

LETTER TO THE EDITORS

Re: Hepatitis C virus infection in end-stage renal disease and kidney transplantation

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Dear Sirs,

We read with great interest the review article titled 'Hepatitis C virus infection in end-stage renal disease and kidney transplantation' [1]. While this review was quite comprehensive, it failed to address the controversial topic of transplantation options in well-compensated HCV cirrhotics on dialysis. The experience with well-compensated HCV cirrhotics at Einstein Medical Center was recently accepted for publication. We concurred with a previous report indicating that the presence of cirrhosis in HCV-positive patients is not a significant variable affecting either graft or patient survival [2]. In our study, we compared 18 well-compensated HCV cirrhotics versus 103 HCV-positive noncirrhotics. One- and 3-year patient and death-censored graft survivals were not statistically significantly different. Most of the demographics and other outcome measures were similar. We did note, however, that cancer was statistically more significant in the cirrhotic group. We attributed this to a high number of patients who had undergone previous liver or kidney transplantation.

We understand that this is an extremely controversial topic not clearly addressed in the KDIGO guidelines. Additionally, a survey we published indicated an extremely varied approach from different physicians [3].

In summary, kidney transplantation options in well-compensated cirrhotics are understudied. We hope that

this letter may lead to more sophisticated analyses which will benefit potential recipients and minimize organ wastage.

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References

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2. Paramesh AS, Davis JY, Mallikarjun C, *et al.* Kidney transplantation alone in ESRD patients with hepatitis C cirrhosis. *Transplantation* 2012; **94**: 250.
3. Olson MR, Grewal KS, Bingaman A, *et al.* An international survey of the diagnosis, management, and treatment of hepatitis C in patients with end-stage renal disease. *Exp Clin Transplantation* 2009; **7**: 203.