Protection against Recurrence of Acute Renal Failure

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Dear Sir,

May I point out for the benefit of those physiologists who continue to pursue their own microcosmic line of investigation into acute renal failure (ARF), often oblivious as I see it of any clinical common sense, that acquired resistance to endotoxaemia [1] will explain this phenomenon of acquired resistance to acute renal failure [2, 3]. That endotoxaemia complicates glycerol-induced ARF and mercury-induced body damage has now been recognized for some 15 years. More recently, the role of gentamicin in precipitating endotoxaemic ARF has received a thorough appraisal [4]. Endotoxin-tolerant rats were protected from such damage! Since the indications are that the discovery of new mediators will lead to further prevarication on the subject of ARF [5], may I lodge a plea at this stage for concentration on the real cause of the clinical problem.

References

Wardle, E.N.: Acute renal failure in the 1980's: the importance of endotoxaemia. Nephron 30:193-200 (1982).

Wilkes, B.M.; Hollenberg, N.K.: Protection against acute renal failure by prior acute renal failure. Nephron 47:220-226 (1987).

Honda, N.; Hishida, A.; Ikuma, K.; Yonemura, K.: Acquired resistance to acute renal failure. Kidney int. 57:1233-1238 (1987).

Zager, R.A.; Prior, R.B.: Gentamicin and gram-negative bacter-aemia. J. clin. Invest. 75:196-204 (1986).

Badr, K.F.; Kelley, V.E.; Rennke, H.G.; Brenner, B.M.: Roles for thromboxane A₂ and leukotrienes in endotoxin-induced acute renal failure. Kidney int. 30:474-480 (1986).