

IN BRIEF

TRANSPLANTATION

Outcomes of third renal transplants are similar to those of primary transplants, according to a study published in *Transplantation*. Despite the technical and immunological obstacles associated with retransplantation, Horovitz and colleagues found that 1-year and 5-year patient and graft survival of individuals receiving their third renal transplants were similar to those of patients who received the paired kidneys as primary transplants.

Original article Horovitz, D. *et al.* Outcome of third renal allograft retransplants versus primary transplants from paired donors. *Transplantation* **87**, 1214–1220 (2009).

PEDIATRICS

Obesity seems to reduce the antihypertensive effect of calcium-channel blockers in children with renal disease. Hanafy and colleagues found that the systolic response to calcium channel blockers was significantly lower in obese children than in nonobese children. In addition, the researchers found that concomitant corticosteroid therapy reduced the efficacy of blood-pressure lowering using calcium-channel blockers.

Original article Hanafy, S., Pinski, M. & Jamali, F. Effect of obesity on response to cardiovascular drugs in pediatric patients with renal disease. *Pediatr. Nephrol.* **24**, 815–821 (2009).

TRANSPLANTATION

Glomerular filtration rate 1 year after transplantation might be a useful surrogate marker for long-term renal graft survival in children, say researchers in Germany. Multivariate analysis of data obtained from 104 pediatric first kidney transplant recipients a mean of 6.2 years after transplantation showed that a glomerular filtration rate below 45 ml/min/1.73 m² 1 year after transplantation was an independent predictor of inferior long-term graft survival.

Original article Muscheites, J. *et al.* Estimated one-yr glomerular filtration rate is an excellent predictor of long-term graft survival in pediatric first kidney transplants. *Pediatr. Transplant.* **13**, 365–370 (2009).

CHRONIC KIDNEY DISEASE

The phosphodiesterase inhibitor pentoxifylline might slow glomerular filtration rate decline in patients with chronic kidney disease who are at high risk of disease progression. A pilot, randomized study showed that mean estimated glomerular filtration rate decrease at 12 months was significantly less among pentoxifylline-treated patients than in patients who received placebo; this benefit seemed to occur independently of pentoxifylline's antiproteinuric effects.

Original article Perkins, R. M. *et al.* Effect of pentoxifylline on GFR decline in CKD: a pilot, double-blind, randomized, placebo-controlled trial. *Am. J. Kidney Dis.* **53**, 606–616 (2009).