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- 1921 Is Change in Albuminuria a Surrogate Marker for Cardiovascular and Renal Outcomes in Type 1 Diabetes?**
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- 1924 Crackles and Comets: Lung Ultrasound to Detect Pulmonary Congestion in Patients on Dialysis is Coming of Age**
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- 1927 Are Ambulatory Care–Sensitive Conditions the Fulcrum of Hospitalizations for CKD Patients?**
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- 1929 Fractures in Patients with CKD: Time for Action**
Sharon M. Moe and Thomas L. Nickolas
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- 1932 Recurrent FSGS Postkidney Transplant: Moving the Needle Forward**
Sandra Amaral and Alicia Neu
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Original Articles

- Acute Kidney Injury**
- 1935 Development of a Multicenter Ward–Based AKI Prediction Model**
Jay L. Koyner, Richa Adhikari, Dana P. Edelson, and Matthew M. Churpek
- 1944 Incidence, Severity, and Outcomes of AKI Associated with Dual Renin-Angiotensin System Blockade**
Paul M. Palevsky, Jane H. Zhang, Stephen L. Seliger, Nicholas Emanuele, and Linda F. Fried, for the VA NEPHRON-D Study
- Chronic Kidney Disease**
- 1954 Use of Electronic Health Data to Estimate Heart Failure Events in a Population-Based Cohort with CKD**
James S. Floyd, Robert Wellman, Sharon Fuller, Nisha Bansal, Bruce M. Psaty, Ian H. de Boer, and Delia Scholes
- 1962 Cardiovascular Disease Risk Factors and Left Ventricular Hypertrophy in Girls and Boys With CKD**
Rebecca L. Ruebner, Derek Ng, Mark Mitsnefes, Bethany J. Foster, Kevin Meyers, Bradley Warady, and Susan L. Furth
- Diabetes and the kidney**
- 1969 Albuminuria Changes and Cardiovascular and Renal Outcomes in Type 1 Diabetes: The DCCT/EDIC Study**
Ian H. de Boer, Xiaoyu Gao, Patricia A. Cleary, Ionut Bebu, John M. Lachin, Mark E. Molitch, Trevor Orchard, Andrew D. Paterson, Bruce A. Perkins, Michael W. Steffes, and Bernard Zinman, for the Diabetes Control and Complications Trial/Epidemiology of Diabetes Interventions and Complications (DCCT/EDIC) Research Group
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1978 NT-proBNP and Echocardiographic Parameters for Prediction of Cardiovascular Outcomes in Patients with CKD Stages G2–G4

Kathrin Untersteller, Nicolas Girerd, Kevin Duarte, Kyrill S. Rogacev, Sarah Seiler-Mussler, Danilo Fliser, Patrick Rossignol, and Gunnar H. Heine

1989 Fibroblast Growth Factor 23 and Risk of CKD Progression in Children

Anthony A. Portale, Myles S. Wolf, Shari Messinger, Farzana Perwad, Harald Jüppner, Bradley A. Warady, Susan L. Furth, and Isidro B. Salusky

ESRD and Chronic Dialysis

1999 Association of Peritonitis with Hemodialysis Catheter Dependence after Modality Switch

Timmy Lee, Mae Thamer, Yi Zhang, Qian Zhang, and Michael Allon

2005 The Agreement between Auscultation and Lung Ultrasound in Hemodialysis Patients: The LUST Study

Claudia Torino, Luna Gargani, Rosa Sicari, Krzysztof Letachowicz, Robert Ekart, Danilo Fliser, Adrian Covic, Kostas Siamopoulos, Aristeidis Stavroulopoulos, Ziad A. Massy, Enrico Fiaccadori, Alberto Caiazza, Thomas Bachelet, Itzchak Slotki, Alberto Martinez-Castelao, Marie-Jeanne Coudert-Krier, Patrick Rossignol, Faikah Gueler, Thierry Hannedouche, Vincenzo Panichi, Andrzej Wiecek, Giuseppe Pontoriero, Pantelis Sarafidis, Marian Klinger, Radovan Hojs, Sarah Seiler-Mussler, Fabio Lizzi, Dimitrie Siroopol, Olga Balafa, Linda Shavit, Rocco Tripepi, Francesca Mallamaci, Giovanni Tripepi, Eugenio Picano, Gérard Michel London, and Carmine Zoccali
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Health Services Research

2022 Potentially Preventable Hospitalization among Patients with CKD and High Inpatient Use

Paul E. Ronksley, Brenda R. Hemmelgarn, Braden J. Manns, James Wick, Matthew T. James, Pietro Ravani, Robert R. Quinn, Nairne Scott-Douglas, Richard Lewanczuk, and Marcello Tonelli
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2076 Commentary on Pharmacotherapy of Hypertension in Patients on Chronic Dialysis

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Claudio Rigatto

On the Cover

A 32-year-old woman with end-stage renal disease of unknown etiology underwent deceased donor renal transplantation. She was given induction with basiliximab and was on tacrolimus, mycophenolate mofetil and prednisolone. She was discharged with a creatinine of 1.7 mg/dl. She developed new-onset diabetes after transplantation controlled with insulin. Three months later she developed fever, abdominal pain, graft tenderness and worsening renal function. Lab investigations revealed Hb 7.1gm/dl, white blood cell count 17900/mcL, and creatinine 4.0mg/dl. Liver function tests, serum amylase and lipase were normal. Blood cultures were negative and she was placed on broad spectrum antibiotics. Doppler flow imaging of the graft kidney showed absent arterial flow and a nephrectomy was performed. Histology revealed extensive coagulative necrosis of the kidney which was infiltrated by aseptate broad fungal hyphae with irregular, non-parallel contours which branched irregularly at right angles. The fungus invaded blood vessel walls, consistent with mucormycosis. Following the nephrectomy, this patient received liposomal Amphotericin B but she expired 3 weeks later due to overwhelming sepsis. Mucormycosis is a systemic fungal infection caused by members of the class Zygomycetes. The infection occurs mostly in immunocompromised individuals. The organism gains entry through inhalation, ingestion, contamination of skin wounds or via vascular channels such as intravenous drips. They are angioinvasive and can cause vascular thrombosis, tissue infarction and necrosis. There are 5 forms of the disease: rhinocerebral, pulmonary, gastrointestinal tract, cutaneous and disseminated disease. Renal mucormycosis, which is usually a part of disseminated disease, is a rare complication of kidney transplantation with a high mortality rate. Diagnosis is usually made by demonstration of characteristic fungal hyphae in the infected tissue on histopathological examination. The treatment is based on early recognition of the disease, surgical resection of necrotic tissue and appropriate antifungal therapy. (Cover image and text provided by Anila Kurien and Ramanathan Vijayakumar, Center for Renal and Urological Pathology, Chennai, Tamil Nadu, India.)