levels [3], a phenomenon previously observed for several other macrolide antibiotics (erythromycin [4], josamycin [5], midecamycin [6], and azithromycin [7]). Close monitoring of CsA levels and prompt reduction of CsA dose should prevent the deleterious effects of clarithromycin-CsA interaction.

Department of Nephrology, S. Treille
HC Jumet, Rue de Gosselies, A. Quoidbach
73, 6040 Jumet, Belgium H. Demol
Hôpital Erasme, P. Vereerstraeten
Route de Lennik, D. Abramowicz
808, 1070 Bruxelles, Belgium


Procollagen type I (PICP) in CAPD patients

Sir,

We have read with interest the recent article by Joffe and his collaborators (Nephrology Dialysis Transplantation 1995; 10: 1912–1917), which refers to procollagen type I carboxyterminal propeptide (PICP) in serum and dialysate of CAPD patients and its relationship to other biochemical and histological markers of bone metabolism. We have also reported some data concerning the same subject.

In our first paper in 1993 [1] we reported the findings from 26 stable CAPD patients and 11 controls. Serum PICP was significantly greater in CAPD patients and there was no correlation between serum PICP and Ca, P, Mg, alkaline phosphatase, osteocalcin PICP, and iPTH. Interestingly, the dialysate to serum PICP ratio was greater than 1 in 5/26 patients.

Twelve months later we re-evaluated 15 of these patients who continued to be on CAPD and had been peritonitis free for the last 3 months. The findings of this follow-up, reported in our second paper [2], may be summarized as follows.

1. While serum PICP remained stable, its concentration in the effluent had increased significantly.
2. Greater changes occurred in patients who had been on CAPD for less than 2 years.
3. During this time of follow-up, there was a decrement in peritoneal ultrafiltration capacity, expressed as the number of the osmoles required daily to keep a stable dry weight. In fact the change in these osmoles (Δosm) was positively correlated to the change in dialysate collagen I (cross-links) concentration.

We believe that a local collagen production by peritoneal cells (fibroblasts or mesothelial cells) could easily explain our findings, which are in agreement with the authors’ results. In conditions such as sclerosing peritonitis this collagenesis is strongly augmented. It is also probable that local factors, such as the pH, osmolality, or constituents (Ca2+ content, glucose by-products) of PD solutions may be actively implicated. In order to elucidate this point more research is needed with the newer PD solutions such as those containing bicarbonate [3] or icodextrin [4].

48 Dekelias Street,
Atharnes, Attiki,
13671 Greece

G. E. Digenis
N. V. Dombros