Letter and Reply

On the methodology for measuring thickness of glomerular basement membranes

Sir,

We read with interest the multicentre Italian study by Frasca et al. [1] that confirms that a proportion of patients (6/51) with thin glomerular basement membrane disease (TBMD) have an underlying type IV collagen mutation that may not always be benign.

In the ‘subjects and methods’ section they state that the measurements of glomerular basement membrane was performed by the method published by us [2]. However, our work involved a comparison between the Orthagonal Intercepts Method (OIM) and our modification of direct measurement (MDM) method, applying it on two glomeruli rather than one. Frasca et al. [1] do not state which of the two (or both) methods was used in their study. We found that although the MDM method is acceptable for diagnosing TBMD, on average the values were about 80 nm less than those obtained with OIM. As one of the patients described by Frasca was only 8 years old we would also remind readers that basement membrane thickness is age related [3].

5/18 patients with suggestive family histories or 6/51 in the overall group had collagen IV mutations suggesting that other genes involved in the production or turnover of glomerular basement membrane are likely to be equally important in the pathogenesis of this variant/disease.

It would also be interesting to know if any of the ultrastructural lesions correlated with collagen IV mutations.

Conflict of interest statement. None declared.

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Reply

Sir,

In our study on thin glomerular basement membrane disease (TBMD) we used the modified direct measurement method as proposed by Das et al. [1]. We are aware that by this method the authors found values that were on average about 80nm less than those obtained by using the Orthogonal Intercepts Method. Thus, as specified in our report, the three laboratories involved in the study had their own standards for ‘normal’ GBM thickness to be used as a control measurement. We did not find any correlation between the presence of collagen IV mutations and the ultrastructural appearance of the GBM, which was characterized by a uniform thinning without additional alterations, and represented the main criteria for inclusion in the study.

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Letters

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Haemodialysis catheter-associated infection: common pathogens in unusual places

Sir,

For many patients with ESRF intravenous catheters are an essential route of vascular access for haemodialysis treatment. In the United Kingdom such patients constitute up to 17% of the dialysis population [1]. In this context rare infectious diseases may be encountered in the dialysis unit. We describe two previously unreported infectious complications of tunnelled dialysis catheters.

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