

## Letter to the Editor

# Recovery and Utilization of Deceased Donor Kidneys from Small Pediatric Donors

To the Editor:

We appreciate the comments by Dr. Martin et al. on our recent manuscript (1). In their letter, they highlight the idea that kidneys from small pediatric deceased donors may be underutilized. We agree that a more aggressive approach to the recovery and utilization of kidneys from this population would be appropriate. They describe some of the technical challenges that may be encountered, particularly with the smallest of donors, which have led some transplant centers to avoid using these grafts. However, as described by Martin et al., many of these difficulties can be overcome and our analysis of national data suggests that excellent graft function can be achieved.

Because not all recipient patient populations may benefit equally from en bloc kidney transplantation from small pediatric donors, appropriate recipient selection is important. The North American Pediatric Renal Transplant Cooperative Study demonstrated a considerably increased rate of graft thrombosis for pediatric recipients receiving kidney transplants from donors under 5 years old (2). The current data do not support the transplant of small pediatric donor kidneys into small pediatric recipients.

The optimal use of kidneys from small pediatric deceased donors remains unclear. Further studies are needed to determine when kidneys from this donor population should be transplanted individually, benefiting a greater number of recipients, as opposed to transplantation en bloc, where results are maximized for an individual recipient.

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## References

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2. Singh A, Stablein D, Tejani A. Risk factors for vascular thrombosis in pediatric renal transplantation: A special report of the North American Pediatric Renal Transplant Cooperative Study. *Transplantation* 1997; 63: 1263–1267.