

Re: Hyperlipidemia After Kidney Transplantation: Long-term Graft Outcome

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Dear Editor,

We read with interest the article by Raees-Jalali and colleagues¹ recently published in the *Iranian Journal of Kidney Diseases*, titled "Hyperlipidemia after kidney transplantation: long-term graft outcome." They evaluated the prevalence of hyperlipidemia and its relation with renal allograft function within 10 years of follow-up among 73 kidney transplant patients in a single center. They reported that hypercholesterolemia in the first year after transplantation was only associated risk factor for renal allograft impairment.

We agree that the kidney allograft dysfunction can play a role in post-transplant hyperlipidemia; however, causes of dyslipidemia after renal transplantation are usually multifactorial, especially the type of immunosuppression regimens and genetic predisposition missed in this study. In a retrospective cross sectional study performed on 1391 kidney transplant recipients, we found that dyslipidemia had correlation with age of recipient, serum creatinine and cyclosporine blood levels (unpublished data). In logistic regression, however, serum creatinine was only risk factor for hypercholesterolemia development after kidney transplantation (odds ratio, 1.6; 95% confidence interval, 1.4 to 1.8). In our previous study on 687 kidney transplant recipients, there was no significant correlation between graft survival and severity of hyperlipidemia.²

In the study of Raees-Jalali and coworkers,¹ deceased-donor kidney transplantation was done in 22% of all patients. They did not compare the rate

of dyslipidemia between living and deceased kidney recipients. In our study, hypercholesterolemia and low high-density lipoprotein cholesterol were significantly more detected in deceased kidney recipients when compared to living kidney recipients (unpublished data); thus, ischemia could induce dyslipidemia in the future. There is one study about this variable.³

Raees-Jalali and coworkers¹ noted that the incidence of dyslipidemia decreased over the time after kidney transplantation with peak incidence of altered lipid profile in the first year after transplantation. We observed that the cholesterol and triglyceride levels were significantly higher 4 to 12 months after transplantation than their level in the first 3 months and beyond 1 year after kidney transplantation.

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2. Ramezani M, Einollahi B, Ahmadzad-Asl M, et al. Hyperlipidemia after renal transplantation and its relation to graft and patient survival. *Transplant Proc.* 2007;39:1044-7.
3. Marubayashi S, Ohdan H, Tashiro H, et al. Studies on post-transplant dyslipidemia in kidney transplant patients. *Hiroshima J Med Sci.* 2005;54:39-45.

Re: Pediatric Urolithiasis: an Experience of a Single Center

Dear Editor,

We read with interest an article recently published in the *Iranian Journal of Kidney Diseases*, entitled

"Pediatric urolithiasis an experience of a single center" by Safaei Asl and Maleknejad.¹ In this retrospective study performed on 84 children with