

microsurgical clip reconstruction. Direct clip application is associated with higher rate of permanent aneurysm obliteration. Endovascular techniques need not be looked as a panacea for management of aneurysms. In fact, surgery and endovascular techniques should be taken as complementary techniques, and the patients are best served with both the modalities available. The goal should not be to establish the superiority of one technique over the other, but both the techniques should be used synergistically and individually.

Aneurysms have been operated for nearly 70 years, and surgery is firmly established as a definitive procedure for aneurysmal obliteration. On the other hand, GDC coils were introduced only recently, and their long-term efficacy needs to be evaluated further. With the passage of time, we will see the march of technology translating into the aneurysms being treated with less and less of invasive techniques, whether surgical or endovascular. It is for the physicians to further refine and evolve the techniques that they are practicing and achieve low morbidity and improved clinical outcome.

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LITERATURE REVIEW

Pregnancy in renal transplant recipients. Gutierrez MJ, Acebedo-Ribo M, Garcia-Donaire JA et al. *Transplant. Proc* 2005 Nov.;7 (9): 3721-3722.

Fertility is restored after renal transplantation when good function achieved. Gutierrez and group from the Renal Transplant Unit, Nephrology Department, Madrid, Spain described the gestations of transplanted patients, analyzing outcomes and complications as well as long-term evolution of renal function. From 1976 to 2004, 43 gestations occurred in 35 renal transplanted women: Their mean age was 31.7 + 4.06 years, with a mean time from the transplant to pregnancy of 4.32 years (0.4-13). At conception, all showed normal renal function (SCr 1.05 + mg/dl). There were 19 abortions (43.8%), nine of them spontaneous (21%) and 10 therapeutic (six cases for non-compliance with described criteria of European Best Practice Guidelines for Renal Transplantation, especially pregnancy <6 months after transplantation). Excluding these six cases of therapeutic abortions, 24 successful pregnancies occurred in 37 women (65.7%), although eight (29.1%) had premature delivery with live fetuses. Arterial hypertension was the most frequently complication (64%). Pre-eclampsia occurred in nine (37.5%) pregnancies, with proteinuria in five and only two with mild renal function deterioration. The majority patients received cyclosporine (n=20) or tacrolimus (n=19). Since 1996, mycophenolate mofetil and sirolimus were stopped before conception. Birth weight was lower than 2,500 g in 33.3% of pregnancies. Every newborn baby was healthy. Afterward, of the 24 patients with successful pregnancy, 21 (87.5%) have functioning renal transplants at 53.2 months. After delivery, all currently show good renal function (SCr 1.16 ± 0.35 mg/dl, CrCl 91 ± 28.45 ml/m).

The study concluded that pregnancy in renal transplant women shows a success rate of 65.6%. However, complications related to arterial hypertension such as pre-eclampsia are frequent. The incidence of spontaneous abortions was similar to other series (21%). Long term graft survival does not seem to be negatively affected by pregnancy.

Renal Function and Cardiac Angiography

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The objective was to study the effect of non-ionic contrast medium on renal function in children with cardiovascular disease. Analysis of renal function in 98 children with cardiovascular disease before and after the use of Iopamidol, Iohexol, and Ioversol was done for angiography. Serum creatinine (s-cre), urinary N-acetyl-beta-D-glucosaminase (u-NAG), urinary beta 2-microglobulin (u-BMG), and urinary alpha 1-microglobulin (u-AMG) levels were evaluated. Although s-Cre levels remained unchanged, u-NAG/Cre, u-AMG/cre and u-AMG/Cre significantly increased 12 hours after angiography. Levels of u-NAG/Cre, u-AMG/cre and u-AMG/Cre after angiography were significantly higher in neonates and infants (age < 12-months, n=32) than in children (age > 1-year, n=61), in patients with more than 5ml/Kg of contrast medium (n=25) than in those with less than 5 ml/Kg (n=70) and in cyanotic patients (n=13) than in non-cyanotic (n=80) patients. Transient renal tubular dysfunction occurred in all of these three non-ionic contrast mediums. Although renal tubular function was intact on a long-term basis, one should be careful of contrast medium-induced nephropathy, especially in neonates and infants, in patients receiving more than 5ml/Kg of contrast mediums in total, and in patients. With cyanotic heart disease in using non-ionic contrast mediums. E-mail: Khamaoka@koto.kpu-m.ac.jp