

Kidneys from HIV donors may be OK for HIV patients, study finds

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(HealthDay)—New research from South Africa suggests that HIV may not be a barrier for kidney transplants between people infected with the virus that causes AIDS.

The findings are good news for HIV-positive [patients](#) who worry about getting kidneys from others infected with the virus.

The research doesn't appear likely to have an immediate impact in the United States, where HIV infection isn't as common and kidney disease is often treated with dialysis instead of transplants, experts noted.

But in South Africa, "using HIV-positive donors might resolve some of the problems we are all experiencing in getting enough donors for our patients with end-stage kidney disease," said study author Dr. Elmi Muller, head of transplantation at Groote Schuur Hospital in Capetown.

The revolution in treatment of HIV and AIDS is extending the lives of infected patients in South Africa as it has elsewhere in the world. But many patients infected with HIV continue to develop kidney disease, according to background information in the study.

Dr. Eric Rubin, a professor of immunology and infectious diseases at Harvard School of Public Health in Boston, said, "HIV can have a direct effect on the kidney, a syndrome known as HIV nephropathy, and this can lead to kidney failure.

"And HIV patients are susceptible to the other common causes of [kidney failure](#), most notably high blood pressure," added Rubin, who cowrote a commentary accompanying the study.

An estimated 8 percent to 22 percent of HIV patients who are on medication in South Africa have kidney disease, and the percentage is higher (estimated at 20 percent to 27 percent) in those whose HIV is untreated.

One way to treat kidney disease is to transplant kidneys, but there have been questions about whether this is a good idea when the donor is either a living or brain-dead person who is also infected with HIV. There's been concern about whether the donated kidney will come with a second strain of HIV and make the patient sicker, Muller explained.

Another strain could also be more resistant to medications than the existing strain in the patient who gets a kidney, she said, which could make it tougher to treat the patient.

In the new study, 27 HIV-positive patients with kidney disease received transplants from HIV-positive donors who had died. All were or had been taking HIV medications. The study reports that the patients did well overall—the commentary calls the results "impressive"—with 74 percent still alive after five years. However, Muller said their bodies were more likely to reject the donor kidneys.

Rubin said the findings will have less impact in the United States. "We have less HIV here and many fewer deaths from HIV," meaning that cadavers will be less likely to be infected with the virus. Also, he said, it's more common to treat kidney disease with dialysis here, while patients in countries like South Africa may have no choice but to get a transplant.

While all the [kidney donors](#) in this study were dead, the question going forward is: Should HIV patients consider donating kidneys while they're alive?

Dr. Julie Ingelfinger, co-author of the commentary accompanying the study, doesn't think so. She is deputy editor of the *New England Journal of Medicine* and a professor of pediatrics at Harvard Medical School in Boston.

"There are clear reasons why, currently, one would not contemplate using an HIV-positive patient as a donor," she said. "For one thing, such persons have higher risk than most people for [kidney disease](#)."

The study appears in the Feb. 12 issue of the *New England Journal of Medicine*.

More information: For more about HIV and kidney disease, try [AIDS.gov](#).

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