

[LETTERS TO THE EDITOR]

Did Acute Kidney Injury and/or Tuberculosis Kill the Patients?

Key words: tuberculosis, acute kidney injury

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To the Editor We read with interest the article entitled, “A Case Series of Acute Kidney Injury During Anti-tuberculosis Treatment” by Sakashita et al. in Internal Medicine advance publication on Oct 17, 2018 (1). The authors carefully described a case series of tuberculosis patients treated in a TB center in Japan. We found that the rate of acute kidney injury (AKI) while treating tuberculosis was unexpectedly high. We appreciate the authors’ great contribution regarding adverse effects in the “real world”; however, important clinical issues arose in relation to the treatment choices for tuberculosis and treatment-related AKI.

The authors described patients who developed AKI following desensitization treatment with rifampicin with or

without steroid treatment. Subsequently, two patients died despite renal replacement therapy. Due to the great progress in renal replacement therapy, patients seldom die from AKI alone. Thus, we would like to address some clinical questions to the authors. First, what were the direct causes of death for the two patients? Second, what treatments for tuberculosis did the physicians administer after the failure of rifampicin-desensitization therapy?

The authors state that they have no Conflict of Interest (COI).

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Reference

1. Sakashita K, Murata K, Yamamoto Y, et al. A case series of acute kidney injury during anti-tuberculosis treatment. Intern Med 58: 521-527, 2019.

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