

# Critical care issues in liver transplantation

Dear Editor,

I read with keen interest the review by Gopal *et al.* in the journal.<sup>[1]</sup> I am grateful for their great review. However, I would like to make some comments.

First, there are recent reports that demonstrate the superiority of quadruple or triple immunosuppression versus traditional approach in terms of efficacy and safety.<sup>[2]</sup> This positive outcome is mainly related to the use of tacrolimus as the cornerstone within the immunosuppressive treatment.<sup>[3]</sup>

Second, in areas where Chagas disease is endemic, with migratory flows, reactivation should be considered when the donor has Latin-American origin, nowadays this complication has been recognized in USA and Europe.<sup>[4-5]</sup>

Third, the authors missed the important issue that transplant recipients may develop severe infection with *Streptococcus pneumoniae*, even in the early posttransplant period.<sup>[6]</sup> Vaccination has been recommended in heart, renal and liver recipients. Available vaccines are the 23-valent polysaccharide and the hepta- and decavalent protein conjugate.<sup>[7]</sup>

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