Patient Voice

963 Functioning on Dialysis: An Oxymoron?
Daniel L. Abel
See related article on page 1039.

Editorials

965 Targeting Fall Risk in CKD
Nancy G. Kutner and C. Barrett Bowling
See related article on page 983.

967 Treatment of Relapses in ANCA-Associated Vasculitis
Mark McClure and Rachel Jones
See related article on page 1021.

970 ESKD Risk in Living Kidney Donors “Like Me”
Kenneth A. Newell and Richard N. Formica
See related article on page 1048.

972 Clinical and Public Policy Implications of Pre-Formed DSA and Transplant Outcomes
Edmund Huang and Stanley C. Jordan
See related article on page 1056.

Original Articles

Acid/Base and Electrolyte Disorders

975 Derivation and Validation of a Novel Risk Score to Predict Overcorrection of Severe Hyponatremia: The Severe Hyponatremia Overcorrection Risk (SHOR) Score
Jason D. Woodfine, Manish M. Sood, Thomas E. MacMillan, Rodrigo B. Cavalcanti, and Carl van Walraven

Chronic Kidney Disease

983 Gait Abnormalities and the Risk of Falls in CKD
Jeannie Tran, Emmeline Ayers, Joe Verghese, and Matthew K. Abramowitz
See related editorial on page 965.

994 Use of a Medical-Alert Accessory in CKD: A Pilot Study
Eli Farhy, Clarissa Jonas Diamantidis, Rebecca M. Doerfler, Wanda J. Fink, Min Zhan, and Jeffrey C. Fink

1002 Association of CKD with Incident Tuberculosis
Sehoon Park, Soojin Lee, Yaeirim Kim, Yeonhee Lee, Min Woo Kang, Semin Cho, Kyungdo Han, Seoung Seok Han, Hajeong Lee, JungPyo Lee, Kwon Wook Joo, ChunSoo Lim, YonSu Kim, and DongKi Kim

1011 Effects of Treatment of Metabolic Acidosis in CKD: A Systematic Review and Meta-Analysis
Sankar D. Navaneethan, Jun Shao, Jerry Buysse, and David A. Bushinsky
Glomerular and Tubulointerstitial Diseases

**1021 Mycophenolate Mofetil Versus Cyclophosphamide for the Induction of Remission in Nonlife-Threatening Relapses of Antineutrophil Cytoplasmic Antibody–Associated Vasculitis: Randomized, Controlled Trial**

Janneke Tuin, Patricia M. Stassen, Daria I. Bogdan, Jan Broekroelofs, Pieter van Paassen, Jan Willem Cohen Tervaert, Jan-Stephan Sanders, and Coen A. Stegeman

See related editorial on page 967.

Maintenance Dialysis

**1029 Blood Pressure and Incident Atrial Fibrillation in Older Patients Initiating Hemodialysis**

Tara I-Hsin Chang, Sai Liu, Medha Airy, Jingbo Niu, Mintu P. Turakhia, Jennifer E. Flythe, Maria E. Montez-Rath, and Wolfgang C. Winkelmayer

**1039 Association of Initiation of Maintenance Dialysis with Functional Status and Caregiver Burden**


See related Patient Voice on page 963.

Transplantation

**1048 Risk of ESKD in Older Live Kidney Donors with Hypertension**


See related editorial on page 970.

**1056 Preformed Donor-Specific HLA Antibodies in Living and Deceased Donor Transplantation: A Multicenter Study**


See related editorial on page 970.

Research Letter

**1067 Attitudes toward Peritoneal Dialysis among Peritoneal Dialysis and Hemodialysis Medical Directors: Are We Preaching to the Right Choir?**

Jenny I. Shen, Martin J. Schreiber, Junhui Zhao, Bruce M. Robinson, Ronald L. Pisoni, Rajnish Mehrotra, Matthew J. Oliver, Tadashi Tomo, Kriang Tungsanga, Isaac Teitelbaum, Arshia Ghaffari, Mark Lambie, and Jeffrey Perl

Expressions of Concern

**1071 Expression of Concern: Circulating Anti-endothelial Cell Antibodies Are Associated with Poor Outcome in Renal Allograft Recipients with Acute Rejection**

