

Strategies for Optimizing Growth in Children with Kidney Transplants

In an attempt to diminish the growth failure that occurs post-organ transplantation in children with graft acceptance, but who are on low-dose steroids, the authors attempted to use cyclosporine as the primary immunosuppressant. Of 53 patients, 23 were able to discontinue prednisone and be maintained on cyclosporine monotherapy. Of these, 9 had to return to prednisone after a mean of 9 months (3-24 months). The other 14 remained off prednisone without an episode of rejection.

L-DOPA stimulation was used to evaluate growth hormone (GH) release. All patients were receiving >5 mg of prednisone daily; four patients had peak values <10 ng/mL GH. Standard deviations for height were evaluated in 15 pa-

tients who were off prednisone for at least 6 months; the SD scores improved in all.

Four pubescent children with growth retardation, requiring prednisone, received recombinant human GH (rhGH) in an attempt to stimulate growth. Three of these were believed to have accelerated growth.

The authors concluded that cyclosporine can produce long-term graft survival when used alone in some patients. Catch-up growth occurs in patients able to discontinue prednisone, and the potential of rhGH to improve post-transplantation growth in children needs further exploration.

Tejani A, Butt KMN, Rajpoot D, et al. *Transplantation* 1989;47:229.

Editor's comment—The observations of Tejani et al conform with

data collected through the years concerning catch-up growth that occurs when glucocorticoids are discontinued. The surprising observation is the increase in growth that occurred in three of the four patients on low-dose steroids who received rhGH. The effect of GH administration to patients with chronic renal disease and its growth promoting effect has previously been reported by Koch (Pediatr Res 1988;23:541A).

The data in this report are preliminary, and more such studies are needed to clarify the usefulness of rhGH therapy in patients with chronic renal disease. Significant new data will be forthcoming within the next year or two. In the meantime every effort should be made to minimize the amount of steroid used in such patients.

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