

# CJASN

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## Editorials

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### **2329 The Role of Catalytic Iron in Acute Kidney Injury**

*Sudhir V. Shah, Mohan M. Rajapurkar, and Radhakrishna Baliga*  
See related article on page 2340.

### **2332 Is It Time to Evolve Past the Prerenal Azotemia versus Acute Tubular Necrosis Classification?**

*Justin M. Belcher and Chirag R. Parikh*  
See related article on page 2347.

### **2335 Validating the Oxford Classification of IgA Nephropathy**

*Stéphan Troyanov and Fernando C. Fervenza*  
See related article on page 2384.

### **2337 Disaster Preparedness for Dialysis Patients**

*Myra A. Kleinpeter*  
See related article on page 2478.

## Original Articles

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### Acute Kidney Injury/Acute Renal Failure

### **2340 Urinary Heparin-25 and Risk of Acute Kidney Injury Following Cardiopulmonary Bypass**

*Julie Ho, Martina Reslerova, Brent Gali, Ang Gao, Jennifer Bestland, David N. Rush, Peter W. Nickerson, and Claudio Rigatto*  
See related editorial on page 2329.

### **2347 Urinary Calprotectin and the Distinction between Prerenal and Intrinsic Acute Kidney Injury**

*Frank Heller, Sandra Frischmann, Maria Grünbaum, Walter Zidek, and Timm H. Westhoff*  
See related editorial on page 2332.

### Chronic Kidney Disease

### **2356 Skin Autofluorescence and the Association with Renal and Cardiovascular Risk Factors in Chronic Kidney Disease Stage 3**

*Natasha J. McIntyre, Richard J. Fluck, Christopher W. McIntyre, and Maarten W. Taal*

### **2364 Metabolic Syndrome and Kidney Disease: A Systematic Review and Meta-analysis**

*George Thomas, Ashwini R. Sehgal, Sangeeta R. Kashyap, Titte R. Srinivas, John P. Kirwan, and Sankar D. Navaneethan*

### **2374 Symmetric Dimethylarginine as a Proinflammatory Agent in Chronic Kidney Disease**

*Eva Schepers, Daniela V. Barreto, Sophie Liabeuf, Griet Glorieux, Sunny Eloit, Fellype C. Barreto, Ziad Massy, and Raymond Vanholder*

**2384 The Use of the Oxford Classification of IgA Nephropathy to Predict Renal Survival**

*Eric Alamartine, Catherine Sauron, Blandine Laurent, Aurore Sury, Aline Seffert, and Christophe Mariat*  
See related editorial on page 2335.

**2389 The Impact of Antihypertensive Drug Therapy on Endotoxemia in Elderly Patients with Chronic Kidney Disease**

*Stephen G. John, Paul J. Owen, Laura E. A. Harrison, Cheuk-Chun Szeto, Ka-Bik Lai, Philip K. T. Li, and Christopher W. McIntyre*

**2395 Serum Bicarbonate and Mortality in Stage 3 and Stage 4 Chronic Kidney Disease**

*Sankar D. Navaneethan, Jesse D. Schold, Susana Arrigain, Stacey E. Jolly, Edgard Wehbe, Rupesh Raina, James F. Simon, Titte R. Srinivas, Anil Jain, Martin J. Schreiber Jr., and Joseph V. Nally Jr.*

Clinical Nephrology

**2403 Hemodynamic Correlates of Proteinuria in Chronic Kidney Disease**

*Matthew R. Weir, Raymond R. Townsend, Jeffrey C. Fink, Valerie Teal, Cheryl Anderson, Lawrence Appel, Jing Chen, Jiang He, Natasha Litbarg, Akinlolu Ojo, Mahboob Rahman, Leigh Rosen, Stephen M. Sozio, Susan Steigerwalt, Louise Strauss, and Marshall M. Joffe*

**2411 Assessing Glomerular Filtration Rate in Hospitalized Patients: A Comparison Between CKD-EPI and Four Cystatin C-Based Equations**

*Alfonso Segarra, Judith de la Torre, Natalia Ramos, Augusto Quiroz, Maria Garjau, Irina Torres, M. Antonia Azancot, Montserrat López, and Ana Sobrado*

**2421 Prognosis of CKD Patients Receiving Outpatient Nephrology Care in Italy**

*Luca De Nicola, Paolo Chiodini, Carmine Zoccali, Silvio Borrelli, Bruno Cianciaruso, Biagio Di Iorio, Domenico Santoro, Vincenzo Giancaspro, Cataldo Abaterusso, Ciro Gallo, Giuseppe Conte, and Roberto Minutolo, for the SIN-TABLE CKD Study Group*

**2429 Phenotype and Outcome in Hereditary Tubulointerstitial Nephritis Secondary to *UMOD* Mutations**

*Guillaume Bollée, Karin Dahan, Martin Flamant, Vincent Morinière, Audrey Pawtowski, Laurence Heidet, Didier Lacombe, Olivier Devuyst, Yves Pirson, Corinne Antignac, and Bertrand Knebelmann*

**2439 Glomerular Hyperfiltration and Renal Progression in Children with Autosomal Dominant Polycystic Kidney Disease**

*Imed Helal, Berenice Reed, Kim McFann, Xiang-Dong Yan, Godela M. Fick-Brosnahan, Melissa Cadnapaphornchai, and Robert W. Schrier*

Diabetes and the Kidney

**2444 Albuminuria and Estimated Glomerular Filtration Rate as Predictors of Diabetic End-Stage Renal Disease and Death**

