CJASN
Clinical Journal of the American Society of Nephrology

March 2015 • Vol. 10 • No. 3

Editorials

Original Articles

Acute Kidney Injury

Chronic Kidney Disease

Clinical Immunology and Pathology

Clinical Nephrology

Original Articles (Continued)

Renal Physiology

Role of the Medical Director

In-Depth Review

Mini-Review

Special Feature

eJournal club provides a timely and interactive electronic journal club experience by offering a forum in which CJASN readers have the opportunity to converse with the featured study authors. Visit ejc.cjasn.org to learn more.

On the Cover

What's the diagnosis? Maximum intensity projection (MIP) image of the abdominal aorta and bilateral renal arteries from a CT angiogram in a patient with Type IV Ehlers-Danlos syndrome demonstrate multifocal aneurysms involving both renal arteries. The differential diagnosis for patients with multiple renal artery aneurysms includes fibromuscular dysplasia, vasculitis such as Behcet's disease, neurofibromatosis type 1, and collagen disorders such as Marfan's syndrome and Ehlers-Danlos syndrome. Type IV is the vascular subtype of the Ehlers-Danlos syndrome. It is the most fatal form of the disorder due to the high incidence of spontaneous arterial rupture and/or dissection and the fragility of the arterial walls can make surgical repair difficult. Note that surgical ligation or endovascular repair are the preferred treatment strategies for aneurysms of Ehlers-Danlos syndrome. Conventional surgical repair or bypass grafting is often avoided due to the propensity for sutures to tear the fragile arterial wall leading to poor outcomes. (*Images and text provided by Rahul A. Sheth, MD and Suvranu Ganguli, MD, Massachusetts General Hospital, Boston, Massachusetts*)