

# CJASN

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*Vanessa Grubbs*

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### **1142 Expand the Pool of Living Donors for Kidney Transplantation**

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*Marie E. Edwards, Fouad T. Chebib, Maria V. Irazabal, Troy G. Ofstie, Lisa A. Bungum, Andrew J. Metzger, Sarah R. Senum, Marie C. Hogan, Ziad M. El-Zoghby, Timothy L. Kline, Peter C. Harris, Frank S. Czerwiec, and Vicente E. Torres*

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**1188 Characterizing Approaches to Dialysis Decision Making with Older Adults: A Qualitative Study of Nephrologists**

*Keren Ladin, Renuka Pandya, Ronald D. Perrone, Klemens B. Meyer, Allison Kannam, Rohini Loke, Tira Oskoui, Daniel E. Weiner, and John B. Wong*  
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*Scott O. Trerotola, Jeffrey Lawson, Prabir Roy-Chaudhury, and Theodore F. Saad, for the Lutonix AV Clinical Trial Investigators*  
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*J. Ashley Jefferson*

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## Commentary

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*Patrick B. Reeves and Finnian R. Mc Causland*

### On the Cover

A 62 year-old woman with a history of hypertension, diabetes and breast cancer s/p bilateral mastectomy presented with fatigue, weight loss, decrease appetite and bilateral maculopapular rash over her knees. Her BP was 123/71 mm Hg. Her labs revealed pancytopenia with WBC 3.5 K/cu mm, hemoglobin 8.2 g/dL and platelet count of 84 K/ cu mm. Other labs were significant for sodium 134 mEq/L, potassium 4.8 mEq/L, BUN 46 mg/dL and serum creatinine of 3.6mg/dL (baseline 0.9mg/dl). Urinalysis revealed proteinuria with no hematuria or pyuria. Urine protein/creatinine ratio was 2.53. All serologies were negative. Kidney ultrasound revealed a 13.4 cm right kidney and 13.1 cm left kidney with increased echogenicity bilaterally. Kidney biopsy showed interstitial infiltration of myelocytic cells. A bone marrow biopsy confirmed the diagnosis of acute myeloid leukemia (AML). Patient received chemotherapy for AML and her kidney function improved to baseline and did not require any kidney replacement therapy.

Kidney ultrasound showed enlarged kidneys (Figure 1). Light microscopy showed large aggregates of atypical cells with irregular nuclei, expanding the interstitium (Figure 2). Immunohistochemical stain for myelocytic cells (CD 33) was strongly positive (Figure 3). Kidney involvement including dense infiltration of kidneys is seen in up to 34% of patients diagnosed with AML, acute lymphocytic leukemia and non-Hodgkin's lymphoma. Most cases of kidney involvement are seen in patients after a diagnosis of AML has been confirmed by bone marrow biopsy in contrast to our case where dense infiltration of the kidneys with myeloid blasts was noted first leading to bone marrow biopsy.

*(Images and text provided by Alice Chedid, MD; Mohamad Hanouneh, MD; and Duvuru Geetha, MBBS, MD, Johns Hopkins University, Department of Medicine, Division of Nephrology, Baltimore, Maryland)*