Dear Sir,

Lipoprotein(a), Lp(a), is a risk factor of coronary heart disease, independent of other factors [1]. Plasma levels of Lp(a) have been reported to be found more frequently and markedly increased in continuous ambulatory peritoneal dialysis (CAPD) patients than in normal people [2]. The mechanism for this elevation is poorly understood. However, two features specific to CAPD, the peritoneal absorption of glucose and protein losses in the dialysate, have been suggested as causes of an increased synthesis or, perhaps, decreased catabolism of Lp(a) [3].

Recently in Nephron, Heimbürger et al. [4] reported that the elevation of Lp(a) in CAPD patients was related to peritoneal losses of albumin (Alb.) and to the peritoneal transport of proteins and glucose. The aim of this letter is to show the different results we obtained in a similar study.

A total of 59 adult stable CAPD patients (42% women) with a mean age of 57 ± 15 years and a mean weight of 68 ± 10 kg were enrolled in a cross-sectional study. The duration of CAPD treatment was 28 ± 15 months on average. None of the patients were treated with any lipid-lowering drugs. The cause of renal failure was diabetic nephropathy in 5 patients and anuria in another 18 patients. The prescribed daily dialysate volume was 8 liters in the majority of the patients.

After an overnight fast, blood samples for determination of plasma Lp(a), serum Alb., cholesterol, triglycerides, high-density lipo-protein cholesterol, low-density lipoprotein cholesterol, creatinine (Cr), urea and β2-

Table 1. Results of all patients, means and standard deviations

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Kp = Peritoneal clearance; D/P Cr = tient between the Cr in dialysate and plasma Cr, LDL-Chol. = low-density lipoprotein cholesterol; HDL-Chol. = high-density lipoprotein cholesterol.
microglobulin (β2-M) were drawn in the morning. Cr, urea, Alb. and β2-M were determined in the urine collected for 24 h. These parameters were also calculated in every drained bag during 24 h.

The Lp(a) levels were analyzed using a cobra monoclonal antibody, obtained from purified Lp(a) of Instar (USA), an immuno-turbidimetric method. The coefficient of variation was 4.7% at a standard concentration of 19 mg/dl and 3.5% at a standard concentration of 41 mg/dl. Alb. in dialysate and urine was determined using an immunotur-

Table 2. Correlation coefficients (r) and statistical significance (p) between Lp(a) and other parameters

Kp = Peritoneal clearance; D/P Cr = quotient between the Cr in dialysate and plasma Cr.

The demographic data of both studies do not show significant differences, except for the number of patients, which is larger in our study, and the cause, that is, more diabetic patients in the study of Heimbürger et al. [4]. The dialytic scheme was the same in both studies, but the number of months in CAPD was greater in our study.

Lp(a) levels, shown in table 1, are higher than in the study of Heimbürger et al. [4],

References
