Risk of urinary tract carcinoma in aristolochic acid nephropathy

Sir,

The article by Yang et al. [1] is of great interest. Indeed, the acknowledgement of the grim reality of aristolochic acid nephropathy (AAN) by Chinese scientists is of paramount importance for public health in Asia. The authors focused on variation in clinical presentation, essentially acute or chronic renal failure as well as tubular disorders. Unfortunately, they do not discuss the cases of haematuria related to a urinary tract carcinoma, which represent apparently the first clinical presentation in 3% of studied patients (Table 1 of the paper). Besides the renal injury, urinary tract carcinoma is actually a major complication of AAN (prevalence superior to 40%) [2, 3]. Accordingly to our experience, urothelial cancer may occur during AAN progression from the very early stage to the end-stage disease. After kidney transplantation, urothelial dysplasias or carcinomas are present in the native upper urinary tract of AAN patients. Therefore, prophylactic bilateral ureteronephrectomy is strongly recommended in all patients with end-stage AAN [2–4]. Moreover, AAN transplant patients remain at risk for the development of bladder cancer [4]. Therefore, a regular screening by cystoscopy is strongly recommended [4, 5]. In our experience, such cystoscopic examination performed every 6 months demonstrated its efficiency in detecting bladder tumours at an early stage, namely non-muscle invasive carcinoma of high grade (pT1G3) and/or carcinoma in situ [5].

In conclusion, the diagnosis of urinary tract cancer must be considered by the clinician in all patients suspected to have been exposed to aristolochic acid, and regular screening procedures are required during the long-term follow-up of these patients.

Editorial Note: Yang L et al. had no further comments on this letter.

Conflict of interest statement. None declared.

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