Reply

Sir,
We would like to thank Dr Diskin for his detailed comments. We share his opinion that the topic of ACEIs and related drugs in relation to vascular access failure certainly deserves further investigations. However, the primary aim of our investigation was to determine the relationship between haemoglobin levels and vascular access survival in general. Some other variables and their influence on vascular access survival were examined only as a secondary aim. According to his suggestion, we also examined the influence of calcium-channel blockers, which were prescribed to 45.3% of patients with an arteriovenous fistula and to 32.5% of patients with grafts. Calcium-channel blockers were not significantly associated with vascular access survival. At the time considered in the study we did not collect information on the prescription of drugs like pentoxyfilline. Of course, it would be interesting to follow the corresponding proposal of Dr Diskin to emphasize on the beneficial effects of those drugs. A comprehensive database like EuClID (European Clinical Database) will in the future be capable of supporting such investigations.

Conflict of interest statement. None declared.

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Therapeutic failure of cinacalcet in a renal transplant patient

Sir,
In a Letter-to-the-Editor published in the December 2005 issue of NDT, Boulanger et al. [1] report a case of cinacalcet treatment failure after renal transplantation. The young kidney graft recipient developed severe hypercalcaemia (3.35 mmol/l) after transplantation which was attributed to persistent, severe hyperparathyroidism (PTH 607 pg/ml; normal range, 66–167). Osteocalcin (3.35 mmol/l) after transplantation which was attributed to persistent, severe hyperparathyroidism (PTH 607 pg/ml; normal range, 66–167), but on the other hand by a dramatic increase in normal 25-hydroxyvitamin D at 31 nmol/l (normal range, 0.9–1.5) a few days prior to transplantation. Six months before renal transplantation, his vitamin D status was characterized on the one hand by uncontrollable hyperphosphataemia with a value of 2.21 mmol/l (normal range, 2.2–2.6) but he had effectively normalised after surgical parathyroidectomy, and were serum calcium, phosphorus and PTH eventually normalized?

We would greatly appreciate receiving the requested additional information.

Conflict of interest statement. Research funding, honoraria and consultant fees from Amgen.

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Reply

We thank Tilman B Drüeke for his attention to our letter published in a recent issue of the journal. Since resistance to cinacalcet has not been reported so far, it is relevant to find some specificity in the patients receiving this molecule.

In response to the first question dealing with pre-transplant status, the patient did not exhibit hypercalcaemia while on peritoneal dialysis treatment, since calcium level was at 2.21 mmol/l (normal range, 2.2–2.6) but he had effectively uncontrollable hyperphosphataemia with a value of 3.09 mmol/l (normal range, 0.9–1.5) a few days prior to transplantation. Six months before renal transplantation, his vitamin D status was characterized on the one hand by normal 25-hydroxyvitamin D at 31 nmol/l (normal range, 15–126), but on the other hand by a dramatic increase in PTH secretion with a value of 1262 pg/ml (normal range, 15–126), but on the other hand by a dramatic increase in PTH secretion with a value of 1262 pg/ml (normal range, 11–57) and a deficit in active 1,25-dihydroxyvitamin D with a value of 25 pmol/l (normal range, 66–167). Osteocalcin was also dramatically increased at 511 pg/l (normal range,