*Abeba M. Berhane, E. Jennifer Weil, William C. Knowler, Robert G. Nelson, and Robert L. Hanson*

Epidemiology and Outcomes

**2452 C-Reactive Protein and Prediction of 1-Year Mortality in Prevalent Hemodialysis Patients**

*Jonathan Bazeley, Brian Bieber, Yun Li, Hal Morgenstern, Patricia de Sequera, Christian Combe, Hiroyasu Yamamoto, Martin Gallagher, Friedrich K. Port, and Bruce M. Robinson*

**2462 Cigarette Smoking and the Association with Glomerular Hyperfiltration and Proteinuria in Healthy Middle-Aged Men**

*Isseki Maeda, Tomoshige Hayashi, Kyoko Kogawa Sato, Hideo Koh, Nobuko Harita, Yoshiko Nakamura, Ginji Endo, Hiroshi Kambe, and Kanji Fukuda*

## Original Articles (Continued)

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### **2470 Uric Acid Levels and All-Cause and Cardiovascular Mortality in the Hemodialysis Population**

Walead Latif, Angelo Karaboyas, Lin Tong, James F. Winchester, Charlotte J. Arrington, Ronald L. Pisoni, Mark R. Marshall, Werner Kleophas, Nathan W. Levin, Ananda Sen, Bruce M. Robinson, and Rajiv Saran

#### ESRD and Chronic Dialysis

### **2478 Personal Disaster Preparedness of Dialysis Patients in North Carolina**

Mark Foster, Jane H. Brice, Frances Shofer, Stephanie Principe, Darren DeWalt, Ronald Falk, and Maria Ferris  
See related editorial on page 2337.

### **2485 Improvement in the Renal Prognosis in Nephropathic Cystinosis**

Karlijn J. Van Stralen, Francesco Emma, Kitty J. Jager, Enrico Verrina, Franz Schaefer, Guido F. Laube, Malcolm A. Lewis, and Elena N. Levtchenko

### **2492 The Effect of Racial Origin on Total Body Water Volume in Peritoneal Dialysis Patients**

Andrew Davenport, Rabya Hussain Sayed, and Stanley Fan

#### Genetics

### **2499 Tolvaptan in Autosomal Dominant Polycystic Kidney Disease: Three Years' Experience**

Eiji Higashihara, Vicente E. Torres, Arlene B. Chapman, Jared J. Grantham, Kyongtae Bae, Terry J. Watnick, Shigeo Horie, Kikuo Nutahara, John Ouyang, Holly B. Krasa, and Frank S. Czerwiec, for the TEMPO<sub>4</sub> and 156-05-002 Study Investigators

#### Hypertension

### **2508 Cardiac Magnetic Resonance Assessment of Left Ventricular Mass in Autosomal Dominant Polycystic Kidney Disease**

Ronald D. Perrone, Kaleab Z. Abebe, Robert W. Schrier, Arlene B. Chapman, Vicente E. Torres, James Bost, Diana Kaya, Dana C. Miskulin, Theodore I. Steinman, William Braun, Franz T. Winklhofer, Marie C. Hogan, Frederic Rahbari-Oskoui, Cass Kelleher, Amirali Masoumi, James Glockner, Neil J. Halin, Diego Martin, Erick Remer, Nayana Patel, Ivan Pedrosa, Louis H. Wetzel, Paul A. Thompson, J. Philip Miller, Catherine M. Meyers, and K. Ty Bae, for the HALT PKD Study Group

## Attending Rounds

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### **2516 Attending Rounds: Patient with Hypokalemia and Metabolic Acidosis**

Asghar Rastegar

## Commentary

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### **2522 Hemodialysis Treatment Time: A Fresh Perspective**

Eduardo Lacson Jr. and Steven M. Brunelli

## Public Policy Series

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### **2531 Kidney-related Diseases and Quality Improvement: AHRQ's Role**

Carolyn M. Clancy

## Special Feature

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### **2534** The 2010 Nephrology Quiz and Questionnaire: Part 2

*Richard J. Glasscock (Co-Moderator), Anthony J. Bleyer (Co-Moderator), Joanne M. Bargman (Discussant), and Fernando C. Fervenza (Discussant)*

## Erratum

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### **2548** Notice of correction for Lash et al.: Chronic Renal Insufficiency Cohort (CRIC) Study: Baseline Characteristics and Associations with Kidney Function. August 2009(8) 1302–1311.

### **On the Cover**

What's the Diagnosis? This image is from a four chamber view of a 12 year old boy undergoing peritoneal dialysis. The left ventricle (LV) is dilated (end diastolic diameter 55 mm) and the interventricular septum and left ventricular posterior wall are hypertrophic. Left ventricular hypertrophy (LVH) is both an independent risk factor and an intermediate endpoint of cardiovascular morbidity in patients with chronic kidney disease. However, its definition is a challenge in children due to the substantial differences of LV mass distribution when using different pediatric reference charts, which results in a marked discrepancy in estimated LVH prevalence. The International Pediatric Peritoneal Dialysis Network database provides a unique opportunity to re-assess and compare the effect of different indexation methods on the calculated prevalence of LVH. Using height-adjusted LVMI reference data, LVH is highly prevalent but less common (48%) than previously diagnosed (65%) in children on PD. Hypertension, fluid overload and hyperparathyroidism appear as the most important determinants of LVH in dialyzed children. Notably, all these factors are potentially modifiable by therapeutic efforts. (Image provided by Sevcan A. Bakkaloglu, Dagmara Borzych, Gulendam Kocak, Bradley A. Warady and Franz Schaefer).