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## Research Letters (Continued)

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### 449 Impact of COVID-19 Pandemic in Children with CKD or Immunosuppression

*Antonio Mastrangelo, William Morello, Enrico Vidal, Isabella Guzzo, Luigi Annicchiarico Petruzzelli, Elisa Benetti, Marco Materassi, Mario Giordano, Andrea Pasini, Ciro Corrado, Giuseppe Puccio, Roberto Chimenz, Carmine Pecoraro, Laura Massella, Licia Peruzzi, and Giovanni Montini, on behalf of the COVID-19 Task Force of the Italian Society of Pediatric Nephrology*

### 452 Outcomes of Patients on Maintenance Dialysis Hospitalized with COVID-19

*Lili Chan, Suraj K. Jaladanki, Sulaiman Somani, Ishan Paranjpe, Arvind Kumar, Shan Zhao, Lewis Kaufman, Staci Leisman, Shuchita Sharma, John Cijiang He, Barbara Murphy, Zahi A. Fayad, Matthew A. Levin, Erwin P. Bottinger, Alexander W. Charney, Benjamin S. Glicksberg, Steven G. Coca, and Girish N. Nadkarni, on behalf of the Mount Sinai COVID Informatics Center (MSCIC)*

## Erratum

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### 456 Correction: Infection-Related Acute Care Events among Patients with Glomerular Disease

## Genomics of Kidney Disease

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### 458 GWAS-Based Discoveries in IgA Nephropathy, Membranous Nephropathy, and Steroid-Sensitive Nephrotic Syndrome

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## Kidney Case Conference: How I Treat

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### 476 Uric Acid and CKD Progression Matures with Lessons for CKD Risk Factor Discovery

*Oluwaseun Oluwo and Julia J. Scialla*

## Feature

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### 479 Preprint Servers in Kidney Disease Research: A Rapid Review

*Caitlyn Vlasschaert, Cameron Giles, Swapnil Hiremath, and Matthew B. Lanktree*

### 487 Pathophysiology and Treatment of Enteric Hyperoxaluria

Celeste Witting, Craig B. Langman, Dean Assimos, Michelle A. Baum, Annamaria Kausz, Dawn Milliner, Greg Tasian, Elaine Worcester, Meaghan Allain, Melissa West, Felix Knauf, and John C. Lieske

#### On the Cover

##### What is the diagnosis?

A 72-year-old patient with recent history of systemic lambda light-chain AL amyloidosis under chemotherapy, malabsorptive diarrhea, and normal baseline kidney function was admitted for acute kidney failure. The laboratory tests showed that serum creatinine raised from 1.13 mg/dl to 3.97 mg/dl, and proteinuria was at 0.18 g/24h with a small passage of albumin and lambda monoclonal light chains in urine and normal serum light chains.

##### Image Description:

With light microscopy (left image: hematoxylin staining, middle image and right image: Congo red staining and polarized light;  $\times 300$ ), histopathology showed birefringent crystals in several tubules (arrowheads). Amyloid deposits were observed in medium size vessels (arrows) and at the vascular pole of a glomerulus (asterisk) and in scarcity in glomerular and tubule-interstitial compartments. Tubular atrophy was associated with interstitial fibrosis (25% of total surface).

##### Teaching Points:

These findings suggest the importance of considering acute oxalate nephropathy in the diagnosis of nonresolving acute kidney failure induced by diarrhea even in patients with another active kidney disease. The gastrointestinal amyloid infiltrations lead to lymphatic congestion resulting in lipid-rich lymph leakage into the intestinal lumen (1) ensuring a saponification process due to calcium, thereby oxalate free for absorption in the colon. Chronic dehydration, low calcium levels, and diarrheal loss of crystallization inhibitors such as magnesium and citrate favor crystallogenesis. The prognosis is poor, and the treatment consists in a low oxalate and fatty diet and correction of ionic disorders (2). Resumption of chemotherapy is important in order to regress amyloid infiltration in the digestive tract. Glomerular deposits exist in almost 97% of cases, leading to proteinuria in the nephrotic ranges and mainly composed of light chains (3). Vascular-limited deposits lead to low-grade proteinuria and much worse kidney prognosis because the lack of proteinuria may delay the diagnosis and the treatment; therefore, kidney biopsy should be performed.

##### References:

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3. Said SM, Sethi S, Valeri AM, Leung N, Cornell LD, Fidler ME, Hernandez LH, Vrana JA, Theis JD, Quint PS, Dogan A, Nasr SH: Renal amyloidosis: Origin and clinicopathologic correlations of 474 recent cases. *Clin J Am Soc Nephrol* 8: 1515–1523, 2013  
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