COVID-19 and Organ Transplantation?

DEAR EDITOR,

I read with interest the letter of Joob and Wiwanitkit on COVID-19 and organ transplantation, published recently in the IJOTM [1]. Herein, I would like to comment on it. Viral infection is one of the most common infections after kidney transplantation; it does not occur only during the first days; it occurs in later days too. Viral infection has two main effects on recipients—directly by the virus, which induces fever and leukopenia, and indirectly through the release of cytokines [2, 3]. Therefore, recipients, health care workers, and family members of the recipients are still advised to receive vaccination against influenza before and after the transplantation [4]. Recipients should also receive other relevant medications, especially the immunosuppressant agents. So it is very soon to jump to the conclusion made in their letter that COVID-19 is less common in transplant recipients and that it is associated with a good prognosis [1]; it needs more careful studies. In another letter published in the New England Journal of Medicine, 28% of kidney recipients with COVID-19 died [5]; the mortality was 1% among normal people diagnosed with COVID-19. The mortality was very high in our department too. We had four kidney transplant recipients with COVID-19; two of them died. The most common symptoms were fever and diarrhea [5]. Definitive conclusion needs extensive study in long time.

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REPLY

We appreciate the comments on our letter [1]. As we have already mentioned in our first correspondence, there should be more data on COVID-19 among organ transplant patients. The mortality in COVID-19 is considered higher than other respiratory virus infections and the mortality rate might be varied in different settings based on demographic characteristics, quality of care, comorbidity, stage of the disease at initial presentation and outbreak density. For example, an elderly with diabetes might have increased chance of mortality regardless of having organ transplantation [2]. The effect of immunosuppressive drug is also an important issue to be discussed. For example, cyclosporine, a classical immunosuppressive agent, was previously mentioned for its effect against corona virus infection [3]. Finally, apart from renal transplantation, there are transplantations of other organs where we have still no data on COVID-19. For example, it is still an interesting issue about the mortality among COVID-19 patients with hematological stem cell transplantation [4]. The study on kidney transplant recipients with COVID-19 might show the high mortal-

ity, however, it has to be compared with the background situation in that setting. Also, it should address for the use of immunosuppressive drugs in that setting. As we have stated in our first correspondence, the available data are not enough to make a solid conclusion.

CONFLICTS OF INTEREST: None declared.

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