Mononuclear Cell Chemotaxis in Experimental Interstitial Nephritis
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IDIOPATHIC HYPERCALCIURIA (IHC) AND GROSS HEMATURIA (GH) IN CHILDREN. Alok Kalia and Luther B. Travis, Children's Hospital Medical Center, Boston, Massachusetts.

The association of GH and IHC without clinical or radiological evidence of nephrolithiasis has not been described. Six children have been identified who presented with asymptomatic and recurrent GH in whom no calculus could be demonstrated radiographically. Investigations did not reveal any renal or urinary tract pathology which could account for the hematuria. ICH was documented in five; the sixth later passed a calcium oxalate calculus.

MORPHONUCLEAR CELL CHROMATIN IN EXPERIMENTAL IDIOPATHIC NEPHRITIS. Thomas L. Kennedy and Martha Marrow, University of Texas Med. Br., Dept. of Pediatrics, Galveston, Tx. A retrospective review (1970-1980) of 310 children with idiopathic nephropathy revealed 26 episodes of peritonitis in 19 patients (6.9 ± 3.7 years old). None were on cytotoxic drugs and 17 (65%) were on steroids at some time. Previous pass randomized, had proteinuria; 23 occurred during a relapse and 6 occurred at presentation of nephritis. No morphologic subtype was at significant risk for peritonitis. Abdominal pain, tenderness, edema, and fever were common. Leukocytosis (>22,000) and a-streptococcus (1); 4 were culture negative. Serum pso- moomucoses were positive in only 7/18. Organisms isolated included pneumococcus (13), E. coli (5), E. coli and B. fragilis (1), Klebsiella (1), and one was not. These patients were treated with oral antibiotics and all recovered.

SUSTAINED IMPROVEMENT IN GROWTH VELOCITY (GV) & BONE DENSITY (BD) WITH CHRONIC RENAL FAILURE CRF. Craig B. Landman, Alice T. Mazur, Roland Baron, Michael E. Norman, Univ. of Pa. Sch. Med., Children's Hosp. of Philadelphia, Phila., Pa. A retrospective review of 275 children with CRF was performed. TRIPS was defined by standard deviation scores on Tanner growth charts, the preferred method of expressing growth in pts with CRF. Group GV (mean ± SEM) was increased in OM (p<.002) while remaining unchanged in OFM (p=NS) after the 1st Rx year. Data were insufficient to analyze changes consistent with the development of renal osteodystrophy even before routine changes are evident.


The infiltrative cells in acute tubular necrosis were found to be composed of mononuclear cells. The infiltration of mononuclear cells occurs within 12-24 hours of the onset of the acute process and is maximal at day 10. The cell is relatively resistant to cell death and is prominent in the renal venous serum, suggesting an origin from the bone marrow. Mononuclear cells are not present in the peritubular capillaries of the renal cortex and the glomeruli.

ELEVATION OF NEPHROGENOUS CYCLIC ADENOSINE MONOPHOSPHATE (cAMP) IN CHILDREN WITH CHRONIC RENAL FAILURE (CRF). John O. Peterson, Mary Lou Wolke, and William L. Wilkie, Children's Hosp. Med. Center, Boston, Massachusetts.

To determine at which point in chronic renal insufficiency (CRF) the physiologic conditions for altered bone metabolism appear, radiographs, serum chemistries, parathyroid hormone (PTH), and neph cAMP were evaluated in 25 children with CRF compared to 7 children with benign renal disease and normal renal function. PTH (ng/ml) 9.0 9.5 3.4 94 181 4.6 9.70 9.7 3.5 4.5 50 125 20 60 0 4

SPECTRAL ANALYSIS OF THE REGULARITY OF THE HEMODIALYSIS CYCLE. Paul A. W. Harkness, Harald Zelmer, and William B. Kark, Department of Pediatrics, University of California, San Francisco.

The regularity of the hemodialysis cycle was studied using the spectral analysis of the hemodialysis cycle. A significant correlation between the cycle length and the stability of the hemodialysis cycle was found.