1. Diskin CJ, Stokes TJ, Panus LW. The importance of delay in cannulation after hemodialysis vascular access surgery. 
   Nephron 1996; 74: 245–249


3. Stengel B, Billon S, Van Djik PC et al. Trends in the incidence of renal replacement therapy for end-stage renal disease in Europe, 
   Nephrol Dial Transplant 2003; 18: 1824–1833

Letters

Sir,

Thalidomide is used in a wide spectrum of diseases because of its antiangiogenic and immunological effects. It has now become one of the treatments of choice for myeloma. Since renal impairment is a frequent complication of myeloma, nephrologists will often have to prescribe this drug to their patients. Interest in thalidomide has also been reported in the treatment of uraemic pruritus.

Thalidomide undergoes plasma hydrolysis, the mechanism of which has not yet been clearly identified. A minor hepatic metabolism generates both active and non-active thalidomide metabolites [1]. However, those metabolites that have been identified in animal studies have not been recovered in humans, either in plasma or in urine [2,3]. Furthermore, thalidomide renal clearance is ~1.15 ml/min, whereas its total body clearance is 170 ml/min [3,4]. These data thus suggest that there is no need to adjust thalidomide dosage in patients with renal dysfunction.

However, thalidomide pharmacokinetics in patients with renal dysfunction have not been studied to date. In spite of this lack of data, this drug is often used in such patients. For example, Hayashi et al. recently reported the case of a patient on chronic haemodialysis receiving thalidomide 100 mg/day for the treatment of an immunoglobulin D multiple myeloma. During the first week of treatment, the patient developed constipation and peripheral neuropathy. Thalidomide dosage was thus reduced [5]. Furthermore, in eight patients with significant renal insufficiency who were receiving thalidomide 100–400 mg daily for refractory or relapsed myeloma, Harris et al. reported four cases of fatal...

Conflict of interest statement. None declared.
Conflict of interest statement. None declared.

Department of Nephrology Hassane Izzedine
Pitié Salpêtrière Hospital Vincent Launay-Vacher
Paris Gilbert Deray
France Email: hassan.izzedine@psl.ap-hop-paris.fr


doi:10.1093/ndt/gfl015

Advance Access publication 21 June 2005

Acute pancreatitis during haemodialysis

Sir,

Acute pancreatitis tends to develop more frequently in patients with end-stage renal disease (ESRD) than in the general population, even in those managed by haemodialysis [1]. A case of acute pancreatitis in a patient on haemodialysis is presented herein to remind the nephrology community of this critical association.

Conflict of interest statement. None declared.

1Department of Laboratory Medicine Tomonori Kishino¹,²
²The Third Department of Internal Medicine Kazuhisaka Nakamura²
²Kyorin University School of Medicine Yoshikazu Yamaguchi²
²Tokyo Shozo Saito²
¹Japan Shin'ichi Takahashi²
¹Kishino@kyorin-u.ac.jp