Focal Glomerulosclerosis and Charcot-Marie-Tooth Disease: Not a Chance Association?

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Dear Sir,

We were very interested in the report of Gherardi et al. [1] on the rare association between focal glomerulosclerosis (FGS) and Charcot-Marie-Tooth disease (CMT).

We would like to describe another case of a young girl who presented these 2 features. Her clinical history began in 1975 when she was 11 years old, and was referred to the hospital for difficulties in walking. Examination showed 2 syndromes, the first neurological: bilateral pes cavus with equinovarus, absence of all tendon reflexes but plantar stimulation in extension. Dysmetria and loss of vibration were also noted, but deafness was absent. Elec-tromyography revealed a diffuse denervation process. This feature is a classic form of association of CMT disease and Friedreich's disease [2].

The second syndrome was a nephropathy with isolated proteinuria without hypertension or hematuria, or renal failure (creatinine serum level 90 $\mu\text{mol/l}$). Renal biopsy was performed in July 1975 and revealed focal glomerulosclerosis in light microscopy. Immunofluorescence showed mesangial granular deposits of IgG without dysjunction of basement membrane in electronic microscopy.

Renal failure appeared in 1982 and hemodialysis was started in April 1983. In November 1984, she received a renal transplant. Her serum creatinine level is now 140 $\mu\text{mol/l}$. There was no nephrologic or neurologic history in her family. This strange association does not seem fortuitous, but there is no evident pathogenetic mechanism.

References

Gherardi, R.; Belghiti-Deprez, D.; Hirbec, G; Bouche, P.; La-grue, G.: Focal glomerulosclerosis associated with Charcot-Marie-Tooth disease. Nephron 40:357–361 (1985).