Dialysis-Associated Amyloidosis

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Dear Sir,

References

A recent letter by Herve et al. (Nephron 40:494,1985) reported a case of a 51-year-old patient, dialyzed for over 10 years for nephroangiosclerosis, who developed bilateral carpal tunnel syndrome caused by amyloid and, later, evidence of systemic amyloidosis. The authors comment on the existence of a 'unique pathological pattern of amyloidosis in patients on maintenance hemodi-alysis'.

While we agree that dialysis appears to be associated with a novel form of amyloidosis, as is increasingly recognized, the patient reported more likely suffers from amyloidosis unrelated to dialysis. A large number of patients have been now described who develop amyloidosis after long-term hemodialysis [1–4]. These patients generally present with carpal tunnel syndrome and musculoskele-tal complaints. None developed clinically significant visceral involvement. Biochemical and immunohistochemi-cal studies from a number of cases have identified the amyloid as composed of β 2-microglobulin [5]. The patient described by Herve et al. has macroglossia and a monoclonal gammopathy suggesting primary AL amyloidosis. These features are not present in other reported cases, including our series of 7 patients [1]. Increasing awareness of the problem of dialysis-related amyloidosis hopefully will yield a better understanding of the frequency, clinical pattern, and severity of this complication.

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