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1872 Humoral Response to BNT162b2 mRNA SARS-CoV-2 Vaccine in Patients with Nondialysis Chronic Kidney Disease
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1918 Classification of Uremic Toxins and Their Role in Kidney Failure
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On the Cover

What is the Diagnosis?
A 51-year-old male with long-standing diabetes was evaluated for worsening proteinuria and progressive CKD (creatinine, 2.5 mg/dl). An IgG kappa monoclonal protein was identified and a kidney biopsy was pursued to exclude paraproteinemic kidney disease. Blood pressure was 140/70 mmHg prior to biopsy. The patient presented to the hospital 4 days postbiopsy with acute onset severe flank pain. His blood pressure was significantly elevated (initial blood pressure of 203/92 mmHg), and his serum creatinine was 4.9 mg/dl. Computed tomography imaging revealed a subcapsular hematoma and a diagnosis of Page kidney was made. The patient was taken to the operating room for evacuation of the hematoma with electrocautery of a slow active bleeding blood vessel. The patient’s blood pressure quickly normalized thereafter, and his kidney function recovered back to baseline over the following week.

Image Description:
Abdominal computed tomography scan demonstrating a 3.3×7.1 cm subcapsular hematoma with compression of the adjacent kidney parenchyma. Axial and sagittal planes show a subcapsular density surrounding the right kidney. The unaffected left kidney can be seen for comparison.

Teaching Points:
Page kidney or phenomenon describes external compression of the kidney by a perinephric process such as a hematoma causing significant mass effect on the kidney parenchyma. Renin-angiotensin system activation mediated by impaired kidney perfusion and resultant microvascular ischemia leads to hypertension. It is important to recognize Page kidney as compression relief is crucial to address both kidney injury caused by ischemia as well as the secondary hypertension.

(Images and text provided by Hanny Sawaf, Alvin Wee, Serge Harb, and Ali Mehdi, Cleveland Clinic Foundation, Cleveland, Ohio.)