Web-based reporting in other contexts. would provide a realistic account, consistent with 2004, we would expect that Web-based reporting
described by the case of a 15-year-old boy. The boy's pointers can cause severe eye injury, as demonstrated by the case of a 15-year-old boy. The boy's light on the Internet to use as a toy for popping
had ordered a handheld laser pointer with green
strated by the case of a 15-year-old boy. The boy's
pointers can cause severe eye injury, as demon-

THE AUTHORS REPLY: Wu and Zhou suggest that
some portion of the increase in reported syphilis
cases in China may be an artifact of a one-time
change in the reporting system in 2004 — an
important concern. However, a systematic review
of Chinese and English peer-reviewed publica-
tions about syphilis trends among both high-risk
groups and pregnant women in China suggests
that syphilis was spreading before 2004. After
2004, we would expect that Web-based reporting
would provide a realistic account, consistent with
Web-based reporting in other contexts. Studies
have shown a wide variation in syphilis risk
among the approximately 20 million children
born in China each year, making inferences
from the sentinel surveillance data to the nation-
al situation challenging. The spread of syphilis
among men who have sex with men and among
nulliparous women who have sex for money could
still ultimately affect the occurrence of congeni-
tal syphilis. As Wu and Zhou note, accurate diag-
nosis of congenital syphilis is difficult, but this
challenge should not obscure the importance of
preventing syphilis and its adverse outcomes in
pregnant women.

Hesketh and colleagues bring up an excellent
point about reexpanding syphilis screening in
China — a strategy that is consistent with the
strategy proposed by our research group. At
the same time, concerns about the feasibility of re-
institutionalizing mandatory premarital syphilis
testing at the national level in China are not
trivial and demand further investigation. The con-
sensus that China has an expanding syphilis
epidemic has already served as a call for action
that has been enthusiastically answered by pub-
lic health leadership at multiple levels in China.
The Chinese Ministry of Health has already is-
sued a 10-year plan for national syphilis control
and prevention. A pilot program of antenatal
syphilis screening in Shenzhen, Guangdong Prov-
ince, screened more than half a million women
and showed the feasibility and cost-effectiveness
of such programs, and now many antenatal clin-
ics routinely provide free syphilis testing there.
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Since publication of their article, the authors report no fur-
ther potential conflict of interest.

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Retinal Injuries from a Handheld Laser Pointer

TO THE EDITOR: Handheld laser pointers are
commonly used in lecture halls and are consid-
ted to be harmless and safe. However, laser
pointers can cause severe eye injury, as demon-
sstrated by the case of a 15-year-old boy. The boy
had ordered a handheld laser pointer with green
light on the Internet to use as a toy for popping
balloons from a distance and burning holes into
dense subretinal hemorrhage in his left macula

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(Fig. 1A) and several tiny round scars in the pigment epithelium of the foveolar region of his right eye (Fig. 1B). The clinical findings were consistent with severe bilateral retinal laser injury.

After 4 months, the boy’s visual function remained impaired but improved to 20/32 in the right eye spontaneously and to 20/25 with a remaining scar just beside the center of the fovea in the left eye after one intravitreal injection of ranibizumab (Fig. 1C).

In the past, laser pointers sold to the public had a maximal output of 5 mW, which is regarded as harmless because the human eye protects itself with blink reflexes. The measured output of the laser in this case was 150 mW. The use of lasers that are threatening to the eye is normally restricted to occupational and military environments; laser accidents outside these fields are very rare. However, powerful laser devices, with a power of up to 700 mW, are now easily obtainable through the Internet, despite government restrictions. These high-power lasers are advertised as “laser pointers” and look identical to low-power pointers (Fig. 1D). The much higher power of such devices may produce immediate, severe retinal injury. Despite their potential to...
Kidney Paired Donation in Live-Donor Kidney Transplantation

TO THE EDITOR: An estimated 6000 patients on the waiting list for kidney transplantation in the United States have suitable living donors who are not immunologically compatible. Both kidney paired donation (KPD) and desensitization are options for patients with incompatible donors. KPD, which matches a living donor with a compatible recipient in a tag-team approach among potential donor–recipient pairs, can achieve compatible transplant combinations. Although desensitization therapies have been used to achieve transplantation from an incompatible donor, such procedures are costly and may have associated complications and inferior long-term outcomes. Computer modeling suggests that KPD is underused despite lower costs and better outcomes than desensitization.

Our center established a KPD program enrolling all consenting recipient candidates who had incompatible donors as well as compatible pairs with donors over the age of 45 years. Since we initiated the program in March 2008, we have performed 83 KPD procedures, including 22 two-way and 13 three-way exchanges. The median time from listing in the KPD database to transplantation was 5.5 months (range, 1 to 18). All recipients had negative flow cross-matches at the time of transplantation. Of the transplant recipients in the program, 64% had cross-match incompatibility with their original donors, and 36% had blood-type incompatibility. Of the transplant recipients with cross-match incompatibility, 36% had a panel reactive antibody of more than 80%. With a median follow-up of 6 months after transplantation, there were no episodes of cellular rejection and one mild antibody-mediated rejection that was easily reversed.

Currently, 201 recipient candidates and 339 potential donors are enrolled in the KPD database. There was a strong correlation between the number of KPD transplantations and the addition of new pairs to the database, with the sharpest rise occurring after the database reached 100 recipient candidates (Fig. 1). This increase in the number of KPD procedures has substantially increased access to live-donor transplantation. One year after initiation of the program, KPD procedures accounted for 11% of live-donor transplantations at our center; by 18 months, the proportion was 31%. In the past year, 61 of 180 (34%) live-donor kidney transplantations that were performed at our center were KPD procedures, a proportion that highlights the sustainability of KPD to increase access to transplantation.

If the productivity of our KPD program were to be replicated on a national level, it would potentially result in approximately 2000 additional live-donor transplantations annually and reduce the number of patients on the waiting list. The increased use of this procedure would also probably avert many difficult desensitization therapies. No recent advance in transplantation has achieved such an apparent increase in access to live-donor transplantation, especially in sensitized patients.

The authors report having no proprietary or commercial interest in any materials discussed in this letter.

Disclosure forms provided by the authors are available with the full text of this letter at NEJM.org.