A) COMMENTS ON PUBLISHED ARTICLES

Page kidney *Doppler* ultrasound

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To the Editor,

We read with great interest the paper published in the journal NEFROPLUS by Dr Montoya et al.[1] in relation to Page kidney. This is an excellent review describing this rare condition in great detail, both diagnostically and therapeutically.

In this letter, we would like to provide additional information to that already offered by the authors regarding an ultrasound finding of interest that we have recently described.[2]

In our study we described a transplant patient under antiplatelet aspirin therapy that underwent percutaneous nephrostomy to resolve an ureterovesical stenosis while definitive surgery was being planned. Oliguria and impaired renal function were noted 48h after placing the nephrostomy tube. Blood pressure was unchanged. Two-dimensional ultrasound revealed a large subcapsular haematoma, while the Doppler colour ultrasound showed preserved renal perfusion with normal arterial and venous flow. The pulsed Doppler ultrasound showed the existence of an increase in intrarenal resistance with reversal of diastolic flow throughout the kidney. The patient underwent surgery within 24 hours. The subcapsular haematoma was evacuated, and therefore, diuresis was recovered, renal function was normalised and the Doppler pattern returned to normal.[2]

Diastolic flow reversal in pulsed Doppler ultrasound is traditionally characteristic of renal vein thrombosis.[3] However, it also can be presented, reversibly, by acute rejection and severe acute tubular necrosis,[3] anticalcineurinic toxicity[4] and, in our experience, Page kidney.[3]

Lastly, it is of great interest to perform a Doppler ultrasound after each renal intervention in order to diagnose associated complications. It is also important to know that the reversal of diastolic flow in the Doppler does not necessarily indicate that there is a renal vein thrombosis.

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B) BRIEF PAPERS ON BASIC RESEARCH AND CLINICAL INVESTIGATION

Lactic acidosis and linezolid-induced pancytopaenia

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To the Editor,

Linezolid[1-3] is an antibiotic in the oxazolidinone group with a tricyclic structure responsible for its efficacy against methicillin-resistant staphylococci. It inhibits protein synthesis by using a different site from other antibiotics. It is active[3] against numerous microbes, such as staphylococci, including methicillin-resistant ones, streptococci, enterococci and other gram-positive types, like *Corynebacterium* and *Listeria*, as well as some anaerobes such as *Clostridium difficile*.

It is being increasingly used in current clinical practice for the treatment of nosocomial pneumonia caused by MRSA or *Streptococcus pneumoniae*, community pneumonia due to gram-positive organisms and complicated and uncomplicated skin infections, including diabetic foot infections without concomitant osteomyelitis.

60% is metabolised[3] by the liver and 30% by the kidney, therefore the dosage does not require adjustment in moderate renal or hepatic failure, although there is no experience in serious failures.

Like any drug, it has side effects.[1-3] The most frequently reported (between 1%