Biological Markers of Inflammation and Carpal Tunnel Syndrome in Dialysis Patients

Dear Sir,

Carpal tunnel syndrome is a frequent and disabling complication of long-term dialysis. This syndrome is considered secondary to the deposition of β2-microglobulin in the carpal tunnel synovia and tendons, a process which is favored by the retention of this substance. β2-Microglobulin accumulation may depend on various factors such as poor dialysis removal, enhanced generation rate promoted by subclinical inflammatory processes [1] and/or reduced metabolic degradation.

The study of acute-phase reactants in carpal tunnel syndrome is of interest because some of these substances, in addition of being mediators of inflammation, display antiproteolytic activity and in this way may reduce β2-microglobulin catabolism. We have, therefore, compared the plasma levels of 4 well-characterized acute-phase reactants (α1-antitrypsin, α2-macroglobulin, α1-acid glycoprotein and C-reactive protein) in dialysis patients with and without this syndrome.

Nine hemodialysis patients with well-documented carpal tunnel syndrome [abnormal electromyographic (EMG) studies and/or clinical improvement after surgical decompression] and 9 hemodialysis patients without carpal tunnel syndrome (no clinical symptoms and negative
EMG studies) participated in the study. The two groups were well matched for duration of
dialysis treatment (12 ± 2 vs. 13 ± 2 years). All had been dialyzed with cuprophane membranes.
At the time of the study no patient in either group had clinical evidence of inflammatory
processes and all were virtually anuric.

On second testing, α₁-antitrypsin and α₂-macroglobulin showed very little variation in patients
affected by carpal tunnel syndrome, remaining consistently raised (coefficients of variation =
17% and 14%, respectively), while all patients remained free of obvious inflammatory processes.
The accumulation of < X-pantitrypsin and α₂-macroglobulin and C-reactive protein in patients
with carpal tunnel syndrome is in keeping with the idea that these patients harbor subclinical
inflammations. α₁-Acid glycoprotein retention seems to be a nonspecific phenomenon mainly
related to the uremic state. In theory, accumulation of α₁-antitrypsin and < α₂-macroglobulin may
participate in the pathogenesis of carpal tunnel syndrome by their ability to inhibit proteolytic
processes. In this regard, it is worth mentioning that a link between antiproteasic activity and α₂-
microglobulin has been reported in hemodialysis-associated amyloidosis [2]. On the other hand,
it is also possible that inflammation per se enhances β₂-microglobulin production and favors its
deposition in tissues [1].

Our data suggest that acute-phase reactants participate in the pathogenesis of carpal tunnel
syndrome. Further studies are required to characterize their role in hemodialysis amyloidosis.

References