



# ACTAS Derma-Sifiliográficas

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## LETTERS TO THE EDITOR

### Comment on “Skin Manifestations of Chronic Kidney Disease”<sup>☆</sup>



### Comentario a «Manifestaciones cutáneas de la enfermedad renal crónica»

To the Editor:

We read with interest the recent review entitled “Skin Manifestations of Chronic Kidney Disease,”<sup>1</sup> and would like to add some comments based on our own experience and several articles we have published on this topic in ACTAS DERMO-SIFILIOGRÁFICAS. While we agree that uremic pruritis—the main symptom experienced by patients on hemodialysis for chronic kidney disease (CKD)—is difficult to control, we believe that the care of the xerosis that accompanies such pruritus can often be of great help and that the role of the dermatologist is central to that care.<sup>2,3</sup> The effectiveness of erythropoietin cited by Robles-Méndez et al. on the basis of one study<sup>4</sup> has been called into question by other authors<sup>5</sup>; moreover, erythropoietin is prescribed to almost all patients on hemodialysis, and no differences in the incidence or severity of pruritus have been observed between patients who are receiving such treatment and those who are not.<sup>2,6</sup> We agree that the only definitive treatment for this condition is kidney transplantation.<sup>7</sup> However, given the difficulty of achieving transplantation—the only curative treatment—for all patients with advanced CKD and uremic pruritus, we must keep looking for other treatments that can improve the quality of life of these patients.<sup>7</sup>

Furthermore, while half and half nails is the onychopathy most characteristic of patients on hemodialysis, we would assert that this condition is not, as stated by Robles-Méndez et al., specific to uremia because in a case control study we observed it in 3% of the controls.<sup>8</sup>

In another study with multivariate analysis, we also observed that long term hemodialysis for CDK accelerated skin aging in that the presence of markers of skin aging increased in relation to the time on hemodialysis, independent of age.<sup>9</sup> It has recently been observed that uremia and aging share many pathophysiological characteristics, which could be explored to identify future therapeutic strategies.<sup>10</sup>

Consequently, we believe that it is necessary to combine our efforts and continue investigating potential new remedies to alleviate the cutaneous manifestations of chronic kidney disease.

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## Response to “Comment on Skin Manifestations of Chronic Kidney Disease”<sup>☆</sup>



### Réplica a «Manifestaciones cutáneas de la enfermedad renal crónica»

To the Editor:

We have read with great interest the letter to the editor of this journal commenting on our review of skin manifestations in chronic kidney disease (CKD), and wish to add the following comments.<sup>1</sup>

Erythropoietin acts by lowering histamine levels and increasing hemoglobin levels. Since the etiology of uremic pruritus is multifactorial and these 2 factors make only a small contribution to the condition, it is to be expected that this treatment does not improve pruritus in all patients.<sup>2</sup> At best, erythropoietin would be an adjuvant treatment in a subgroup of patients in whom these factors are present.

We are conscious that kidney transplantation is a solution not accessible to all patients with CKD and that optimal control of the patient's disease with dialysis and by monitoring hemoglobin and calcium-phosphorus levels is essential in the management of uremic pruritus. From the dermatologist's standpoint, a practical approach would be to use moisturizers (the first-line treatment in the management of uremic pruritus), especially those containing paraffin, glycerol, and adjuvant additives, (endocannabinoids and gamma-linolenic acid), in addition to anti-pruriginous lotions based on pramoxine and capsaicin and carefully calibrated systemic treatment with gabapentin.<sup>1,3,4</sup>

On the subject of half and half nails, we note that they have classically been linked to CKD and are found in between 15% and 50% of patients in this setting. However, we agree with Tercedor et al. that half and half nails are not only found in CKD, but have also been observed in association with other etiologies, including Crohn disease, Behçet disease, chemotherapy, and isoniazid-induced pellagra and

that idiopathic forms have been reported in up to 3% of healthy controls.<sup>5-9</sup>

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