Low Prevalence of Hepatitis C Virus Antibodies in a Spanish Population with Glomerular Diseases

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Dear Sir,

It is now well established that cryoglobulinemic glomerulonephritis (GN) is a hepatitis C virus (HCV) associated GN [1]. In addition, it has also been suggested that HCV infection may manifest as a primary GN [2-5]. Infection with this agent has been recently reported to have a role in the pathogenesis of idiopathic membranous and membranoproliferative GN due to the fact that some of these patients lacked detectable cryoglobulins and exhibited near-normal liver function test results. In consequence, the association between HCV infection and primary GN could be more common than expected. We searched for HCV antibodies in 255 adult patients with biopsy-proven glomerular diseases (table 1). The group with primary GN included 70 patients analyzed in a previous report [6]. HCV antibodies were evaluated by an Elisa 2 test. We found that only 1 patient out of 180 with primary GN (and none of the 75 patients with other renal diseases) had HCV antibodies, confirmed by Riba2.

Thirty-eight of the 180 patients with primary GN (20 membranous, 8 membranoproliferative, and 10 IgA GN) were tested again at least 6 months after the first test to avoid a silent period. All patients were negative for HCV antibodies. Furthermore, in order to verify whether there were false-negative cases for detection of HCV antibodies by serological methods, the presence of HCV RNA was investigated by polymerase chain reaction in the same group of patients. All Table 1. HCV antibodies in 255 patients with glomerular diseases

NS = Nephrotic syndrome; FSGS = focal-segmental glomerulosclerosis; MPGN: membranoproliferative glomerulonephritis; ANCA = antineutrophil cytoplasmic antibodies. primary GN appears unlikely. Moreover, detection of anti-HCV antibodies by an Elisa 2 method is a valuable test to rule out HCV infection in patients with glomerular diseases. antibody-negative samples were also negative in the polymerase chain reaction assay. The low prevalence of HCV antibodies in noncryoglobulinemic GN is in agreement with the results of previous studies [6-10], and, therefore, the etiological role of HCV in

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