Letters to the Editor

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Transplantation of Patients with Lupus Nephritis

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Dear Sir,

We wish to support the conclusions by Roth et al. [1] that renal transplantation is an acceptable modality of treatment for patients with systemic lupus erythematosus. We have recently reported similar success in the Australasian experience over 8 years of both transplantation and dialysis in 65 patients with systemic lupus erythematosus. Of 19 patients undergoing renal transplantation, the patient survival was 95 % at 1 year and 83 % at 5 years, and the graft survival was 78 % and 70% at 1 and 5 years, respectively [2].

Although recognizing that previous reports have emphasized the high morbidity of patients with lupus nephritis within the first 12 months of entering renal replacement therapy programmes, presumably due to active lupus at the time of commencement of therapy, the data of Roth et al. [1] do little to substantiate this view. If patients S.M. (serum creatinine 2.0 mg/dl, the designated cut-off for poor renal function) and J.C. (first graft returned to haemodialysis) are included in the group with loss of or poor function of the graft no correlation is evident between graft function and prior time on dialysis (20.9 ± 7.7 vs. 21.6 ± 11.2 months). The inclusion of these 2 patients in the group with good graft function skews the data due to the small numbers, and thus it is not valid to draw the conclusion that an interim period of 12 months on dialysis should be undertaken prior to transplantation. Data regarding serological parameters of disease activity at the time of instigation of dialysis would be of interest to delineate those who developed renal failure in association with active disease as opposed to those with chronic progressive renal impairment and little extrarenal disease, as this may be more important than absolute time on dialysis.

Due to improved treatment of lupus nephritis, end-stage renal failure is fortunately rare, and the patient numbers are small in any review. We would, however, warn against premature conclusions drawn from small numbers.

References

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