

Images in Nephrology
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Surviving the pills and the doctor!

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Case report

A presently 72-year-old craftsman and goldsmith, originally suffering from chronic glomerulonephritis of unknown origin, had been transplanted with a renal allograft in February 1998. The clinical course after

transplantation was very favourable, with an excellent and stable graft function, without any documented rejection episodes. Except for some minor urogenital infections, and symptomatic peripheral arterial vascular disease necessitating endoluminal catheter angioplasty, no major complications occurred.

In 2002, the patient provided us with a gift of a self-made transparent plastic show-case, containing the blister collection of 1 year's medication he had been prescribed (see Figure 1). At the time, he was on Sandimmun Neoral[®] (cyclosporin A), 75 mg tid;



Fig. 1. The transparent plastic show-case made by the patient, containing the blister collection of 1 year's medication he had been prescribed.

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CellCept[®] (mycophenolate mofetil); 1 g tid; Tenormin[®] (atenolol), 50 mg; aspirin[®] (acetosalicylic acid), 100 mg; and Selipran[®] (pravastatin), 40 mg. Altogether, these amounted to a total of >4000 pills, which prompted the patient's comment inscribed on the box: 'One year of loyalty to the pills. For what aim? Surviving the pills and the doctor!'

Considering the fact that many graft recipients are prescribed even more drugs, this 'pill box' may constantly remind us of the burden we impose on our transplant patients. Not surprisingly, medication

compliance in this population, as well as in other patients on long-term therapy, is frequently poor.

Conflict of interest statement. None declared.

References

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