

## Brachio-brachial fistula proposed as an alternative to prosthetic grafts

Some patients who require hemodialysis present with a superficial venous system of the upper limb that is inadequate for the creation of an arteriovenous fistula. Prosthetic grafts are recommended in these cases, but have been associated with high rates of thrombosis and infection. Dorobantu *et al.* have evaluated an alternative procedure that creates a fistula from the brachial artery and a brachial vein.

This retrospective analysis included 33 patients in whom a brachio-brachial fistula had been created in an end-to-side configuration. One month after surgery, 27 (81.8%) of these patients had a functional fistula, which was suitable for hemodialysis following transposition to subcutaneous tissue. During the 1-month maturation period, the fistula became occluded in six patients. Twelve patients developed temporary edema of the forearm during the first month following surgery, but the authors reported no other complications associated with the procedure. Follow-up lasted 3–26 months (mean  $14 \pm 6.6$  months), during which a further 4 of the 27 patients presented with fistula occlusion.

Fistulas formed from native vessels are the preferred option, and the authors propose the brachio-brachial approach as a viable alternative to prosthetic grafts, noting that a suitable brachial vein is always available. They suggest that a study of a larger patient sample with longer follow-up would confirm the patency and safety of brachio-brachial fistulas, relative to prostheses.

**Original article** Dorobantu LF *et al.* (2006) The brachio-brachial arteriovenous fistula: a new method in patients without a superficial venous system in the upper limb. *J Vasc Access* 7: 87–89

## Ciclosporin A for the treatment of refractory proteinuria in pediatric lupus nephritis

Lupus nephritis is a common cause of morbidity and mortality in children with systemic lupus erythematosus (SLE). Administration of intermittent intravenous cyclophosphamide improves the prognosis of severe lupus nephritis; however, as this treatment causes

adverse effects and does not lead to remission in all patients, new therapies are needed. Baca *et al.* investigated the efficacy and safety of low-dose ciclosporin A in adolescents with lupus nephritis who were refractory to previous immunosuppressive therapy.

The study enrolled seven patients (aged 14–18 years) with biopsy-proven class III or IV lupus nephritis who had not achieved sustained remission of their disease with previous therapy involving corticosteroids and cytotoxic drugs. The patients received low-dose ciclosporin A (2.0–4.0 mg/kg/day) for 12 months; all patients also continued taking prednisone.

Before ciclosporin A treatment, all patients had proteinuria  $>1$  g/24 h (median 2.5 g/24 h). Median 24 h urine protein levels decreased to 0.35 g/24 h after 6 months of treatment, and to 0.14 g/24 h after 12 months of treatment. Four of five patients followed up 3 months after cessation of ciclosporin A therapy, however, showed rapid increases in 24 h proteinuria, and 6 months after ciclosporin A discontinuation just one patient remained free of proteinuria and in SLE remission. Neither median creatinine clearance nor median serum creatinine level changed significantly following ciclosporin treatment. The median SLE disease activity index (SLEDAI) score decreased from 12 at baseline to 4 after 12 months of treatment ( $P=0.027$ ), and adverse effects related to ciclosporin A were mild.

Further studies are needed to determine whether long-term therapy or higher doses of ciclosporin A might confer sustained proteinuria remission after drug discontinuation.

**Original article** Baca V *et al.* (2006) Effect of low-dose cyclosporine A in the treatment of refractory proteinuria in childhood-onset lupus nephritis. *Lupus* 15: 490–495

## Outpatient alcohol cyst sclerotherapy relieves flank pain associated with ADPKD

Adults with autosomal-dominant polycystic kidney disease (ADPKD) often experience severe chronic flank pain. The only management strategy currently available is invasive cyst deroofing requiring general anesthesia. In a pilot study of 15 patients with normal renal function, Singh and Mehrotra examined the use of cyst aspiration and sclerotherapy as a new minimally invasive treatment for ADPKD-associated flank pain.