Effect of Captopril in Bartter's Syndrome

M.

Mattias

Aurell

Mattias Aurell, Ass. Prof. Section of Nephrology, Ava Rudin, MD, Section of Endocrinology, Sahlgrenska Hospital, University of Göteborg S-413 45 Göteborg (Sweden)

Dear Sir,

We thank Dr. Hené and colleagues for their interest in our paper on Bartter's syndrome and notice with interest that serum potassium can increase, though not to normal levels, by long-term captopril treatment.

In this connection we should like to mention our experience with 2 patients with Bartter's syndrome treated with captopril for 1 year (25 mg 3 times a day) and 3 weeks (25 mg twice a day), respectively. The first patient was also given KCl, 2 g, 4 times a day before starting captopril as well as during the following year. In this patient there were no consistent changes in the concentration of serum potassium, which averaged 3.1 mmol/l before and 3.2 mmol/l during treatment with capto-

pril. In the other patient, blood pressure fell slightly, resistance to angiotensin II diminished markedly, plasma and urine aldosterone levels were reduced by 43 and 46%, respectively, but serum potassium remained low, 2.5 mmol/l before and 2.6 mmol/l at the end of treatment.

Apparently not all patients with Bartter's syndrome will benefit from long-term captopril treatment.