Renal Transplantation from Anencephalic Donors

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Dear Sir,

Fine and Tejani [1] have recently reported the results obtained with kidney transplantation from anencephalic donors to pediatric patients. They draw attention to the poor evolution of this type of graft in young receptors and take into account the results of 18 cases reported elsewhere [2]. In our opinion, kidney grafts from an anencephalic child should not be excluded, because the results both in pediatric – and in adults – patients have improved in recent years as a consequence of better surgical techniques [3–5].

In our hospital, we have performed since 1976 five block kidney transplantations from anencephalic donors out of a total of 390 renal transplantations. The age of receptors, etiology of chronic renal failure and evolution of the graft and the patient are shown in table I.

We wish to emphasize three aspects in the clinical evolution of the graft from anencephalic donors: (a) a slow improvement in the renal function, in relation to the growth of the block kidney; (b) an apparently lower incidence of acute rejection that could be confirmed with large series, and (c) the possible development of hyperfiltration syndrome in the evolution of these grafts.

In spite of surgical technical difficulties, – a challenge for any surgical team – the viability and evolution of 3 grafts out of 5 performed in our hospital confirm that kidneys from anencephalic donors can be grafted with good results, especially if we take into account the scarcity of donors while the demand continuously rises.

Table I. Data on 5 block kidney transplantations from anencephalic donors

Nephronophthisis

6.1987

Alive

Functional presently Current serum creatinine 1 mg/dl

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Comment on the Letter of Gómez-Campderá et al.

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Dear Sir,

The information provided by Dr. Gómez-Campderá et al. regarding the successful use of anencephalic kidneys for transplantation is certainly interesting. As indicated by Dr. Gómez-Campderá et al., other authors have had success with anencephalic kidneys for cadaveric renal transplantation; however, when the total reported experience is evaluated, the success rate is suboptimal.

If the methodology used by Holzgreve et al. were universally adopted, it is possible that a significant number of anencephalic kidneys, that were previously lost because of primary nonfunction, would be able to provide adequate function. However, it is not a uniform agreement that the methodology used by Holzgreve et al. is ethically acceptable.