The United Network for Organ Sharing gives allocation priority of deceased donor kidneys to children. Despite this favorable policy, there remains an obvious shortage of deceased donor kidneys for children. One remedy is the expanded use of pediatric donor kidneys in children. Pediatric donors have accounted for 3.1%-4.4% of the total donors over the past 3 decades. In absolute numbers, this accounts for almost 1000 donors. Each of these pair of kidney grafts could almost wipe out the current waitlist of pediatric recipients.

Although the use of single kidney transplants from pediatric donors >5 years of age into children is increasingly accepted, en bloc kidney transplants from pediatric donors <2 years of age into children remain controversial. In the past, the historically high vascular and urologic complication rates had made use of these grafts a challenge in pediatric recipients. Vascular complications are primarily technical and most commonly associated with arterial and/or venous graft thrombosis that has been reported to be as high as 8.3%. Both donor and recipient factors including small vessel size and low blood pressure contribute to graft thrombosis. Other vascular complications such as vascular stenosis have been found to be 3 times more common in en bloc kidney transplants compared with solitary adult grafts. Ureteral complications such as leakages and stenosis are also more common because of the shorter length and smaller luminal diameter compared with adult donor kidneys. In the past, these technical complications have resulted in a reduced graft survival rate at 1 year for en bloc kidney grafts compared with matched cohorts of deceased adult donor grafts.

In the more recent literature, a decrease in the technical complication rate of en bloc kidney transplants has been reported. Factors that have been associated with improved outcome include a reduction in cold ischemia time...
(an independent risk factor for arterial thrombosis), the use of induction therapy with antithymocyte globulin, and the (combined) use of heparin and antiplatelet agents posttransplant and technical refinements.\textsuperscript{5,10,11} Not only has the graft thrombosis rate for en bloc kidney transplants in the immediate posttransplant period improved, but advances in interventional radiologic and urologic techniques have also been reported in the treatment of vascular and ureteral stenoses at later posttransplant stages.

Despite the higher technical failure rate in the past, long-term outcomes of en bloc kidney grafts had still been superior compared with matched cohorts of deceased adult donor grafts.\textsuperscript{12} As some of the technical complications can now be corrected or even overcome, it appears that the use of en bloc kidney transplants may emerge as an option that offers superior graft and patient survival characteristics in both children and adults.\textsuperscript{13} The current results are excellent even compared with living donor renal transplants in adults.\textsuperscript{13}

The study by Winnicki et al\textsuperscript{14} in this issue of The Journal presents a detailed retrospective analysis of the United Network for Organ Sharing database regarding outcome after en bloc kidney transplants into children. Recent reports have already shown that such transplants are safe, increase the donor pool and show comparable or even superior survival rates.\textsuperscript{15,16} Winnicki et al\textsuperscript{14} were able to also show that the median wait time for recipients of en bloc kidney transplant was significantly shorter than for recipients of standard deceased kidney. This resulted in an increase in the number of dialysis-free years for pediatric recipients of en bloc kidney transplants. Furthermore, the authors showed that the estimated glomerular filtration rate was superior at 5 years posttransplant, diminishing long-term concerns over the potential consequences of early hyperfiltration injury.\textsuperscript{14} These additional benefits of shorter wait times and better graft function, as shown in this study, may help to increase the use of this still underutilized kidney transplant option in children.\textsuperscript{17} Every effort should be made to use these grafts and to take measures that have been shown to decrease the surgical complication rates in an effort to get more children off dialysis.

References