Qiquan Sun, Zhihong Liu, Jinsong Chen, Huiping Chen, Jiqiu Wen, Dongrui Cheng, and Leishi Li

**1072 Expression of Concern: Re-Establishing Brain Networks in Patients with ESRD after Successful Kidney Transplantation**

Hui Juan Chen, Jiqiu Wen, Rongfeng Qi, Jianhui Zhong, U. Joseph Schoepf, Akos Varga-Szemes, Virginia W. Lesslie, Xiang Kong, Yun Fei Wang, Qiang Xu, Zhe Zhang, Xue Li, Guang Ming Lu, and Long Jiang Zhang

Statement of Clarification

**1073 Statement of Clarification: Drug Coated Balloon Angioplasty in Failing AV Fistulas**

Scott O. Trerotola, Jeffrey Lawson, Prabir Roy-Chaudhury and Theodore F. Saad; for the Lutonix AV Clinical Trial Investigators
Kidney Case Conferences: How I Treat

1074 The Hypertensive Adolescent
Joseph T. Flynn

1077 AKI in Patients Receiving Immune Checkpoint Inhibitors
Mark A. Perazella and Ben Sprangers

Nephropharmacology for the Clinician

1080 Clinical Pharmacology of Antibiotics
Rachel F. Eyler and Kristina Shvets

Perspectives

1091 Geriatric Assessment in Advanced Kidney Disease
Edwina Anne Brown and Ken Farrington

1094 Advancing Equity in Nephrology: Enhancing Care for LGBTQ+ Patients and Our Workforce
Dinushika Mohottige and Mitchell R. Lunn

1097 Burosumab Therapy for X-Linked Hypophosphatemia and Therapeutic Implications for CKD
Farzana Perwad and Anthony A. Portale

Reviews

1100 Peritoneal Dialysis–Associated Peritonitis
Cheuk-Chun Szeto and Philip Kam-Tao Li

1106 AKI Associated with Acute Pancreatitis
Tareq I. Nassar and Wajeh Y. Qunibi

On the Cover

What’s the diagnosis?

Case description:
The patient is a 61-year-old man with a history of hypertension and ESKD on hemodialysis and Sevelamer who presented with nausea and vomiting. He was found to have an acutely obstructing type IV paraesophageal hernia, with intrathoracic herniation of stomach and transverse colon, and underwent repair. One week later, he developed severe abdominal pain and hypotension; laparotomy revealed transverse colonic volvulus, severe colonic distention, and possible rupture. A right hemicolectomy was performed.

Images:
Left: Yellow-magenta crystal with “fish scale” texture and injured colonic mucosa (600X)

Middle: Yellow crystal (arrow) within submucosa of colon wall. Ischemic colonic mucosa on left; muscularis propria on right (40X)

Right: Purple crystal with “fish scale” texture in serosal exudate (200X)

Teaching points:
These features are characteristic of Sevelamer crystals. This is an unusual case of colonic perforation associated with embedded Sevelamer crystals.

- Sevelamer consists of a non-absorbable hydrogel with ammonia (NH3) on a carbon backbone; its anion is either carbonate (Renvela) or hydrochloride (Renagel). The acidity of the stomach dissociates the polymer from its anion and protonates it to NH4+, allowing it to bind phosphate (PO4-) within the intestine resulting in lower serum phosphate levels.
- Sevelamer crystals within the gastrointestinal tract have been associated with gastrointestinal mucosal injury, ulceration and necrosis (PMID: 24061514).
- The relationship between Sevelamer crystals and colon perforation is uncertain in this and other cases. The mechanism or causation for bowel injury has yet to be demonstrated.

Risk factors for gastrointestinal sevelamer crystals or bowel injury have not been identified; there is no apparent association with dose or formulation (PMID: 28852493).

(Images and text provided by Erik Handberg MD1; Arlette Habashi MD1; Abdallah Alali MD2; Jessica Weiss MD2; Nicole K. Andeen MD; and Jessica L. Davis MD1. 1Department of Pathology and 2Division of Nephrology, Department of Medicine, Oregon Health & Science University, Portland, Oregon)