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Iara DaSilva Santos[a,*], Marta Ricart Calleja[b], Giorgina B. Piccoli[c]

[a] *Servicio de Nefrología, Unidad Multidisciplinar de Alto Riesgo Nefro-Obstétrico, Hospital Universitari Germans Trias i Pujol, Badalona, Barcelona, Spain*
[b] *Servicio de Ginecología y Obstetricia, Unidad Multidisciplinarde Alto Riesgo Nefro-Obstétrico, Hospital Universitari Germans Trias i Pujol, Badalona, Barcelona, Spain*
[c] *Centre Hospitalier Le Mans, Le Mans, France*

[*] *Corresponding author.*
E-mail address: isilvasa.germanstrias@gencat.cat (I. DaSilva Santos).

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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 DaSilva[1] 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 guidelines[5] nor in the NICE 2021[6] 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 addi-

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tion, 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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Jose Luis Górriz[a,*], Rafael García Maset[b],
en nombre de los autores del documento de información y consenso para la detección y manejo de la ERC

[a] *Servicio de Nefrología, Hospital Clínico Universitario, Universidad de Valencia, Valencia, Spain*

[b] *Servicio de Nefrología, Hospital de Manises, Valencia, Spain*

[*] *Corresponding author.*
E-mail address: jlgorriz@gmail.com (J.L. Górriz).

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IgA nephropathy and hematuria after getting vaccine for SARS-CoV-2

Nefropatía por IgA y hematuria después de recibir la vacuna para SARS-CoV-2

Dear Editor,

We would like to comment on the publication "Hematuria in patients with IgA nephropathy after vaccine for SARS-CoV-2.[1]" The study looks at three examples of IgA nephropathy patients who acquired macroscopic hematuria after receiving the COVID-19 vaccination. It emphasizes that this side effect has been linked to the use of mRNA vaccines (Moderna®, Pfizer®) and viral vector vaccines (AstraZeneca®). The patients in the cases were asymptomatic, and the hematuria went away on its own after 24–72 h. Given the increased mortality risk from COVID-19, the findings suggests that finishing immunization in these susceptible patients is justified.

The article only includes three cases, which is a tiny sample size and may not be representative of the general community. The lack of data on the prevalence of hematuria after COVID-19 immunization in individuals with IgA nephropathy makes determining the importance of this side event challenging. The research does not include previous studies or literature on the relationship between immunizations and renal problems in IgA nephropathy patients, limiting the context for the findings. The article does not state if other potential causes of hematuria, such as urinary tract infections or renal stones, were explored. These could be confounding factors. The primary concern for any negative reaction to COVID-19 immunization is the confounding effects of underlying disease, as well as the possibility of previously undiagnosed silent COVID-19 infection, which could disrupt the normal immunological response to vaccine.

If this is a true case of vaccination-induced hematuria, the possible mechanism for vaccine-induced hematuria is intriguing. One theory is that the COVID-19 vaccine activates CD4 and CD8 T cells, resulting in a systemic cytokine cascade. This cascade may increase IgA1 production, resulting in macroscopic hematuria in patients with IgA nephropathy. Another possibility is that the vaccine-induced immune

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