Dear Sir,

We read with interest the paper by Nace et al. [1] on acute renal failure due to multiple European wasp stings. The authors deny a common toxic-ischemic-type mechanism with hypovolemic or anaphylactic shock or pigment tubulopathy (myoglobinuria and hemoglobinuria) and hypothesize an acute tubular necrosis (ATN) from a direct kidney toxicity of the venom.

We recently described a case of multiple African bee stings [2] in which an ARF developed without initial shock, intravascular hemolysis or rhabdomyolysis. Our 52-year-old Caucasian patient, presenting with more than 1,200 stings, was also different from the previously reported cases by the late appearance of oligoanuria (on 11th day) and by the persistence of moderate renal insufficiency after 9 months. The biopsy-proven ATN was attributed to a direct toxic effect of the massive quantity of venom injected (300 ng).

References
