Uraemic pruritus

Pruritus is not a feature of acute renal failure but is common in severe chronic renal failure, the reported incidence being as high as 86%. Many factors have been incriminated. Patients commonly have a dry skin (xerosis), and this may contribute to the pruritus. The xerosis may be related to the atrophy of the sebaceous glands and the eccrine sweat glands that occurs in uraemia. The disturbances of calcium and phosphorus metabolism in chronic renal failure have also been implicated, while other possible factors include the proliferation of mast cells in the skin of some patients with uraemia, high serum concentrations of magnesin, and an association with uraemic neuropathy. With so many possibilities the only certainty is that the mechanism of uraemic pruritus remains unknown.

Regular and intensive haemodialysis is said to cure or improve pruritus in many patients. But some reports have put the proportion relieved of their symptoms as low as 14%. Sometimes the pruritus may worsen or appear for the first time after starting maintenance haemodialysis. In some (but not all) patients with severe secondary hyperparathyroidism the subtotal parathyroidectomy may dramatically improve or cure intractable pruritus. Not all patients with severe secondary hyperparathyroidism have pruritus, however, and many who have intractable pruritus do not have severe secondary hyperparathyroidism. Uraemic pruritus may be helped by simple measures such as skin emollients, systemic antihistamine preparations, and minor tranquillisers. Very low protein diets may help, and so may saunas. Recently a whole variety of treatments have been tried in patients being treated with maintenance haemodialysis with intractable pruritus; but the best answer is renal transplantation with a good functioning graft.

Among the empirical treatments that have been commended is regular intravenous heparin for several weeks; good results were claimed but these were uncontrolled observations. A double-blind trial comparing intravenous lignocaine with placebo saline during haemodialysis showed an improvement in the patients given the drug. Oral cholestyramine gave good results in one controlled trial but not in another and cholestyramine carries a possible risk of inducing or aggravating a metabolic acidosis in uraemic patients. Ultraviolet phototherapy has also been tried and was effective in a controlled trial. Pruritus is a notoriously difficult symptom to assess, and in all these trials with lignocaine, cholestyramine, and ultraviolet phototherapy the numbers were small; but these treatments may be worth trying in patients with intractable itching. A final note of caution: patients with severe uraemia are not immune from other causes of pruritus, such as scabies.

Sterilisation of mentally retarded minors

Severe mental handicap in a child is always a heavy burden for parents, but the circumstances are especially distressing when a girl is approaching the reproductive years. The risk of pregnancy is greater now than in the past, when more of these girls were cared for in single-sex institutions. There is an understandable concern to protect the youngsters from pregnancy, and the parents may well seek medical advice and help. Some form of contraception may be offered, but at this age and in these circumstances none is really satisfactory. The two obvious choices—an intrauterine device and an injectable...