Dear Sir,

In a recent case report published in the April 1990 issue of Nephron [1], the authors state that membranoproliferative glomerulonephritis (MPGN) has not been reported previously in patients with Takayasu’s arteritis (TA). This is not quite correct, because such a case has been described in a 28-year-old man [2]. The first biopsy in our case showed mesangial proliferative glomerulonephritis with electron-dense deposits in the mesangial areas, while the second one showed diffuse mesangial interposition with accentuation of lobular structure. A diagnosis of MPGN type 3 was made in the second biopsy, since numerous electron-dense deposits were noted in the subepithelial areas in addition to the mesangial and subendothelial areas with frequent disruption of glomerular basement membrane [3].

Most of the cases of glomerulopathies associated with TA thus far reported, except those showing only ischemic or hypertensive changes due to renal artery stenosis, were mesangial proliferative glomerulonephritis [4], as Koumi et al. [1] mention. It is of great interest to note that MPGN was found at least in 2 patients with TA, despite the fact that both diseases are relatively rare. Although further accumulation of cases is necessary to answer the question whether the relationship between the two diseases is causal or fortuitous, our case and that described by Koumi et al. [1] have broadened the spectrum of glomerulopathy associated with TA.

References