Minimal Change Glomerular Disease in Association with a Carcinoma of the Esophagus

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Dear Sir,

Regarding the case report 'Minimal Change Nephrotic Syndrome Revealing Solid Tumors' recently published by Meyrier et al. [1] in your journal, we report a new case of minimal change glomerular disease in association with a solid tumor, a squamous cell carcinoma of the esophagus.

The patient is a 64-year-old man without previous known renal disease, who developed a constitutional syndrome with anorexia, weight loss, generalized weakness, progressive dysphagia to solids and liquids and the apparition of edema in the last 2 months before admission. Results of the physical examination were unremarkable except for ankle pitting edema. Main laboratory data were proteinuria of 8 g/24 h with granular casts and red blood cells in urinalysis, serum creatinine 2.3 mg/dl, blood urea 181 mg/dl, total serum protein 5.3 g/dl, serum albumin 2 g/dl, serum cholesterol 320 mg/dl. Fractions 3 and 4 or complement were normal and circulatory immune complexes were not significant. Esophagus gastrointestinal X-ray examination revealed an infiltrative and markedly constrictive lesion of 10 cm in the middle third of the esophagus. A total body computerized tomography scan confirmed the presence of a tumoral mass in the esophagus, wich was displacing and compressing the left bronchus, with accompanying of subdia-phragmatic lymph nodes. Because of the extent of the tumor, it was deemed unresectable. The patient clinical status deteriorated and he died 5 weeks after admission.

Autopsy findings included a squamous cell carcinoma of the esophagus with lung metastases and massive lymph node involvement, without evidence of renal vein thrombosis. Kidneys had a normal macroscopic appearance and light microscopy revealed no significant pathological changes. Immuno-fluorescence was negative. Electron microscopy (fig. 1) showed only segmental fusion of foot processes. Glomerular capillary base-

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Fig. 1. Electron microscopy showed normal looking basement membrane with segmental fusion of foot processes and no epi-membranous deposits.

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ment membrane thickness was normal and no perimembranous deposits were noted. Although the association of a nephrotic syndrome with minimal change nephropathy in our patient affected by a carcinoma of the esophagus could be a coincidence, the temporal relationship between both processes suggests a cause-effect relation between them. Because of the extent of the tumor and the clinical situation of the patient a therapeutic trial with steroids was not attempted and we do not know if the nephrotic syndrome was corticosteroid-sensitive.

Although the association of a solid neoplasm with minimal change glomerular disease is an unusual occurrence [1-14], we agree with Meyrier et al. [1] that minimal change nephrotic syndrome development in a patient over 50 years of age should encourage further studies for underlying malignancy.

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