decreased synthesis of TXB$_2$ and ameliorated PAg. suggested that this is the sequential phenomenon of PGF$_{max}$, 6-keto-PGF$_{max}$, increased to the reduction of max-TXB$_2$ the direct action of PV remains to be elucidated. In contrast,
optimal delivery of chemotherapy without undue dose reductions or delays, while at the same time reducing the risk of febrile neutropenia associated with the use of cytotoxic chemotherapy. No significant side-effects have been reported up to now. More recently experimental and preliminary clinical data have suggested a potential role of Filgrastim in the infectious diseases area [1].

At present there are no data on the use of Filgrastim in patients treated by chronic continuous ambulatory peritoneal dialysis (CAPD). We wish to report here the results of a pilot study performed in CAPD patients with peritonitis.

Twelve consecutive peritonitis episodes in 11 CAPD patients (5 men, 6 women, mean age 60.3 ± 18 years) were treated with Filgrastim in addition to usual antibiotic schedule to study safety and tolerability of this drug in CAPD patients as well as the possible effects on the outcome of peritonitis. Diagnosis of peritonitis was based on the presence of more than 0.2 WBC/microscopic field by phase contrast at 40 × magnification in addition to positive peritoneal fluid (at least two clinical symptoms of peritonitis). Treatment included intraperitoneal sodium ceftazidime (0.5 g/2 litre) and tobramycin (16 mg/l) according to the prescription at 40× magnification in addition to positive peritoneal fluid culture, only the antibiotic active on the cultured pathogen was maintained. Bacteria causing peritonitis were: S. aureus (4), other Gram-positive (3), Pseudomonas aeruginosa (1), other Gram-negative (1); dialysate cultures were negative in three cases.

Filgrastim was given i.m., at a dose of 25 mg/kg/day to the first seven patients and of 5 mg/kg/day to the other five patients. Administration was continued until WBC concentration in the peritoneal fluid decreased below 1 WBC/microscopic field. Blood and peritoneal fluid WBC count were performed daily until antibiotic therapy was stopped. Complications and side-effects were recorded. Twenty-three episodes of peritonitis diagnosed in the 12 months before study initiation in 23 age- and sex-matched CAPD patients were considered as historical controls. All these episodes had been treated by the same schedule as in patients treated with Filgrastim, but no growth factor was used.

In all 12 episodes treated with Neupogen, peripheral WBC count rapidly increased to a maximum of 44 000 ± 17 400 WBC/ml, which was reached 3.8 ± 1.3 days after first growth factor administration. Maximum number of leukocytes in the dialysate was 29 000 to 67 000 (49 400 ± 3000)/ml in patients receiving 25 mg/day of Filgrastim and 18 000 to 70 000 (38 200 ± 22 900)/ml in those receiving the drug at a dose of 5 mg/kg/day. In four cases the peak value of dialysate WBC/ml was reached 1 or 2 days after Filgrastim was stopped. No increase in WBC count in peritoneal fluid was observed following growth factor administration. No patient complained of any clinical symptoms which could be related to the drug. One patient died from peritonitis infection. In all other patients, clinical symptoms of peritonitis resolved within 3.7 ± 1.5 days and WBC disappeared from peritoneal fluid 4.1 ± 2.0 days after the beginning of therapy. One relapse was observed 15 days after stopping antibiotic therapy. No peritoneal catheter removal was required.

In the control group, 20 episodes of peritonitis healed with medical therapy. Leukocytes disappeared from peritoneal dialysate 3.1 ± 1 days after the beginning of antibiotic therapy. One patient recovered only after peritoneal catheter removal. Another episode recurred 10 days after stopping antibiotic therapy. One patient died from peritonitis.

This study confirms that Filgrastim is effective in increasing peripheral WBC count in uraemic patients. This effect persists a few days after drug discontinuation. The administration of Filgrastim is not associated with side-effects. The increase in WBC count seems to be unrelated to the daily dose of Neupogen but related to the duration of therapy.

In this small study Filgrastim did not show any apparent clinical benefit on the clinical outcome of peritonitis. We cannot exclude that by increasing circulating WBC, the growth factor can cause WBC count in peritoneal dialysate to remain at a higher level than normal or delay WBC count decrease despite peritoneal infection improvement. Therefore it is possible that assessing the healing of peritoneal infection on WBC count may lead to misleading conclusions in patients given Filgrastim.

Divisione di Nefrologia e Dialisi, IRCCS Ospedale Maggiore di Milano; Direzione Medica Amgen, Milano Scalamogna Claudio Ponticelli

Living unrelated (paid) renal transplantation

Sir,

Renal transplantation in a Third-World country has been a growing problem in Turkey since 1992 and in a previous issue of Nephrology Dialysis Transplantation Sever et al. [1] have recorded their experience consisting of 34 patients. They stated short duration of pretransplant evaluation and post-transplant hospitalization because of financial reasons, and their results showed that the risks of medical and/or surgical complications of living unrelated (paid) kidney transplantation in India were high. Many investigators in Turkey have reported their experience consisting of about 100 patients who had had renal transplantation in India in National Congresses and publications and most of these reports are in agreement with the study of Sever et al. [1] about the high risk of medical and surgical complications, and we guess about 300–400 patients have gone from Turkey to India for transplantation.

Lack of cadaveric kidneys and willing and acceptable related living donors are the main difficulties for hemodialysis patients in Turkey and only 6% of these patients have a chance of renal transplantation. The main solution of this problem is to increase the source of cadaveric kidneys as mentioned by A.M. Davison in his Editorial Comment [2], but it seems that this will take many years and some patients have to remain at a higher level than normal or delay WBC count to remain at a higher level than normal or delay WBC count decrease despite peritoneal infection improvement. Therefore it is possible that assessing the healing of peritoneal infection on WBC count may lead to misleading conclusions in patients given Filgrastim.

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1. Sever MS, Ecer T, Aydin AE et al. Living unrelated (paid) kidney transplantation in Third-World countries: high risk of...