primary membranous glomerulonephritis. Vasculitic or crescentic glomerulonephritis is rarely seen in membranous nephropathy, except in those cases associated with systemic lupus. The immunopathogenesis of this unusual transformation is unclear. It is well recognized that patients with a crescentic glomerulonephritis have severe and often rapidly deteriorating failure. Unlike membranous nephropathy, which often has an insidious course progressing to renal failure over a period of years, patients with superimposed crescentic glomerulonephritis appear to have a more aggressive clinical course. The importance of recognizing this group of patients with membranous nephropathy and crescentic glomerulonephritis is that immunosuppressive therapy may ameliorate the progression of renal damage and in some cases early treatment was associated with useful recovery of renal function. In our case, the discontinuation of prednisone and azathioprine therapy may have facilitated the rapid progression of kidney disease.

Conflict of interest
The authors declare that there is no conflict of interest associated with this manuscript.

2. Kwan JT, Moore RH, Dodd SM, Cunningham J. Crescentic transformation


Dear Editor,
We were very interested by the comment submitted by Dr. Gioacchino Li Cavoli and his collaborators, regarding their similar experience of a membranous glomerulonephritis with crescentic over-

They reported a case of membranous glomerulonephritis (MGN) with crescentic transformation in a ANCA-negative vasculitis which revealed no evidence of systemic lupus erythematosus (SLE), anti-glomerular basement membrane (GBM) glomerulonephritis, infection, malignancy and showed no improvement after immunosuppressive treatments. The case they presented was similar to the patient that Kwan JT et al. described previously. Although several authors have demonstrated the concomitance of MGN and ANCA-associated glomerulonephritis, MGN accompanied by ANCA-negative crescentic glomerulonephritis has been rarely encountered.

The light microscopic visualization of renal tissue in their case showed the formation of 11 crescents (3 cellular crescents, 1 fibrocellular crescent and 7 fibrotic crescents) and 11 out of 17 glomeruli were globally sclerotic. These histopathological changes indicate the patient has reached to an advanced stage of crescentic glomerulonephritis and the renal disease has progressed to the sclerotic phase at the time of renal biopsy. Nasr SH et al. reported that the percentage of globally sclerotic glomeruli correlated with nonresponse to immunosuppressive agents. This is why the patient showed no improvement after treated with steroid plus cyclophosphamide and started chronic hemodialysis treatment eventually. By contrast, our case showed 2 sclerosed glomeruli out of 19 glomeruli, the formation of 9 crescents including 4 cellular crescents and 5 fibrocellular crescents, as well as the fibrinoid necrosis lesions upon light microscopy. This indicates our patient might be at the relatively early stage of crescentic glomerulonephritis and the renal biopsy findings may interpret the better response to immunosuppressive treatments in our case.

Concerning the prognosis of this group of patients, Nasr SH et al. reported that 50% of patients had reached endpoints of end-stage renal stage (ESRD) or
Whether there are some other un- 
seemed to be more difficult to eluci-
formation in ANCA-negative patients 
munopathogenesis of crescentic trans-
may develop ANCA-related crescentic 
recognized that ANCA-positive patient 
coexistence of MGN and ANCA-as-
myeloperoxidase antineutrophil cytoplasmic antibody- 
positive necrotizing crescentic 
glomerulonephritis and membranous 
munosuppressive treatment may 
eral finding is more reliable to pre-
the pathogenesis of this rare concomi-
tance and investigate the optimum 
treatment regimes for it.

Conflict of interest
The authors declare that there is no con-

Clinical outcomes of patients with ANCA-positive and ANCA-negative crescentic 

Watanabe S, Arimura Y, Nomura K, 
Kawashima S, Yoshikura K, Kaname S, et al. [Case of MPO-ANCA-associated 

Conflict of interest
The authors declare that there is no con-

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Laparoscopy como técnica eficaz para la 
colocación del catéter peritoneal
Nefrologia 2013;33(1):137-8

Sr. Director:

La diálisis peritoneal (DP) es uno de los 
tratamientos de los que disponemos 
para sustituir la función renal en los 
casos de insuficiencia renal crónica.

El éxito de la técnica de DP va a depender 
de la correcta colocación del catéter en la 

MATERIAL Y MÉTODOS

Revisamos 80 pacientes a los que se les 
colocó un catéter de DP entre enero de 
2007 y enero de 2012. Los datos demo-
ográficos y clínicos se recogieron pros-
pectivamente.

A pesar de ello, las técnicas quirúrgicas si-
guen siendo las más utilizadas.

En nuestro centro, la colaboración con 
el Servicio de Cirugía General es estre-
cha, por lo que la técnica de elección es 
la laparoscopia. Presentamos nuestra 
experiencia en la colocación de catéte-
res peritoneales.

B) COMUNICACIONES BREVES DE INVESTIGACIÓN O EXPERIENCIAS CLÍNICAS

Laparoscopy as a useful technique for 
the placement of peritoneal catheter
Nefrologia 2013;33(1):134-54