Dear Sir,

Thromboembolic complications in nephrotic syndrome, a condition frequently found in association with membranous nephropathy, have long been recognized as the result of a hypercoagulable state [1, 2]. Although arterial thrombosis is much less common than venous thrombosis, nephrotic syndrome complicated by thrombosis in the cerebral arterial territories [3, 4] has been occasionally described. The present case appears to be the first for thrombosis of the posterior inferior cerebellar artery (Wallenberg syndrome) secondary to idiopathic membranous nephropathy and the nephrotic syndrome.

A 45-year-old previously healthy man presented a clinical diagnosis of Wallenberg syndrome. Initial serum biochemistry disclosed hypoproteinemia (serum albumin 22.7 g/l). A 24-hour collection of urine contained > 3.5 g of protein with renal function tests within normal limits. Percutaneous renal biopsy was performed and the diagnosis of type I idiopathic membranous glomerulonephritis and Wallenberg syndrome secondary to arterial thrombosis was made. Coagulation tests were normal except fibrinogen 12.4 g/l (1,249 mg%). An increased risk of thromboembolic complications among patients with membranous nephropathy has been associated with an inverse relation between fibrinogen concentrations and serum albumin levels [5, 6].

This case illustrates that thrombosis in the posterior inferior cerebellar artery needs to be considered in the list of extracardiac arterial thromboses in the nephrotic syndrome.

References


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