Discussion

Chairman: PROFESSOR H. E. DE WARDENER

DR N. JONES (London): Two questions. Firstly, do you have any immunofluorescence studies on your renal biopsies? Secondly, I am sure you are aware that when talking about incomplete RTA it is necessary to pay attention to total hydrogen ion excretion—did you measure this?

DR P. L. GOLDING (Portsmouth): We did immunofluorescence on only one biopsy and that only showed a linear deposition of IgG in the glomerulus. We did measure total hydrogen ion excretion and found that it was reduced in the first type, but not in the incomplete type.

DR I. DYMOCK (Manchester): Was there any correlation with age? In my experience patients with immune liver disease and Sjögren's syndrome tend to be older.

DR GOLDING: No.

CHAIRMAN: Did you see osteomalacia in your patients? This is usually associated with the proximal type of RTA.

DR GOLDING: We have seen two patients with osteomalacia, though these were not included in the present series. However, they did not have aminoaciduria, thus not suggesting proximal tubular defects.

DR A. EDDLESTONE (London): One is now able to take the story a little further. Dr Tsantoulas, who has been working in the unit here at King's since Dr Golding left us, has shown that these patients are sensitized to the Tamm-Horsfall glycoprotein. Interestingly, this is distributed along the ascending limb of the loop of Henle as far as the macula densa, i.e. the area that may be involved in the acidification defect. He has further shown that on immunofluorescence an apparently similar antigenic material can be demonstrated on the liver cell membrane. So perhaps these patients have an immunologically mediated tubular defect due to a cross reaction of an immune process directed primarily at the liver.