

excluded by renal sonogram and the clinical course. The use of cefoxitin has been associated with acute renal failure as well as with artifactual elevations in serum creatinine concentrations.⁴ The continued administration of cefoxitin throughout this patient's hospital course excludes this cause of acute renal failure.

The development of unexplained acute renal failure in persons with minimal change nephrotic syndrome has been previously described in adults.^{1,5-7} To the best of our knowledge, our patient is the youngest with this phenomenon. Although the pathophysiology of this disorder remains unclear, Lowenstein et al¹ suggested that intrarenal edema may be responsible. Accumulation of fluid in the interstitium of the kidney could compress renal tubules and increase hydrostatic pressure in Bowman's space. This elevation in hydrostatic pressure would then impede the flow of filtrate across the glomerular capillary wall and suppress glomerular filtration rate.

Management consists of prompt recognition and the initiation of diuretic therapy. In the absence of severe hypervolemia, albumin and mannitol infusions can also be effective.⁵ The use of corticosteroids to induce nephrotic syndrome remission is also appropriate, but renal recovery does not appear to depend on their efficacy. Prognosis is generally excellent, however, some cases of prolonged or irreversible renal failure have been reported.^{7,8}

JAMES E. SPRINGATE, MD
JACK F. COYNE, MD
MELVYN P. KARP, MD
LEONARD G. FELD, MD, PhD
Departments of Pediatrics and
Pediatric Surgery School of
Medicine
Children's Hospital of Buffalo
State University of New York
at Buffalo

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ERRATUM

In the paper, "Successful Direct Extubation of Very Low Birth Weight Infants From Low Intermittent Mandatory Ventilation Rate" by Kim and Boutwell (*Pediatrics* 1987;80:409-414), there is an error on p 412. The last sentence in the legend of Fig 2 should read: ΔPCO_2 of control group was significantly higher than that of study group during test period.

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Pediatrics 1987;80;948

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