Persistent Glomerular Abnormalities following Orthotopic Liver Transplantation

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Dear Sir,

In the article by McCauley et al. 'Acute and Chronic Renal Failure in Liver Transplantation' [Nephron 1990;55:121–128] 83% of patients undergoing liver transplantation were found to develop chronic renal failure. The authors incriminated acute tubular necrosis and cyclosporin toxicity as the principal causes of this renal impairment.

The article fails to mention glomerular abnormalities known to occur commonly in association with liver cirrhosis [1, 2]. As part of an ongoing programme we performed renal biopsies at the time of orthotopic liver transplantation in 2 patients with cirrhosis but without clinical evidence of renal disease (creatinine clearance 2.60, 1.73 ml/s; 24-hour urinary protein excretion < 150 mg in both cases). One patient developed cirrhosis from primary sclerosing cholangitis and the other from autoimmune chronic active hepatitis. The first patient had IgA nephropathy and the second a lesion described previously as hepatic/cirrhotic glomerulosclerosis [3]. In both patients the same glomerular lesions were present at rebiopsy.

The long-term significance of these findings is uncertain. The lesions may contribute to the high incidence of chronic renal failure described by McCauley et al. In studies which are in progress we hope to elucidate this further.

References

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