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Setting Research Priorities for Patients on or Nearing Dialysis

Braden Manns, Brenda Hemmelgarn, Erin Lillie, Sally Crowe P.G. Dip, Annette Cyr, Michael Gladish, Claire Large, Howard Silverman, Brenda Toth, Wim Wolfs, and Andreas Laupacis

Correction

Cryoglobulins are immunoglobulins that precipitate in the cold. Cryoglobulinemia consists of 3 types based on the immunoglobulin (Ig) components. Type I is comprised of a single monoclonal Ig, type II with a polyclonal and monoclonal Ig, and type III with 2 polyclonal Ig. Type I is primarily seen in monoclonal diseases like multiple myeloma or Waldenstrom’s macroglobulinemia, type II is caused by viral infections, with hepatitis C the most common, and type III is often associated with chronic inflammatory and autoimmune diseases. Renal manifestations include hematuria with low-grade or nephrotic range proteinuria, acute or chronic kidney injury, and hypertension. Other manifestations include purpura, arthralgias/arthritis, and peripheral neuropathy. Kidney biopsy may show a membranoproliferative pattern. However, as seen in our case, intraluminal thrombi composed of precipitated cryoglobulins, IgM positivity in thrombi and deposits, and “curvilinear” substructure of deposits and thrombi seen by electron microscopy are the diagnostic hallmark of lesions of cryoglobulinemic GN. We believe that hypothermia associated with the operative procedure initiated the cold-induced cryoglobulin precipitation and chain of events. (Images and text provided by Gilbert Moeckel, MD and Mark A. Perazella, MD, Yale University School of Medicine, New Haven, CT)