Re: Perioperative Complications after Living Kidney Donation: A National Study

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EDITORIAL COMMENT
The authors have investigated the perioperative complications after donor nephrectomy integrating the US transplant registry with administrative records from an academic hospital consortium (97 centers, 2008-2012). 14,964 patients were verified as live donors through linkage with the Organ Procurement and Transplantation Network registry. Overall, 16.8% of donors experienced a perioperative complication, including Clavien grade 2 or higher events in 8.8%, Clavien grade 3 or higher in 7.3%, and Clavien grade 4 or higher events in 2.5%. The most common complications were gastrointestinal (4.4%), bleeding (3.0%), respiratory (2.5%), and surgical/anesthesia-related injuries (2.4%). After adjustment for demographic and clinical factors, African American donors were 26% more likely to experience any perioperative complication and 56% more likely to experience the most severe complications. Other factors associated with increased risk of any perioperative complication, and with the most severe complications included predonation hematologic and psychiatric conditions and more recent years of donation. Donation at centers with the highest annual volume of living donor nephrectomies (>50 cases/year) was associated with approximately 45% lower risk of any perioperative complication and of the most severe complications. Donors who underwent robotic nephrectomy were twice as likely to experience severe perioperative complications (adjusted odds ratio 2.07 for Clavien grade 4 or higher events). To conclude, the authors found that while one in six US living kidney donors experienced a perioperative complication, the most severe complications were infrequent, affecting only 2.5% of donors.

Serkan Akıncı, MD

Re: Timing of Pregnancy after Kidney Transplantation and Risk of Allograft Failure

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EDITORIAL COMMENT
The authors have investigated the risk of allograft failure due to the timing of pregnancy after kidney transplantation. Of the 21,814 women aged 15-45 who have received a first kidney-only transplant in the United States Renal Data System, 729 pregnancies were identified using medicare claims. In multivariate analyses, pregnancy in the first posttransplant year was associated with an increased risk of allograft failure from any cause including death (ACGFL) (HR: 1.18) and death censored graft loss (DCGFL) (HR: 1.25), while pregnancy in the second posttransplant year was associated with an increased risk of DCGFL (HR: 1.26). Pregnancy in the third posttransplant year was not associated with an increased risk of ACGFL or DCGFL. The cause of allograft failure was limited by incomplete data, but changes in immunosuppressant medications and unstable drug levels leading to acute and chronic rejection may be in the causal pathway resulting in graft loss after pregnancy. These results may be useful for physicians providing counseling to women wanting to conceive after transplantation.

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