RTx) are observed in patients younger than 5 years and weighing less than 15 kg. However the subgroup of patients below 15 kg requiring RTx is a very unique group that has never been assessed previously regarding the role of concomitant lower urinary tract dysfunction (LUTD) in the success of RTx. The authors had retrospectively detailed the lower urinary tract management and compared outcomes in pediatric renal transplant (RTx) recipients weighing less than 15 kg, between 17 patients with LUTD and 51 without LUTD. While no lower urinary tract surgery had been required for the patients without LUTD, almost 50% of the patients with LUTD had required some form of lower urinary tract reconstruction and, in 30% a temporary incontinent urinary diversion had been placed at RTx since lower urinary tract function could not have been assessed reliably, the patients had not been collaborative enough to be involved in a voiding program and/or the need for proceeding with clinically too urgent RTx before accomplishing lower urinary tract reconstruction. Augmentation had been postponed until the graft function stabilized and also unnecessary hydrodistention have been avoided in case of a preRTx-accomplished augmentation in an anuric patient. No difference in patient survival, graft survival, and glomerular filtration rates between groups had been found. Authors conclude that concomitant LUTD does not adversely influence the outcome of RTx in patients who weigh less than 15 kg. However retrospective nature and limited number of patients are drawbacks of this study.

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Re: Bladder Capacity in Kidney Transplant Patients with End-Stage Renal Disease

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EDITORIAL COMMENT

Bladder function in an end-stage renal disease (ESRD) patient after kidney transplantation (KT) is a still unclear issue. After a long time of being defunctionalized, it is not known how the bladder achieves its normal functions again after KT. In this retrospective cohort study, 622 patients who received KT because of ESRD were reviewed. Duration of dialysis before KT was 59.4+-60.74 months, and the mean bladder capacity on pre-KT VCUG was 300.1+-149.8 ml. In 88 (14.1%) patients the bladder capacity was found to be under 100 ml (mean 82.2+-22.0 ml). In this group, the mean duration of dialysis was 98.6+-57.2 months. 42 (47.7%) patients had vesicoureteral reflux (VUR) and 4 (4.5%) had high postvoid residual urine (PVR). In the multivariate analysis, longer duration of dialysis, high PVR and having VUR were found as the significant factors associated with small bladder capacity. Lower urinary tract dysfunction after KT according low and normal bladder capacity was found as 4.5% (4 patients) and 5.2% (28 patients) respectively. Low pre-KT bladder volume is not always a problem after KT in ESRD. We must be alert in patients especially with previous bladder problems, VUR and high PVR.

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