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[Letter]

ANTIBODY MEDIATED ACUTE REJECTION IN KIDNEY TRANSPLANT RECIPIENTS WITH CMV INFECTION

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DEAR EDITOR

I read with great interest the review article recently published in your most valuable journal titled "Reinfection of cytomegalovirus in renal transplantation" by Ishibashi *et al.*¹⁾. It emphasized that the incidence of acute rejection, as a CMV indirect effect, in the mismatched glycoprotein H (gH) antibody group was higher than observed in the matched and D+/R- groups. They noted that acute rejection may be the consequence of strong recipient-derived cytotoxic T lymphocyte responses against ongoing CMV activities that had escaped humoral responses. Lack of CMV specific memory T cells may contribute to the lower rate of acute rejection in D+/R- setting.

I agree that beside direct effects of CMV infection in renal transplant recipients, it has been associated to indirect effects such as the potential role in allograft rejection; however, the underlying pathogenic mechanisms remain largely unknown. It has been proposed that latent CMV infection is linked to

immune senescence and vascular disease. In addition, the titers of anti-endothelial cell antibodies (AECAs) against endothelial cell lining the vasculature were significantly higher in recipients with vascular rejection, supporting a humorally mediated pathogenesis²⁾. The occurrence of high levels of AECAs in relation to CMV infection has been also demonstrated in 80% of renal and heart and in more than 40% of liver transplant patients²⁾. Thus, I recommend if the levels of AECAs are measured, the titres of AECAs in the mismatched gH antibody group could be as a predictive marker of subsequent risk of acute renal allograft vascular rejection.

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