

## Dyslipidemia in Renal Transplant Recipients Treated With Cyclosporine A

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### Dear Editor,

Death with a functioning graft is the most common reason for renal transplant loss, and cardiovascular disease is the leading cause of mortality. Dyslipidemia is a risk factor for cardiovascular disease in the general population, and is common after renal transplantation. Despite the fact that the relationship between dyslipidemia and cardiovascular mortality has not been proven in transplant recipients, dyslipidemia is considered as a condition that should be aggressively treated in this population (1, 2). Hosseini et al. (3), searching for the correlation between dyslipidemia and both trough level (C0) and two hour post dose level (C2) of Cyclosporine A (CsA), retrospectively analysed a relatively large group of kidney transplant recipients. The problem is that the results of Hosseini et al. are not fully comparable to other reports, as different definitions of dyslipidemia were used in particular papers, e.g. Hosseini et al. considered low-density lipoprotein (LDL) level as high at 130 mg/dL, while others reported LDL level exceeding 100 mg/dL as too high (1, 2). Additionally, many key factors were omitted in the analysis of Hosseini et al., e.g. data on lipid-lowering medications. Finally, in practice, it is rather of low importance whether dyslipidemia correlates with CsA levels. What is important is the awareness

of physicians that therapy with CsA leads to increased serum lipid concentrations (4, 5), as well as the universal screening for dyslipidemia carried out in each renal transplant recipient, and effective treatment of this condition.

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