



The safety aspects of accepting living kidney donors with pelvi-ureteric junction dysfunction

Mahmoud Nassar¹ · Bahaa Baraka² · Alaa Osman¹ · Nso Nso¹ · Mahmoud Mohamed³

Received: 16 November 2020 / Accepted: 16 May 2021 / Published online: 24 May 2021
© The Author(s), under exclusive licence to Springer Nature B.V. 2021

Editors,

We have carefully read the study published by Tisljar et al. on the effect of the pelvi-ureteric junction dysfunction (PUJ) on the outcome of kidney transplant from living donors [1]. There is an urgent need to expand the donors' criteria to match the increasing demand for the organs available for transplantation [2]. Nevertheless, it is crucial to weigh the inevitable challenge of harming donors on one hand and saving lives of renal failure patients on the other hand [3]. George et al. reported PUJ complications occurred after about 6 years from kidney transplant [4]. While Doehn et al. reported ureteral complications occurred after 2129 days [5]. These periods were far more than the follow-up time reported by Tisljar et al [1]. Moreover, the retrospective nature of the aforementioned study limits the ability to produce any causal interpretation. We agreed with the authors that more prospective randomized long-term trials are needed to test their findings.

Finally, they did not assess the degree of PUJ or related vascular anatomic variations, which have pivotal implications in surgical approaches [6]. More severe degrees of PUJ might have different outcomes. The urge to minimize the gap between the number of candidates on the kidney transplant waitlist and the available leads to a tendency to relax the criteria of accepting more marginal donors and the increased utilization of surgically complex living donors. Nonetheless, more studies are needed to address the short- and

long-term complications and outcomes for accepting candidates with PUJ dysfunction. A highly valid scoring system is urgently needed to expect the post-donation health hazards among those candidates, which assure the safety of those candidates.

Funding The authors declare no funding was received for this study.

Declarations

Conflict of interest The authors declare that they have no conflict of interest.

References

1. Tisljar M, Ali H, Gledhill-Flynn C, Garreus M, Ponnusamy A, Ahmed A (2020) The outcome of kidney transplant from living donors with pelvi-ureteric junction dysfunction. *Int Urol Nephrol* 52:1863–1868
2. Saran R, Robinson B, Abbott KC, Agodoa LY, Albertus P, Ayanian J, Cope E (2017) US renal data system 2016 annual data report: epidemiology of kidney disease in the United States. *Am J Kidney Dis* 69(3):A7–A8
3. Matas AJ (2006) Transplantation using marginal living donors. *Am J Kidney Dis* 47(2):353–355
4. George K, Gopalakrishnan G, Al-Mamari SA, Viswaroop SB (2019) Late occurrence of pelvi-ureteric junction obstruction in renal allograft and live-related kidney donor. *Saudi J Kidney Dis Transpl* 30(6):1464
5. Doehn C, Böse N, Meyer AJ, Jocham D (2011) Results of secondary ureteral implantation after kidney transplantation. *Int Urol Nephrol* 43(3):669–674
6. Panthier F, Lareyre F, Audouin M, Raffort J (2018) Pelvi-ureteric junction obstruction related to crossing vessels: vascular anatomic variations and implication for surgical approaches. *Int Urol Nephrol* 50(3):385–394

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

✉ Mahmoud Mohamed
Mmohame3@uthsc.edu

¹ Medicine Department, Icahn School of Medicine at Mount Sinai/Queens, New York, USA

² Oncology Department, Southend University Hospital, Mid and South Essex, NHS Foundation Trust, Essex, UK

³ Nephrology Division, Department of Medicine, University of Tennessee Health Science Center, Memphis, TN 38163, USA