BMI and short-term outcomes in living kidney donors
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Dear Editor,

With great interest we have read the recent study of Unger et al. published in International Journal of Surgery [1]. The study shows that a high living kidney donor BMI is not associated with surgical outcome parameters, but is associated with short-term renal impairment after nephrectomy. We agree with the authors that the effect of obesity in living kidney donors should be studied in more detail and find it fascinating that obese donors seem to be more susceptible to a decline in renal function shortly after nephrectomy. This last finding is in line with our data on obese donors, but we have additional remarks to add to this study. The authors do not report a pre-donation eGFR, although the data seem to be available when studying Fig. 2, conclusions on baseline differences cannot be drawn. Data in our center on donors (n = 873) show that obese donors have a higher pre-donation mGFR (Fig. 1), which may explain the increased renal function loss. This higher pre-donation mGFR may be attributed to obesity-related hyperfiltration and since obesity has implications for long-term GFR and donor safety, this requires further study [2,3]. Other measures of body dimensions (e.g. waist-hip ratio, fat percentage and urinary creatinine excretion) should also be investigated since these may influence eGFR results [4–6]. We wonder if the association between BMI and short-term renal impairment is independent of pre-donation eGFR. Also, one of the main outcome parameters was surgical complications. The authors chose to dichotomize the 5 grade Clavien-Dindo classification which always leads to loss of power and data. The Comprehensive Complication Index (CCI) is therefore much better suited [7]. The CCI is a tool that summarizes all postoperative complications with respect to their severity according to the Clavien-Dindo classification. The CCI takes the quantity of appearance of each complication into account, using a specific calculation that yields a score from 0 to 100, thereby giving a detailed assessment for every patient. We hope that the authors can add these data.

Conflicts of interest

The authors have no relevant conflicts of interest to declare.

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Ethical approval

Not applicable.

Research registration unique identifying number (UIN)

None.
Fig. 1. Association between BMI and kidney function in 873 living kidney donors.
(A) Donors with a higher pre-donation BMI show a higher pre-donation measured GFR (iothalamate) and
(B) donors with a higher pre-donation BMI have an increased measured GFR (iothalamate) loss after do-
nation.
The solid line represents the regression line, the dashed lines represent the 95% confidence interval of the re-
gression line.

Author contribution
None.

Guarantor
None.

References

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