Table 1
Studies comparing hemodialysis (HD) and peritoneal dialysis (PD) modalities in systemic lupus erythematosus patients on end-stage renal disease.

Study	Country	Follow-up (months)	Patients		Infectious Events		Survival		Adjustment for baseline differences
			HD	PD	HD	PD	HD (%)	PD (%)	
Nossent[6] 1990	Holland	60	32	23	Not reported		92	80	No
Goo[7] 2004	Korea	53 ± 29	21	11	Not reported		No difference		No
Weng[4] 2009	Taiwan	37 (PD)/127 (HD)	12	24	0.10 episodes/pt/year	0.36 episodes/pt/year	92	75	No
Kang[8] 2011	Korea	60 ± 36	28	14	0.64 episodes/pt/year	0.36 episodes/pt/year	79	93	Yes
Chang[9] 2013	Taiwan	Unknown	813	260	Infections leading to death9.1%	Infections leading to death 6.9%	79	87	Yes
Contreras[5] 2014	USA	36	1352	1352	Not reported		79	78	Yes
Levy[10] 2015	France	23	308	60	Not reported		83	82	Yes

HD, hemodialysis; PD, peritoneal dialysis; episodes/pt/year, infectious episodes per patient per year (current recommendation is <0.6 dialysis related episodes/patient/year for peritoneal dialysis).

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Reply

Respuesta

Dear Editors,

Regarding the comments made by Mejía-Vilet of the recommendations in the guidelines[1] with respect to the substitution of renal function in patients who develop end-stage renal disease due to lupus nephritis we coincide, and this is stated in the document, that the best option is renal transplantation. The evidence shows that this intervention is superior to hemodialysis or peritoneal dialysis,[2] providing the patient with a better opportunity for survival in the median and long term, as well as reducing comorbidities and increasing life expectancy.

Regarding the comparison between hemodialysis and peritoneal dialysis, as stated in this letter, published evidence has been contradictory and depends on the population, comorbidities,[3] resources and quality or conditions of the procedures. Although we do recognize the evidence provided by Contreras et al.[4] in the US population that did not show differences between both treatment modalities, the recommendation to prefer hemodialysis instead of peritoneal dialysis when possible was based, as stated in the document, on an albeit small study, but one that coincides with many of the characteristics in our clinical environment. We agree that the best option should in any case be individualized based on patient characteristics and resource availability.

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Conflict of interests

The authors declare that they have no conflict of interest or have received sponsorship for the preparation of this letter.

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