

PART XXXVI

WORKSHOP ON ANALGESIC NEPHROPATHY

ANALGESIC NEPHROPATHY

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Although in recent years the steady flow of publications on this subject has decreased, there are several regions in this world where analgesic nephropathy is the most important disease for end-stage failure, dialysis and transplantation.

In this workshop Dr Schwarz, Berlin [1] made a comparison between analgesic consumption in patients with analgesic nephropathy and controls. The conclusion was that patients with analgesic-associated nephropathy suffer chronic pain and take analgesics more frequently than chronic pulmonary patients as controls. Even after the diagnosis of analgesic nephropathy, these patients continue to take analgesics and usually they deny having done so. This strongly calls for routine analysis of urines for the main metabolite of phenacetin, namely N-acetyl-para-aminophenol.

Dr W Lornoy from Aalst [2] reported on 39 patients of 412 with analgesic nephropathy which he and his group examined in the last 12 years and who developed a malignant tumour of the kidney and/or ureter (9.5%), in 20 patients of the renal pelvis, in five a hypernephroma, in seven of the ureter and in five a tumour of both the renal pelvis and ureter, and in one patient a bilateral tumour of the renal pelvis and in another a tumour of the renal pelvis and a hypernephroma. Dr Lornoy found no direct relation between the degree of renal failure and the development of uroepithelial tumours. There is a strong relationship between the duration of abuse of analgesic mixtures and the possible onset of such tumours. Interesting was the high number of hypernephromas. He advocated routine urinary cytology for screening patients with analgesic nephropathy.

Analgesic nephropathy remains a serious problem in Belgium as reported by Dr Vanherweghem of Brussels. Despite a significant increase in the total number of uraemic patients treated by dialysis, the incidence of analgesic nephropathy remained at 18 per cent from 1980 to 1984. As he pointed out, Belgians like analgesics! A local epidemic of analgesic abuse with analgesic nephropathy leading to a rate of 50 per cent of patients treated by dialysis was observed in Antwerp. There, three large factories for the production of analgesics are located. whereas the areas around Brussels and further South have a much lower incidence.

Dr Gault from St John's, Newfoundland [4] summed up the Canadian experience, where in 1970 phenacetin was voluntarily withdrawn from analgesic preparations. Since 1973 phenacetin has been banned by law. Since then paracetamol use has increased fivefold, much more than phenacetin combined analgesics have ever been used! However, paracetamol is not available in combination mixtures. A survey in 1970 and 1980 by a large number of nephrological centres in Canada showed that within this decade there has been a drop of 50 per cent of patients with analgesic end-stage kidney disease on dialysis and transplantation. He strongly advocated banning composite analgesics and advocated the sale of paracetamol, which apparently is not abused.

Dr Brunner from Basle in the discussion underlined the help of cytological screening of patients with analgesic abuse and nephropathy for the determination of absence or presence of cancer. Dr Bengson from Sweden in the discussions stressed the point that cytological examination should be carried out, especially before the patients are transplanted.

There was a general consensus of the panel in the direction of banning composite analgesics for over-the-counter sales and to localize epidemics, especially in the proximity of factories producing analgesics. Epidemiological surveys with objective tools as with the determination of N-acetyl-para-aminophenol in the urine and with the dipstick method (Phenistix®, Ames) for salicylates should be done more often in countries with high incidence of analgesic nephropathy.

Papers presented

- 1 Schwarz A, Keller F, Faber U, Pommer W, Kemmerich B, Lode H, Huckauf H, Offermann G, Molzahn M. *Comparison between analgesic consumption in patients with analgesic nephropathy and controls*
- 2 Lornoy W, Becaus I, Morelle V, Fonteyne E, Thienpont L, Mestdagh J, D'Haenens P, Van Steenberge R, Rollier A. *Analgesic nephropathy and malignant tumors of the kidney and the ureter. Value of urinary cytology*