



Letter to the Editor

Response to the letter: “Preeclampsia: a relevant chronic kidney disease risk factor frequently and unfortunately forgotten”

Respuesta a la carta: «Preeclampsia: un importante factor de riesgo de enfermedad renal crónica frecuente y desafortunadamente olvidado»

Mr. Director,

We thank Dr DaSilva¹ for the interest on the information and consensus document for the detection and management of chronic kidney disease (CKD).² Her comment about the inclusion of preeclampsia as a risk factor for CKD progression is absolutely pertinent.

As she states in her letter, there are several reasons to consider its inclusion as a risk factor; among them, the progressive increase in the prevalence of CKD in women of childbearing age and in pregnant women, as well as the fact that women who have had an episode of preeclampsia are more likely to develop CKD.³

Furthermore, we also agree with Dr. DaSilva in highlighting the fact that CKD is underdiagnosed in these patients who have presented preeclampsia, due to the lack of long-term nephrological follow-up because it is considered to be an acute and reversible pathology.

These data show the need for renal follow-up including estimated glomerular filtration rate, measurement of the urine albumin/creatinine ratio and blood pressure in patients who have developed an episode of preeclampsia or eclampsia.

Recently, the guidelines for the management of glomerular diseases in pregnancy, include these recommendations on monitoring, among others.⁴

Until very recently, no reference had been made to the consideration of eclampsia/preeclampsia as a factor in renal progression, neither in the KDIGO 2012 guidelines⁵ nor in the NICE 2021⁶ guidelines. However, in the draft KDIGO 2023 guidelines, still under review, preeclampsia is mentioned as

a factor in the progression of CKD, being included along with other systemic diseases with an effect on renal progression, such as systemic lupus erythematosus, HIV infection and gout.⁷

Thus, we again appreciate the suggestion made by Dr. DaSilva to include preeclampsia and hypertensive disorders of pregnancy as a risk factor for long-term CKD. But, in addition, we believe that it should also be included in the CKD screening groups in order to improve the early detection in those that are at risk of developing CKD. Both aspects should be included in the next update of the document.

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