

hypothesize that by enhancing solute clearance, nocturnal hemodialysis could facilitate successful pregnancy in women on renal replacement therapy. In a recent paper, the group has reported the clinical outcomes of all women who delivered a live infant during the period 2001–2006 while on nocturnal hemodialysis in Toronto, ON, Canada.

During the study period, there were 7 pregnancies in 5 of 45 women on nocturnal hemodialysis (a conception rate of 15.6%), which resulted in 6 live births; a database search showed that only two pregnancies had occurred in Toronto in women on conventional hemodialysis during the same period. At the time of conception, the mean duration of nocturnal hemodialysis was 3 ± 2 years, and the mean age of the patients was 32 ± 4 years. All five patients had previously received conventional hemodialysis, during which time they had not conceived. Following conception, the nocturnal dialysis prescription was increased from 36 ± 10 h per week to 48 ± 5 h per week ($P < 0.01$). During gestation, the mean systolic and diastolic blood pressures remained normal and intravenous iron and erythropoietin requirements increased in all five patients. The mean gestational age of the infants was 36.2 ± 3 weeks and the mean birth weight was $2,417.5 \pm 657$ g. Complications included intrauterine growth restriction ($n = 1$), preterm delivery ($n = 1$) and shortened cervix ($n = 1$). Two infants required neonatal intensive-care monitoring.

The authors conclude that nocturnal hemodialysis might be useful for women on renal replacement therapy who wish to become pregnant.

Original article Barua M *et al.* (2008) Successful pregnancies on nocturnal home hemodialysis. *Clin J Am Soc Nephrol* 3: 392–396

Kidney transplantation as initial renal replacement therapy for end-stage renal disease

Only 2.5% of patients with end-stage renal disease undergo kidney transplantation as initial renal replacement therapy, despite evidence that transplantation is most effective when implemented before initiation of long-term dialysis. Participants in a recent conference convened by the National Kidney Foundation

have examined how to increase the use of pre-emptive kidney transplantation for patients with advanced chronic kidney disease (CKD).

The 52 conference attendees (who comprised representatives from transplantation centers, dialysis providers, and payers) have recommended that patients with end-stage renal disease who are seen by a nephrologist at least 6 months before beginning dialysis should be referred for transplantation before or at the same time as the creation of vascular access, and that the optimum timing for pre-emptive transplantation is in most instances late in stage 4 CKD or early in stage 5 CKD but should be individualized to the patient. Patients who have stage 5 CKD or who are about to begin dialysis should be referred immediately for transplantation. Education highlighting pre-emptive transplantation as a possible renal replacement modality should be provided to patients with stage 3 or early stage 4 CKD. Primary care physicians should be better trained to recognize CKD; all patients should be referred to a nephrologist before they reach an estimated glomerular filtration rate of < 30 ml/min/1.73 m² (early stage 4 CKD).

The participants also assessed the financial hurdles that impede access to pre-emptive transplantation and recommend that the eligibility criteria, coverage, and reimbursement structure of Medicare and employee group health plans should be standardized to promote early access to transplantation services.

Original article Abecassis M *et al.* (2008) Kidney transplantation as primary therapy for end-stage renal disease: a National Kidney Foundation/Kidney Disease Outcomes Quality Initiative (NKF/KDOQITM) conference. *Clin J Am Soc Nephrol* 3: 471–480

Hepatitis E in kidney transplant recipients

The prevalence of acute hepatitis E virus (HEV) infection—a disease already endemic in developing countries—seems to be increasing in industrialized countries, but HEV is not thought to cause chronic hepatitis. Kamar *et al.* examined the prevalence of HEV infection and chronic hepatitis in organ transplant recipients in France.

The authors screened for HEV infection in all patients who received kidney or liver transplants (241 and 86 recipients, respectively)