embolism documented with lung scintigraphy [2]. Winn et al. [8] reported a patient who had documented pulmonary embolism immediately after completion of a fibrin sheath stripping procedure. Rockoff et al. [9] reported fatal pulmonary embolism upon removal of a CVC in a 1-year-old child. Contrary to these rare findings, our study supports the hypothesis based on experimental studies that the fibrin sheath is firmly attached to the vein wall and does not embolize upon removal. The fate of these sleeves whether cleared by the body’s thrombolytic activity or embolized into the pulmonary arteries after a while is not known.

Our study suffers the drawback of a small patient population from which a scientific conclusion is not possible. Pulling back the catheter might have dislodged some portion of the fibrin sheath before the second injection, which we did not control of. Pulmonary embolization was only assessed with venography and pulmonary scintigraphy was not done. Therefore, it is possible that some clinically silent emboli could have gone unnoticed.

This study showed that fibrin sheath formation is a very frequent finding and the sheath around the catheter seems to be firmly attached to the vein wall and does not embolize into the pulmonary arteries upon removal of the catheter.

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Serum phosphorus and the risk of progression of chronic kidney disease

Sir,

We read with interest the recent paper by Voormolen et al. [1], describing an association between higher serum phosphorus levels and faster decline in renal function, in 432 patients with advanced chronic kidney disease (CKD). The authors contend that their study is the first to describe such an association in a large number of pre-dialysis CKD patients. We would like to direct the authors’ attention to two other papers, published last year and examining the same issue. We studied the association between serum phosphorus level and the incidence of dialysis or doubling of serum creatinine in 985 male patients (mostly CKD stages 3–4) [2]. We found that higher phosphorus was associated with a higher incidence of the renal end-point, even after adjustment for a number of potential confounders; a 1 mg/dl higher serum phosphorus level was associated with an adjusted hazard ratio (95% confidence interval) of 1.29 (1.12–1.48, P < 0.001) for the composite renal end-point. Another study examined risk factors for progression of CKD in 1094 black patients, enrolled in the African American Study of Hypertension and Kidney Disease (AASK) and, while serum phosphorus level was not its main focus, it also found serum phosphorus level to be one of the several independent predictors of progressive CKD [3]. The results presented by Voormolen et al. are certainly concordant with those described in these earlier studies and should form the basis for future trials examining the impact that lowering of serum phosphorus might have on progression of CKD.

Note: Dr Voormolen et al. were invited to provide a reply, but we did not receive a response.


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