Immunosuppression following Fresh Arterial Homograft Implantation for Aortic Graft Infections

We read with great interest the report of Pupka et al. comparing fresh arterial homografts (FAH) and silver-coated grafts to treat aortic graft infections, since we obtained similar results with cryopreserved homografts.1,2 Beyond that, the paper contains important data about another matter of active debate, namely immunosuppression after FAH. The authors can be congratulated on their study protocol that allows for the first clinical comparison of FAH with and without immunosuppressive therapy. Unfortunately, this item was not taken up in the discussion. The authors advocate immunosuppression early following implantation and believe to prevent consecutive degeneration due to less late complications in this group.1 However, the study lacks information about HLA/ABO matching. We would encourage the authors to look up these data as well. While in CAH and infection no correlation between ABO-incompatibility and outcome was found, this question has not been answered for FAH yet.2

Lymphocyte scintigraphy was used for patient surveillance. We think that the results should be interpreted with caution. The method does not allow distinguishing between rejection and infection. Both conditions are reflected by the same scintigraphic findings. Therefore, the proposed algorithm propagating to react with antibiotic treatment on increased uptake (instead of adjusting immunosuppressives) cannot be unequivocally supported. We would encourage the authors to compile all the important immunological data and to continue their very important research in this field.

References

References


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Available online 1 April 2011

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doi:10.1016/j.ejvs.2011.03.006