Different meanings of “glomerular tip lesion”

To the Editor: The term “glomerular tip lesion” [1] has been used with three meanings:

1. Our original description was in nephrotic patients with structural changes at the tubular origin in glomeruli that were otherwise normal. The clinical course resembled that of minimal change nephropathy [2].

2. We later realized that such changes were a common finding in many disorders, such as membranous nephropathy [3]. These tip changes were not themselves a disease, but could only be interpreted by consideration of the rest of the glomerulus. Others have applied the term “glomerular tip lesion” to these changes, irrespective of the associated condition.

3. We also reported tip changes in glomeruli showing mesangial hypercellularity in the nephrotic syndrome, sometimes with clinical progression [3, 4]. The ones who did badly developed segmental sclerosis, corresponding to many descriptions of “focal segmental glomerulosclerosis.” We called the early stage early classical focal segmental glomerulosclerosis [4].

‘Glomerular tip lesion,’ as defined by D’Agati et al [1], also called “the tip variant of focal segmental glomerulosclerosis,” clearly includes our original definition, and excludes tip changes in conditions such as membranous nephropathy. Their definition allows mesangial hypercellularity, and some of their patients may correspond to cases of minimal change disease. “Our data have shown, for the first time, that routinely processed renal biopsies with GTL frequently contained glomeruli with segmental lesions at other sites (peripheral or indeterminate, but not perihilar), and most of these cases similarly followed a benign course. Importantly, the segmental lesions were predominantly cellular (81%), rather than sclerosing. There was no significant difference in remission status when cases with GTL alone (26% of cases) were compared with cases of GTL with segmental lesions at other locations. Remission rate for GTL was better than for idiopathic focal segmental sclerosis controls, but not as good as that reported for adult minimal change disease. For these reasons, we envision GTL as occupying an intermediate position, morphologically and clinically, in the minimal change disease/focal segmental glomerulosclerosis spectrum [3].

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