

tant, in our patient even with a kidney function only slightly impaired.³⁻⁵

ACD is in turn determinant in the occurrence of renal cancer, appearing most commonly as a papillary microcarcinoma, unlike in the general population, in which clear cell carcinoma predominates.^{5,6} We have found 5 cases of oncocytoma reported as occurring in association with ACD, 4 of them in patients on dialysis and one in the native kidney of a transplanted patient. Our case is the first reported occurring without prior replacement therapy.⁷⁻⁹

Association of extracapillary GN to renal neoplasms is well known,^{6,10} and its relationship to oncocytoma,¹¹ a rare tumour that is usually associated to other tumour cell lines, is doubtful. Here, it would more probably be related to the papillary microcarcinoma.

As a practical suggestion, we recommend that in patients with chronic glomerular disease on immunosuppressants, screening for renal tumours should be the same as in transplanted patients.

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Acute renal failure after venography

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To the editor: Venography is a procedure intended to ascertain the location of veins in the arm in order to select the most adequate for performing the arteriovenous fistula required for haemodialysis. The case of a 73-year old female patient with a history of diabetes mellitus and high blood pressure, both starting 20 years before, atrial fibrillation, mitral and aortic stenosis, chronic anaemia, and chronic kidney disease diagnosed five years before and monitored at our department of nephrology, with creatinine levels of 3 mg/dL and a creatinine clearance of 15 mL/min, is reported here. She was being treated with insulin, acenocoumarol, furosemide, oral iron, doxazosin, atenolol, isosorbide dinitrate patches, folic acid, and omeprazole. The patient attended the hospital reporting oligoanuria (150 mL/24 h) for the past 24 hours after a venography. There was no other potential

triggering factor of oligoanuria. Physical examination found no fever and blood pressure values of 130/60 mmHg. CA: Rhythmic heart sounds. PA: Preserved vesicular murmur. Lower limbs: No oedema or signs of DVT. Laboratory tests showed a normal WBC differential, haemoglobin 8.9, platelet count 159,000. Urea 104, creatinine 7.2, sodium 128, potassium 4.6, LDH 564, elemental urine analysis: pH 5, specific gravity 1005, positive protein (+++), sodium 13 mEq/L, and potassium 53 mEq/L. The ECG showed atrial fibrillation with controlled ventricular response at approximately 80 bpm. Chest and abdominal X-rays revealed no radiographic changes. During admission, patient received intravenous fluid therapy, diuretics, and N-acetyl cysteine, showing basal creatinine levels of 4 mg/dL at three days of admission.

Renal failure triggered by intravenous contrast after a venography is very uncommon, but has been reported as one of its complications.^{1,2} Acute renal failure caused by a contrast agent is defined in absolute form as a 0.5 mg/dL increase and in relative form as a 25% increase in creatinine levels 48-72 h after administration.³

Contrast-induced renal failure is more common in patients who previously have some grade of renal insufficiency, those with a prediabetic state, those with diabetes mellitus starting some years before,^{4,6} or patients with hyperuricemia⁷ (values higher than 7 mg/dL in males and 5.9 mg/dL in females). The most common clinical sign is oligoanuria from renal function impairment, occurring as a consequence of renal vasoconstriction and medullary hypoperfusion.⁸ There is no defined treatment for contrast toxicity, and there are different theories about the most adequate treatment. Effective treatment with fluid therapy and N-acetyl cysteine has been reported in the literature,⁹ but there are also articles reporting no benefits from use of these treatments.¹⁰

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Asepsis and automated peritoneal dialysis

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To the editor: Asepsis is essential in automated peritoneal dialysis to prevent infectious complications.

Patients undergoing automated peritoneal dialysis (APD) usually have a lower risk of peritonitis as compared to

those subject to CAPD.^{1,4} However, drainage fluid is stored in an open container at room temperature. This container is washed daily with diluted sodium hypochlorite (bleach).

OBJECTIVES

To determine the contamination status of the drainage fluid collected in the container.

To assess whether this fluid storage method involves an infection risk for patients.

To ascertain whether the usual method for disinfecting containers is effective.

MATERIALS AND METHODS

Samples were taken from patients on APD at our unit for Gram staining and microbiological cultures in standard and blood culture media. A manually drained sample was collected in all cases to be used as control.

In addition, serial samples were taken from a patient subgroup to see the type of flora and whether this was sensitive to routine disinfection.

The drainage container was disinfected with diluted bleach.

RESULTS

Nine cases of patients on APD, whose containers were cleaned daily, were studied.

The fluid in the container was contaminated by a germ in 5 cases (55.5%), by 2 germs in 2 cases (22.2%), and by more than 2 germs in another 2 cases (22.2%).

Ten different germs were identified out of the total 15 germs found. Of these, 60% were Gram-negative and 40% Gram-positive organisms.

The container fluid had Gram-negative germs in 5 cases, Gram-positive germs in 3 cases, and both types of germs in one case.

Most common germs included *Serratia marcescens*, *Pseudomonas putida*, *Streptococcus agalactiae*, *Enterobacter cloacae*, and *Staphylococcus epidermidis*, all of them identified twice, while all other organisms only occurred once.

Enterobacteriaceae accounted for more than 40% of germs, while the remaining

organisms were mainly environmental germs proliferating at room temperature.

Serial samples were taken in 4 cases. When samples were taken after 24 hours, recurrence of some germ was seen in 50% of cases.

The control culture was negative in all cases.

CONCLUSIONS

All fluids in the containers were contaminated.

Forty percent of contaminants were enterobacteriaceae.

It is questionable that bleach removes contaminating germs.

Neither the container nor contaminated drainage fluid caused infection in patients.

The container is a safe but not completely aseptic model.

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Beçet's disease in a patient on haemodialysis

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To the editor: Behçet's disease is a rare inflammatory disorder of an