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Letters to the editor

Reply to: "correspondence about "Efficacy and safety of basiliximab"

To the Editor:

We would like to thank the authors for their interest in our publication and their discussion.

Given the high incidence of renal impairment post liver transplantation, exploring methods to minimize or prevent this complication is of interest. The primary goal of our study was to evaluate the effectiveness and safety of basiliximab induction in liver transplantation to delay induction by CNI [1]. The pharmacokinetics of tacrolimus are influenced by many factors, including genetic variability, acute infections, liver dysfunction and interacting medications [2]. Nevertheless, the current recommendations from the clinical practice guidelines for the ideal tacrolimus level in adults after LT remain controversial. The American Association for the Study of Liver Diseases (AASLD) recommends a target tacrolimus blood trough level of 5–10 ng/mL three months after LT [3]. Other guidelines recommend that target tacrolimus blood trough levels be 6–10 ng/mL during the first month after LT and decrease to 4–8 ng/mL thereafter [4, 5]. In our institute, we are still using a higher level of tacrolimus, but recently we are going to put new protocols using lower levels based on recent guidelines.

Our observations highlight a need for long term follow up to evaluate the consequences of induction immunosuppression in liver transplant patients and define the indications and suitable patient profiles for basiliximab use. Finally, we fully agree with the need to study the effect of lower tacrolimus trough level on the outcomes after LT.

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Conflict of interest

The authors declare no conflicts of interest that pertain to this work. All authors approved the final version of this letter.

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Mohamed Hashim*
Ayman Alsebaey
Amr Ragab
Hossam Eldeen Soliman
Imam Waked

*Corresponding author.
E-mail address: msaadhh@hotmail.com (M. Hashim).

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