immune complex-mediated glomerulonephritis come to surface [1,4]. Although the actual frequency of Lyme disease-associated glomerulonephritis in humans is unknown as yet, it is our sense that this is most probably an under-diagnosed situation. An important factor that permits the diagnosis of the Lyme-associated glomerulonephritis to evade is the potentially chronic, remitting and relapsing course of the clinical manifestations of the causing infection. In view of the diagnostic obstacles and probably the low clinical suspicion for the search of Lyme disease, we believe that more cases of so-called ‘primary’ membranoproliferative glomerulonephritis (MPGN) or other glomerulonephritides might be associated with Lyme disease but are not diagnosed as such [5], a case which has also been documented in proteinuric dogs [6]. Regarding the treatment of Lyme nephritis, as long as the stimulation of the immune system caused by the infection seems to play a pivotal role in infection-associated glomerulonephritides, it would seem rational to treat such cases with a combination of antibiotics plus immunosuppressive therapy (corticosteroids, plasma exchange, interferon, monoclonal antibodies, etc.), in a way similar to the schemes used in the treatment of hepatitis C virus-related glomerulonephritis. Although such a treatment has already been reported to be effective in a case of Lyme nephritis [3], the existing data are inconclusive.

Conflict of interest statement. None declared.

Editorial Note: Dr. Papineni et al. had no further comments on this letter.

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MSK and dRTA: a puzzling association

Sir,
Carboni et al. have reported two intriguing cases [1]. We have a few concerns, however. The typical clinical phenotype of the recessive distal renal tubular acidosis (dRTA) presented by the two patients is very different from the one observed in characteristic medullary sponge kidney (MSK) patients. The latter frequently have defective distal acidification, but in its incomplete form, as we have recently reported [2]. Although in adulthood patients have osteopaenia, they do not manifest failure to thrive or have growth retardation in childhood [2]. Furthermore, sensorineural hearing loss has never been described in typical MSK patients.

The radiological diagnosis of MSK is more complicated than what is generally believed. Technical procedures may show urographic pictures resembling MSK. Thus, were the papillary precaliceal ectasias documented on films taken at least 10 min after injection of the contrast medium? Moreover, were they disclosed without compression manoeuvres or obstruction?

We agree with the authors that further studies on larger series are necessary to confirm their findings and possible causal relationship. We would add that both genetic and radiological studies on patients with typical MSK or with recessive dRTA should be performed.

At present, we would be very cautious in considering these two cases as MSK patients.

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