

## Kidney transplantation in a patient with HIV disease

Sir,

I have read with great interest the article from Bansai *et al.*<sup>[1]</sup> I agree that we are now able to offer good alternatives to HIV patients transplanting kidney or liver apart from conservative management. However, I disagree with the antiretroviral regimen. It is well known that new PI's are preferable than old ones and nevirapine.<sup>[2]</sup> The only point is that you need to check serum antiretroviral levels at least for several weeks after kidney transplantation in order to achieve a suitable dose and dose interval. For instance, with lopinavir/ritonavir (LPV/r), frequently a more prolonged interval of dose and dose lowering is needed. Today, nevirapine is used only in children below 6 months of age, women with CD4 count below 250 cells/mm<sup>3</sup> and men with less than 400 cells/mm<sup>3</sup>. With higher CD4 count, severe hepatotoxicity has been described. In some cases, hepatic injuries continued to progress despite discontinuation of nevirapine.<sup>[3]</sup> International guidelines do not recommend the regimen for this patient.<sup>[4,5]</sup>

I would like to emphasize that serum levels of antiretroviral drugs may help to achieve the best outcome for kidney transplantation in HIV patients.

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### References

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