Urological Survey

Renal Transplantation and Renovascular Hypertension

Re: Frailty and Mortality in Kidney Transplant Recipients

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Editorial Comment: Frailty, a concept borrowed from geriatrics, describes the measure of physiological reserve for patients. The concept of frailty has previously been used in kidney transplantation to help predict delayed graft function and 30-day hospital readmission. Using statistical modeling that adjusts for standard Scientific Registry of Transplant Recipients (SRTR) risk factors, the isolated effects of frailty on mortality were determined at a single center. The authors observed that frailty was associated with a 2.17-fold increased risk of mortality compared to nonfrail cases (adjusted for SRTR risk factors). Frailty was an independent predictor of mortality. Current risk prediction for kidney transplantation is not particularly good, and the current models using SRTR information provide suboptimal discrimination. There is a clear need for improved measures to provide risk estimation. This study shows how data on a novel risk issue, uniquely provided by a single program, can be tested to assess if more widespread use would be valuable.

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Re: Outcomes in Kidney Transplant Recipients from Older Living Donors

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Editorial Comment: Implementation of the new allocation system in December 2014 was predicted to change thinking about organ donation, not only deceased donation, but also living donation (LD) and how they will be used. An increasing proportion of wait-listed patients are now older than 60 years. Given their lack of eligibility for the less than 20% of Kidney Donor Profile Index kidneys, they may look increasingly to living donors.

This study, a systematic review of national data, assesses outcomes with older living donor kidneys compared to those with standard criteria donor (SCD) kidneys and expanded criteria donor (ECD) kidneys. Older LD kidneys provided graft survival similar to SCD kidneys for donors younger than 70 years. Graft survival of LD kidneys older than 70 years was worse than for SCDs but similar to ECDs. Overall survival in recipients of LD kidneys 65 to 69 years or older than 70 years was similar to SCD kidneys and better than ECD kidneys. Thus, LD transplantation when the donor is older than 60 years is favorable, especially for an older recipient cohort, yielding results that are more comparable to SCD kidneys. Since the wait for LD kidneys may be shorter than the normal

wait-list cycle time, and these grafts are associated with results equal to or better than ECD grafts, the use of older living donors may become more common.

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Re: Robotic Trans-Abdominal Transplant Nephrectomy for a Failed Renal Allograft

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Editorial Comment: Nothing is sacred anymore. No open procedure is protected from conversion to a robotic or laparoscopic approach. The authors publish the first case record of a robotic transplant nephrectomy for a failed graft. These procedures are challenging due to the substantial cicatrix that forms around a retroperitoneal placed allograft. Furthermore, a definitive dissection of the vessels is quite difficult and fraught with the potential for bleeding. While robotic transplant nephrectomy represents a considerable accomplishment, a single case does not provide enough experience to determine if it should be routine. This method is technically demanding, so one needs considerable robotic experience to try this approach. I remain concerned about difficulty with failure to progress in certain cases owing to dense scar as well as heavy bleeding without direct control. I look forward to seeing a much larger experience with this technique.

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