

Reply to the comment on "Acute Rejection of Non-functional renal grafts in dialysis patients after starting treatment with interferon and ribavirin"

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To the Editor,

We appreciate the comments made by Dr. Martín-Gómez¹ on our article "Acute rejection of non-functional renal graft in dialysis patients after starting treatment with interferon and ribavirin". As the author notes, treatment with ribavirin (RBV) worsens anaemia in patients with chronic kidney disease, even in those with a prior kidney transplant with immunological intolerance syndrome or, as in the cases presented in our article, acute rejection after initiation of antiviral therapy with interferon (IFN), as a result of the intense inflammatory reaction triggered. Consequently, nephrologists should always pay special attention to these patients with more frequent laboratory controls, more intense treatment with erythropoietin stimulating factors and/or iron therapy and in refractory cases, blood transfusion, which, as Dr. Martín-Gómez says in her letter, could jeopardise the future of a new trans-

plantation due to the formation of anti-HLA antibodies.

Currently, new direct acting antiviral drugs are being tested², some of which are already used in patients without kidney disease that have not responded to standard therapy, increasing response rate³. Telaprevir and boceprevir, NS3/4A protease inhibitors, have already been approved as antiviral salvage therapy in patients with chronic hepatitis C, genotype 1, and are being tested in clinical trials with patients with chronic terminal kidney disease⁴; although in the case we are addressing they would not provide any benefit, as they are administered in triple therapy with IFN and RBV, and also cause anaemia, among other side effects^{2,3}. However, at present there are other ongoing clinical trials with new molecules such as MK-5172, an NS3/4A protease inhibitor and MK-8742, an NS5A replication complex inhibitor, which would be free of IFN and RBV and could be an interesting alternative. However, solid organ transplant recipients have, to date, been excluded from these⁵.

Until we have the results of these clinical trials and patients with non-functioning kidney transplants participate in them, we will have to take the measures detailed in these articles^{1,6}.

Conflicts of interest

The authors declare that they have no conflicts of interest related to the contents of this article.

1. Martín-Gómez MA. Comentario a «Rechazo agudo del injerto renal no funcional en pacientes en diálisis después de iniciar tratamiento con interferón y ribavirina». *Nefrologia* 2014;34(6):797
2. Liang JT, Ghany MG. Current and future therapies for hepatitis C virus infection. *N Engl J Med* 2013;368:1907-17.
3. Jacobson IM, McHutchinson JG, Dusheiko G, Di Bisceglie AM, Reddy KR, Bzowej NH, et al. Telaprevir for previously untreated chronic hepatitis C virus infection. *N Engl J Med* 2011;364:2405-16.
4. A pilot study to treat patients with chronic hepatitis C virus (HCV) genotype 1 and end stage renal disease (ESRD). Available at: www.clinicaltrials.gov.
5. The pharmacokinetics of MK-5172 and MK-8742 in participants with renal insufficiency. Available at: www.clinicaltrials.gov.
6. Cavero-Escribano T, Morales-Ruiz E, Manzanao-Peña MT, Muñoz-Gómez R, Hernández-Martínez E, Gutiérrez-Martínez E, et al. Rechazo agudo del injerto renal no funcional en pacientes en diálisis después de iniciar tratamiento con interferón y ribavirina. *Nefrologia* 2014;34(2):230-4.

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