

will also be reduced, as Hemoscan® needs to be recalibrated against laboratory values only once every 3 months.

Rachael Williams

Original article Chesterton L *et al.* (2005) Online measurement of haemoglobin concentration. *Nephrol Dial Transplant* 20: 1951–1955

Curtailling unnecessary emergency room visits by hemodialysis patients would cut costs

Excessive use of emergency care for minor afflictions is common among hemodialysis patients, according to data from a US inner-city hospital. The authors of a retrospective analysis of these data published in *Dialysis & Transplantation* call for a concerted effort to limit emergency room attendance to urgent cases only.

Mallappallil *et al.* examined the records from 181 visits by 141 adult hemodialysis patients to the emergency department of one of the main teaching hospitals in New York City. Despite 23% of these visits being a result of direct referral from a dialysis facility, more than 90% of patients were discharged in less than 24 hours. The predominant diagnoses during the 33-month study period were mild gastrointestinal disorders and musculoskeletal pain. Most interventions could have been administered by outpatient services. Nephrology consults were ordered in 25% of cases; only eight patients were hospitalized.

Interestingly, the cost of emergency room care is not included in the US\$14 billion estimate of annual MEDICARE expenditure on end-stage renal disease (ESRD). The average \$822 spent on each non-emergent visit to emergency services (calculated in the study presented here) is an obvious target for cost-cutting. Making such savings will, however, require a shift in perception of the role of emergency room care in management of ESRD, by both patients and dialysis center staff. Education programs have been successful in other chronic disease populations, and should be initiated in the ESRD setting.

Rachael Williams

Original article Mallappallil M *et al.* (2005) Excessive use of emergency room care by hemodialysis patients. *Dialysis & Transplantation* 34: 542–549

Plasma-cell proliferative disease as a cause of focal segmental glomerulosclerosis

Focal segmental glomerulosclerosis (FSGS) is an increasingly common cause of end-stage renal disease. Although linked with several conditions, many cases of FSGS are of unknown etiology (primary FSGS). Because blood levels of proteins can be disturbed by plasma-cell disorders (a known risk factor for renal disease), Dingli *et al.* proposed that plasma-cell disorders might also underlie some cases of primary FSGS. They investigated this hypothesis in a retrospective study of data from patients attending the Mayo Clinic Rochester.

The authors cross-referenced patients diagnosed with FSGS within an approximate 10-year period against a database of patients who had monoclonal protein in their urine, blood, or both. Of the 40 patients identified, 27 were excluded from further analysis for reasons including the identification of a secondary cause for FSGS. Nine of the remaining 13 patients had monoclonal gammopathy of undetermined significance (MGUS) and four had multiple myeloma (MM). FSGS was diagnosed within a median 0.3 years of the plasma-cell disorder (range 0.01–7 years). The number of cases of MGUS/MM in the study group significantly exceeded the number expected from a demographically equivalent population (1.5, $P < 0.001$).

Patients with MGUS are generally not treated because they have a low rate of progression to MM. As the four patients with MM showed a clinically objective response to treatment and a reduction in proteinuria, Dingli *et al.* believe that they have elucidated a temporal and epidemiological link between plasma-cell proliferation and FSGS. They suggest, therefore, that treatment of the underlying condition might resolve both primary FSGS and the associated renal dysfunction.

Rebecca Doherty

Original article Dingli D *et al.* (2005) Focal and segmental glomerulosclerosis and plasma cell proliferative disorders. *Am J Kidney Dis* 46: 278–282

GLOSSARY

MEDICARE

Health insurance program run by the US government for people aged 65 years and older or with certain disabilities, including end-stage renal disease