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Humoral Response to the Pfizer BNT162b2 Vaccine in Patients Undergoing Maintenance Hemodialysis

Ayelet Grupper, Nechama Sharon, Talya Finn, Regev Cohen, Meital Israel, Amir Agbaria, Yoav Rechavi, Idit F. Schwartz, Doron Schwartz, Yonatan Lellouch, and Moshe Shashar

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Prognostic Factors and Long-Term Outcome with ANCA-Associated Kidney Vasculitis in Childhood

Marta Calatroni, Filippo Consonni, Marco Allinovi, Alessandra Bettiol, Natasha Jawa, Susanna Fiasella, Dritan Curi, Sarah Abu Rumeileh, Leonardo Torei, Laura Fortunato, Elena Gelain, Davide Gianfreda, Elena Oliva, Guido Jeannin, Chiara Salviani, Giacomo Emmi, Monica Bodria, Renato A. Sintico, Gabriella Moroni, Giuseppe A. Ramirez, Enrica Bozzolo, Enrico Tombetti, Sara Monti, Claudia Bracaglia, Giulia Marucci, Serena Pastore, Pasquale Esposito, Maria G. Catanoso, Barbara Crapella, Giovanni Montini, Rosa Roptero, Marco Materassi, Giovanni M. Rossi, Salvatore Badalamenti, Rae S.M. Yeung, Paola Romagnani, Gian M. Ghiiggeri, Damien Noone, and Augusto Vaglio

Patient-Reported Experiences with Dialysis Care and Provider Visit Frequency

Brian M. Brady, Bo Zhao, Bich N. Dang, Wolfgang C. Winkelmayer, Glenn M. Chertow, and Kevin F. Erickson

Renin-Angiotensin System Blockers and the Risk of COVID-19–Related Mortality in Patients with Kidney Failure

Maria Jose Soler, Marlies Noordzij, Daniel Abramowicz, Gabriel de Arriba, Carlo Basile, Marjolijn van Buren, Adrian Covic, Marta Crespo, Raphael Duivenvoorden, Ziad A. Massy, Alberto Ortiz, J. Emilio Sanchez, Emily Petridou, Kate Stevens, Colin White, Priya Vart, and Ron T. Gansevoort, on behalf of the ERACODA Collaborators

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Early Humoral Responses of Hemodialysis Patients after COVID-19 Vaccination with BNT162b2


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Kidney Disease Symptoms before and after Kidney Transplantation


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Sodium-Glucose Cotransporter-2 Inhibitors and the Risk of Abnormal Serum Potassium Level

Y. Joseph Hwang, Beini Lyu, Alex R. Chang, Lesley A. Inker, Morgan E. Grams, and Jung-Im Shin

Prevalence of SARS-CoV-2-IgG Antibodies in Children with CKD or Immunosuppression

William Morello, Antonio Mastrangelo, Isabella Gusso, Lisa Cusinato, Luigi Annichiarico Petruzzelli, Chiara Benevenuta, Laura Martelli, Roberto Dall’Amico, Federica Alessandra Vianello, Giuseppe Puccio, Laura Massella, Elisa Benetti, Carmine Pecoraro, Licia Peruzzi, and Giovanni Montini, on behalf of the COVID-19 Task Force of the Italian Society of Pediatric Nephrology

Correction

Genetic Basis of Type IV Collagen Disorders of the Kidney

Catherine Quinlan and Michelle N. Rheault

Dialysis-Associated Neurovascular Injury (DANI) in Acute Brain Injury: Practical Considerations for Intermittent Dialysis in the Neuro-ICU

Shivani Ghoshal and Amay Parikh
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1122 Balancing the Needs of Acute and Maintenance Dialysis Patients during the COVID-19 Pandemic: A Proposed Ethical Framework for Dialysis Allocation
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Review

1131 Management of Heart Failure Patient with CKD
Debasish Banerjee, Giuseppe Rosano, and Charles A. Herzog

On the Cover

Case Description:
What is the diagnosis?
A 49-year-old male presented with lower extremity edema and a rash on his legs, torso, and back. Serum creatinine was 1.3 mg/dl, albumin was 0.9 g/dl, and the urine protein-creatinine ratio was 6 g/g. Syphilis IgG and IgM antibodies were reactive >8.0 antibody index (>1 is positive), and active infection was confirmed with a reactive rapid plasma regain test (1:64). Serum antiphospholipase A2 receptor (PLA2R) antibodies and thrombospondin type-1 domain-containing 7A (THSD7A) antibodies were negative.

Image Description:
Left: Light microscopy with Jones silver stain. Normal-appearing glomerular basement membrane with no spikes or circular lucencies identified.
Center: Immunofluorescence microscopy showed 1+ IgG granular glomerular basement membrane deposition.

Teaching Points:
Findings support the diagnosis of secondary membranous nephropathy due to secondary syphilis. The patient had no evidence of active malignancy, and his anti-PLA2R and THSD7A were negative, as were other serologies. Secondary membranous nephropathy due to secondary syphilis occurs as an antibody response mounted against *Treponema pallidum*, resulting in deposition of IgG, usually in the mesangium (1), although in this case it was in the subepithelial region. Treatment with 2.4 million units of penicillin G was given prior to discharge, and at hospital follow-up, the patient’s edema and maculopapular rash had resolved. Unfortunately, he was unwilling to obtain laboratory results and subsequently was lost to follow-up.


(Images and text provided by Natalie Freidin, Department of Medicine, Division of Nephrology, Medical University of South Carolina, Charleston, South Carolina; Sally Self, Department of Pathology and Laboratory Medicine, Medical University of South Carolina, Charleston, South Carolina; Romik Srivastava, Department of Medicine, Medical University of South Carolina, Charleston, South Carolina; Lauren Crosson-Hindman, Department of Pathology and Laboratory Medicine, Medical University of South Carolina, Charleston, South Carolina; and Joshua Harbaugh, Department of Medicine, Division of Nephrology, Medical University of South Carolina, Charleston, South Carolina.)