Successful pregnancy in a patient with end-stage renal failure secondary to HIV nephropathy on peritoneal dialysis

Sir,

Pregnancy in dialysis-dependent women is uncommon, with rates of conception being reported as 1–7%; the incidence of pregnancy on peritoneal dialysis (PD) is reported to be two to three times lower than that of haemodialysis [1]. In the 1980s, infant survival rates were as low as 23%. More recent reports suggest that up to 42% of babies survive in women who conceive after starting dialysis and up to 73.6% in women who started dialysis after conception [2].

HIV associated nephropathy (HIVAN) is usually a progressive disease, resulting in dialysis dependency [3]. There is evidence that highly active antiretroviral therapy (HAART) has beneficial effects on the prevalence and progression of HIVAN [4].

We report the case of a patient with dialysis-dependent renal failure due to HIVAN, on HAART, who became pregnant while on PD and had a successful delivery. To our surprise, she became independent of dialysis for 7 months following childbirth. The patient was a 26 year-old Zimbabwean, who presented with cervical and axillary lymphadenopathy and had renal impairment with Cr 169 μmol. Her HIV test was positive and she had a CD4 count of 32 cells/mm³ and viral load of 14,580 copies/ml. She underwent a renal biopsy which showed evidence of HIVAN and despite being started on HAART, she progressed to end-stage renal failure and opted for PD.

Ten months later, she was found to be pregnant, with an ultrasound of her pelvis showing a fetus at 23 weeks gestation. Her dialysis regime was increased and urea levels were maintained between 7.1–13.8 mmol/l. Her epoetin beta dose was increased to control anaemia and antiretroviral medications were adjusted. Her blood pressure remained within normal limits for gestation. She was switched to automated PD at 31 weeks of gestation, in order to reduce dwell volumes but maintain dialysis adequacy. An elective caesarean section was performed at 36 weeks gestation and she delivered a healthy baby boy. PD was discontinued just prior to caesarean section, with a view to transferring her to haemodialysis, but surprisingly, she remained independent of dialysis. She unfortunately stopped taking her HAART and became dialysis-dependent again 7 months post partum.

Pregnancies in women with HIV are now increasingly common, due to the success of HAART in dramatically reducing the morbidity and mortality of the disease. Its routine use in pregnancy is now recommended regardless of viral load.

This case demonstrates that, for patients with HIVAN and end-stage renal failure treated with PD, a viable pregnancy is possible with the use of HAART and without the need to switch from PD to haemodialysis. Increased dialysis dose can be achieved with automated PD, which allows for frequent exchanges and smaller dwell volumes.

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Serendipity

Sir,

Allow me to amplify the comment on the use of the word ‘serendipity’ by Dr Perrone [1]. Whilst it is generally accepted that the word was introduced into the English language by Walpole, it is possible that it had already been used by Dr Johnson, several years earlier. An old Persian tale relates to three princes who, when riding along country lanes in Ceylon, were used to making observations upon nature. One of them noticed that the grass had been eaten only on the left side of the path and concluded that a mule blind in his right eye had preceded them. Serendip was the old name for the island of Ceylon, today known as Sri Lanka. Whilst it is recognized that serendipity is one of the most difficult English words to translate, Dr Perrone’s definition of its meaning would be clearer if the word ‘intelligent’ was substituted for the original word ‘sagacious’, which is no longer in current use in English. This would lead to a more precise definition, being an intelligent deduction derived from an accidental observation. I am not sure that I can accept his example of its use to describe the phenomenon of contact activation with the original AN69 membrane. However, I do agree with his negative comments on the use of urea as a measure of dialysis adequacy.

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