Reviewer's report

Title: Recovery of Renal Function in Dialysis Patients

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Reviewer: debbie L cohen

Level of interest: A paper whose findings are important to those with closely related research interests

Advice on publication: Accept after discretionary revisions

REVIEW OF RECOVERY OF RENAL FUNCTION IN DIALYSIS PATIENTS

This article describes eight chronic dialysis patients who regained renal function and were able to terminate dialysis after being dialysis dependent for a mean of 11.1 +/- 4.2 months. The article was written to determine if there are any reliable factors to indicate which patients are more likely to recover renal function once started on chronic hemodialysis therapy.

Compulsory Revisions:
In a retrospective review, eight patients were identified as having renal function recovery from a total of approximately 150 patients. All of these patients were of varying ages and had various underlying renal diseases. One issue to point out is that two of the patients had disease secondary to FSGS from HIV nephropathy. The authors point out that these patients had glomerulopathy, from irreversible causes of renal failure. There are a number of reports in the literature coming out now that support with effective HAART therapy, patients with HIV nephropathy do regain renal function. In my own experience, I have one patient that was on dialysis for a period of 18 months on heart therapy and regained renal function and was able to terminate dialysis long-term. In the literature, there are a number of case reports including the one mentioned by the authors, Morales( reference number #3), however, I think that the authors should go into more detail about HIV nephropathy and these are the patients that we should be specifically aware of whether they recover renal function. There is an article by Kirchner, JT, published in Aids Read in March 2002 that discusses resolution of renal failure after initiation of HAAART therapy in three patients. There is also other discussions in the literature showing improvement in renal function with HIV nephropathy from Sothinathan, R., title Treatment of HIV Associated Nephropathy in AIDS Patient Care STD's, July 2001. I think that the focus of discussion should be altered a little to encompass a reality now that HIV patients are chronically dialyzed and some of them may have recoverable renal function and these patients should be particularly monitored carefully.

Another point needed to be stressed, I think is the need to monitor any patients on dialysis who have still maintained urine output and therefore have residual renal function. In our dialysis unit, we collect 24 hour urines monthly and add this to the calculated kt/v and then calculate the overall KT/V. Patients that have significant improvement in the KT/V when the residual renal function (in a 24-hour urine for residual renal function) is added to the total, should specifically be looked for as whether they do have recovery in renal function.
I think that in the result section in the abstract, it states that 8 patients with a mean age of 53.8 years were found to have renal recovery. I think that they should add that 8 patients out of a total of 150 or mention 8 patients as a percentage of a total number of patient who had renal function recovery.

Discretionary revisions: Another point to mention in this manuscript is that one patient whose creatinine clearance was 9 cc per minute and remained off dialysis for an additional nine months prior to restarting dialysis. I am not sure that this patient should be included in this total. I am not convinced that that patient had renal function recovery. He was just able to remain dialysis independent for a longer period of time. Also to mention, the etiology of his renal disease was due to membranous glomerulonephritis, and patients who progress to this level of chronic renal insufficiency do not usually show recovery of renal function.

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**Competing interests:**

None declared.