

Do elderly patients benefit from renal transplantation?

Sir,

We read with great interest the outstanding paper by Kute *et al.*,^[1] entitled “outcome of live and deceased donor renal transplantation (RTx) in patients aged ≥ 55 years: A single-center experience” recently published in your valuable journal.

We agree that elderly patients also benefit from RTx. We conducted a study on 358 young (under 60 years of age) and 44 old (60 years of age or older) renal transplant recipients to compare their outcomes.^[2] It showed no significant difference as regards 6-month, 1-year and 5-year estimated glomerular filtration rate and death-censored graft survival among the elderly

and young recipients; however, patient survival and death-uncensored graft survival for 5-year were significantly worse in the aged recipients.^[2] We have also shown infection as a major cause for mortality and graft loss in elderly individuals with RTx, which was consisted with current work.^[1] Hence preventing and monitoring of infections in post-transplant elderly patients are essential to early diagnosis and prompt treatment can be lifesaving and increase their graft survival.

It is of interest that Kute *et al.*,^[1] did not match human leukocyte antigen (HLA) in their patients with deceased donor RTx. The positive role of HLA matching has been shown previously.^[3] Thus, although results of the present study^[1] were good, it seems HLA matching could lead to better results in deceased donor group.

The effect of donors and recipients gender mismatch on graft survival has been shown. Zeier *et al.*, detected lower renal graft survival in transplantation from the female donor to male recipient rather than other possible groups.^[4] However, it seems Kute *et al.* did not consider the gender of donor. Maybe this mismatch in deceased donors group is one of the causes of lower survival reported in this population.

Although, in the present study,^[1] chronic glomerulonephritis was the main cause of end stage renal disease, we showed in a recent study on 6930 HD patient that the most common cause of end-stage renal disease (ESRD) was hypertension;^[5] however, diabetes mellitus is the leading cause of ESRD in most studies. We think various geographic areas, life-styles, genetic patterns and etc., can be the reason of these differences.

Finally, it should be accepted that elderly patients can benefit from RTx compared with those who are on maintenance HD. We can increase patients and graft survivals in elderly individuals with careful pre-transplant evaluation, HLA and gender matching.

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