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## Henoch-Schönlein nephritis triggered by *Salmonella enteritidis* infection

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### Dear Editor:

Henoch-Schönlein purpura (HSP) is a common type of vasculitis in children. Renal involvement is frequent and not always benign. Prognostic factors have been recently reviewed by García et al. on your Journal, older age and relapses being related to a poorer renal prognosis<sup>1</sup>.

We present a case of 5-years old boy who was admitted to our hospital with a history of fever-chills, vomiting, abdominal cramping and diarrhoea. He received IV and subsequent oral rehydration and his conditions improved in three days. A stool culture yielded *Salmonella enteritidis*. After an interval of one week by the onset of gastrointestinal symptoms he developed symmetrical purpuric papules and plaques at the lower extremities and arthralgia of the tibio-tarsal joints. Two days later appeared frank hematuria lasting one day only and followed by microhematuria

with mild proteinuria. Blood pressure was always normal. Among laboratory investigations creatinine was 77 µmol/l, platelet count, C3 and C4 levels were normal, antinuclear antibody and rheumatoid factor were absent, serum IgA levels were increased for his age (232 mg/dl). Characteristic skin manifestations, joint involvement and hematuria led us to the diagnosis of HSP nephritis (HSPN). Purpura and arthritis resolved in three weeks. Nephritis had a benign evolution. After six months the boy was normotensive without residual microhematuria nor proteinuria and his renal function was normal.

Pathogenesis of HSPN has very recently reviewed<sup>2</sup>. High levels of galactose-deficient IgA1 (Gd-IgA1) has been found in children with HSPN, but not in HSP affected patients without nephritis. Gd-IgA1 seems to have a pivotal role both in HSPN and IgA nephritis. Gd-IgA1 is recognised by anti-glycan antibodies and form large molecular immune complexes. Their deposit in renal mesangium is thought to initiate glomerular inflammation.

Many factors may activate IgA1 overproduction and subsequent disease: a list that includes various infective agents and medications has been published in a review by Rai et al., but it does not contain *Salmonella enteritidis*<sup>3</sup>. Afterwards a case of HSP nephritis in a 50-year-old woman with *Salmonella typhi* septicaemia has been described<sup>4</sup>. At our knowledge our case of HSP nephritis induced by *Salmonella enteritidis* is the first described in literature. This pathogen, very common in children, should be included in the number of infectious agent that can trigger HSPN.

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## Rechazo agudo en el injerto pancreático

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### Sr. Director:

El trasplante simultáneo renal y pancreático es la mejor opción de tratamiento para los pacientes jóvenes (<45 años) que presentan diabetes mellitus (DM) tipo 1 y nefropatía diabética en estadios avanzados, en ausencia de otros factores de riesgo cardiovascular, siempre que el tiempo de espera para el trasplante no se prolongue más allá de lo razonable<sup>1</sup>.

Debido a las características de este tipo de donantes y receptores, la supervivencia del paciente y del injerto renal es similar a la del caso de trasplante de donante vivo<sup>2</sup>. El injerto pancreático en este caso tiene una supervivencia en torno al 70% al quinto año posterior al trasplante.

Presentamos el caso clínico de un varón de 47 años, sometido a trasplante de páncreas y riñón, de forma simultánea,