disease in cardiology, it should be apparent that a true convergence of clinical cardiology and nephrology has to exist; however, we also believe that neurology could be added in this context.

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Reply

Sir,

I thank Drs Scorza, Arida and Cavalheiro for their kind comments and interesting letter. Their letter underscores the importance of cerebrovascular disease in ESRD patients, an area (in my opinion) that has not yet garnered the attention it deserves in relation to its clinical importance. In particular, I would highlight the issue of dementia and cognitive decline as a topic of critical interest for clinicians and patients.

Our correspondents’ point on the convergence of neurology, cardiology and nephrology is well taken, as the underlying mechanisms of microvascular disease are likely to overlap in the brain, heart and kidney.

Conflict of interest statement. None declared.


Radio-opaque appearance of lanthanum carbonate in a patient with chronic renal failure

Sir,

We have read an interesting case report concerning an X-ray finding in a patient taking lanthanum carbonate [1]. David et al. explain the opacification on radiographs by intestinal calcium phosphate accumulation. However, such strong opacification with a CT density of 3000 HU (Hounsfield value) has not been found in patients taking other types of phosphate binders including those containing calcium (CT density of bone 600 HU). In our opinion, there might be another explanation of this finding. Below, we describe a case of radio-opaque appearance of lanthanum in a patient taking this phosphate binder.

A 77-year-old man was admitted to a hospital for renal failure caused by complete obstructive ureterolithiasis in the solitary kidney. Haemodialysis was indicated due to elevated renal parameters (urea 28.0 mmol/l, serum creatinine 1079 μmol/l, phosphorus 2.45 mmol/l). Treatment with lanthanum carbonate was started in order...
to normalize serum phosphate levels. Surgical treatment of ureteral obstruction was necessary but the patient presented with haemodynamically significant supraventricular tachycardia. The ECG proved atrial flutter that was the indication to electrical cardioversion by cardiologists. Therefore, transesophageal echocardiography had to be carried out to exclude intracardial thrombi; these were not detected. The echocardiography also demonstrated an inexplicable finding on the thoracic aorta, and thus, computed tomography of the aorta was performed. The CT scan did not reveal any significant pathology of the aorta. However, a high-contrast substance of unknown origin and significance was captured in the stomach (Figures 1 and 2). We performed an X-ray of lanthanum pills in a vial and detected the radio-opacity of lanthanum itself, even without calcium and phosphate (Figure 3). This confirmed our suspicion that the high-contrast metallic-like substance in the stomach was a tablet of lanthanum. Lanthanum is a silvery white metallic element that belongs to group 3 of the periodic table. This drug exhibits little systemic absorption and low aqueous solubility. It is safe and well tolerated. We should bear in mind that abdominal X-rays of patients taking lanthanum carbonate may have a radio-opaque appearance typical of imaging agents and may affect abdominal X-ray findings (Figure 1, 2). Therefore, we should temporarily switch patients from lanthanum carbonate to a different phosphate binder prior to radiological examinations.

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Reply

Sir,
This is a very interesting case report with a valuable medical observation worth mentioning. We would like to thank Dr Jana and colleagues for their clinical accuracy of observation and the comments regarding our recent publication in NDT on radiographic appearance of lanthanum carbonate [1]. We previously reported that opacifications throughout the colon occurred after ingestion of lanthanum carbonate tablets in a 46-year-old woman with stage 5 chronic kidney disease (CKD) requiring chronic haemodialysis [1]. Therein we speculated that these opacifications are related to intestinal calcium–phosphate accumulations.

We agree with Jana et al. that, possibly, the radio-opaque structures we had documented throughout the colon...