



LETTER TO EDITOR

Chyloretroperitoneum secondary to retroperitoneoscopic live donor nephrectomy: A single-center experience



Dear Editor,

We read with great interest the article entitled “kidney transplantation: A new era of laparoscopic living donor nephrectomy in Indonesia” by Albertus Marcelino et al.¹ Authors concluded that laparoscopic living donor nephrectomies had been performed successfully with improvement of surgical parameter in due time and laparoscopic approach has entered a new era for kidney procurement in Indonesia. This is a very good article, as they introduced their early experience in laparoscopic living donor nephrectomy (LLDN), but we have some suggestions for this article.

Firstly, we recommend the retroperitoneal laparoscopic live donor nephrectomy (RPLDN). As we all know, compared to LLDN, pure RPLDN has been proved to have lower risk of both intraoperative and postoperative intestinal complications, and has the advantages of direct, rapid renal exposure, flexible control of the renal hilum, as well as low morbidity, little postoperative pain, short convalescence, and high donation rates,² so RPLDN has become the standard procedure for living donor kidney excision in many centers.

Secondly, we should be careful about the complication of lymphatic leakage, in addition to the common complications mentioned by the authors. Chylous leakage is the accumulation of chyle in the peritoneal, or retroperitoneal cavity. In LLDN or RPLDN, the dissection is adjacent to the aorta to obtain the maximum length of the renal vessels for the subsequent kidney transplantation, but the para-aortic area is rich in lymph vessels and lymphatic major trunks. Any iatrogenic injury of the cisterna chyli and its main retroperitoneal lymphatic tributaries may result in postoperative chylous

leaking. In the recent years, chylous leakage has been increasingly reported, so the chylous leakage is not a rare complication in live donor nephrectomy. The reported incidence of chylous leakage (Lymph ascites) is from 0.7% to 3.8% in laparoscopic live donor nephrectomy.^{3,4} The incidence of postoperative chyloretroperitoneum is 2.39% in our center, but there is no exact report on the incidence of postoperative chyloretroperitoneum following the RPLDN, only case reports.⁴ We think that the actual incidence may be higher, because the retroperitoneal cavity is more limited, if the amount of chyle leakage is not large, and there is no drainage tube, the chyle leak will not be found. We know that many center do not routinely place the drainage tube after operation, as they think that the tube does not seem appropriate and may lead to more harm than benefit.⁵

At last, the overriding concern in living kidney donation is the safety and welfare of the healthy donor. To this end, more minimally invasive surgical procedures should be taken and surgical complications inherent to donor nephrectomy must be minimized, although good results of one institute with early experiences in this article are hopeful and laparoscopic approach has entered a new era for kidney procurement in Indonesia.

Conflicts of interest

The authors declare that they have no competing interests.

Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.asjsur.2019.03.001>.

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26 February 2019