Letter to the Editor

Dear Sir,

In reference to the article by Druecke et al. (Nephron 28; 80-87, 1981] entitled 'Left Ventricular Function in Hemodialyzed Patients with Cardiomegaly'.

While this letter is hardly timely, I would like to raise a question directed to all nephrologists interested in the much-debated question of cardiomyopathy.

As quoted in Dr. Druecke's paper, we too found hemo-dynamic evidence for cardiomyopathy in some of our dialysis patients. We then designed a larger prospective study which included echocardiograms. The project fell by the wayside because of the long list of possible etiologic factors and particularly because the echocardiograms failed to show any idiopathic functional abnormalities. In fact, since publication of our abstract in 1975, we have not been confronted with clinical evidence of unexplained cardiomegaly and/or congestive heart failure which had previously led us to perform cardiac catheterization. This, despite an increase in our average patient census from approximately 20 to 120 in the last 7 years.

It happens that the year our cardiac catheterization study was completed, our dialysis unit moved into a new building with a central dialysis delivery system using water treated by reverse osmosis and deionization. Could it be that cardiomyopathy should be added to the neurologic and bone problems which are suspected to be related to the use of untreated water for hemodialysis. I notice that Dr. Druecke and his colleagues did not mention the composition of the dialysate used for their patients.

Since some hemodialysis units still use untreated water for dialysate, it would be interesting to know if other nephrologists have had experiences pertinent to this question.

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