Transplant Survey

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Re: Should Asymptomatic Bacteriuria be Systematically Treated in Kidney Transplant Recipients? Results from a Randomized Controlled Trial

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EDITORIAL COMMENT

In this well conducted randomized, controlled trial the authors have examined the necessity of treatment in case of asymptomatic bacteriuria (AB) beyond 2 months post-transplant in kidney transplant recipients without stents. No significant difference was observed in the development of either acute pyelonephritis, which is the primary end point (7.5% vs. 8.4% respectively), or in a variety of secondary end points in the treatment and control arm. Main conclusion of the study is possibly not to offer treatment for AB in kidney transplant recipients after the stents were removed. However, there are some points that need to be mentioned. Almost half of the patients in the treatment arm were incompliant to treatment and the sample size was lower due to an assumption error as acknowledged by the authors also. During follow-up, an average of 18 urine cultures was obtained from each patient and 39% of patients have experienced at least one AB attack. In the light of this information, one can easily assume that screening cultures can be unnecessary in the follow-up of a kidney transplant recipient since the number of acute pyelonephritis attacks is lower than expected and one third of the acute pyelonephritis attacks were not preceded by AB. Of interest 33% of untreated AB attacks were spontaneously cleared. However *Klebsiella pneumonia* showed difficult clearance rates either with or without treatment (42% vs. 24%). The study provides some evidence for not treating AB in kidney transplant recipients without stents, however, clinicians still need to be very cautious when interpreting this type of data.

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