


LETTER TO THE EDITORS

## Reply to: 'Pregnancy outcomes in simultaneous pancreas and kidney transplant recipients: a national French survey study'

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Dear Editors,

We read with great interest this article [1]. The authors have described outcomes of 26 pregnancies in 22 SPK patients.

We were very impressed with the overall outcomes reported – foetal survival of 92.6%, and kidney and pancreas graft survival at 1-year postconception of 96% and 100%, respectively. Overall, the conclusion that can be inferred broadly from this data is that pregnancy in SPK patients is safe. Although this is extremely reassuring, caution must be taken with such a conclusion. This was a retrospective analysis of 26 pregnancies over a period of 25 years in 22 SPK patients. 45% of the women had experienced at least one miscarriage prior to the pregnancy. Infection rates were relatively high, including two severe cases (one with CMV and one

with pneumocystis infection) both leading to foetal death. Unsurprisingly, most babies (80%) were born prematurely, with 30% of these being significantly or severely premature. We would be interested to know the long-term outcomes of these babies, not only because of their premature status at birth, but also to determine the effects of maternal immunosuppression on development and immunity of the children. The immunological complications within the grafts reported were less than we would have predicted, with two patients developing acute kidney graft rejection. However, it must be noted that despite the pancreas graft function remaining stable, one cannot assume no pancreas graft rejection (albeit mild) may not have occurred, as no pancreas graft biopsy was undertaken.

Overall, we feel that the authors should be commended on this report which is so relevant to any pancreas transplant centre, to guide counselling of such patients. Evidence for this is so scarce with mostly case reports or small case series reported previously [2–5]. This article provides useful evidence, which shows that pregnancy in SPK patients is overall relatively safe provided it is planned and a personalized multidisciplinary approach (including effective counselling) is employed.

### REFERENCES

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