

# CJASN

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*Koichi Kamei, Koichi Nakanishi, Shuichi Ito, Mari Saito, Mayumi Sako, Kenji Ishikura, Hiroshi Hataya, Masataka Honda, Kazumoto Iijima, and Norishige Yoshikawa, for the Japanese Pediatric IgA Nephropathy Treatment Study Group*

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*Pietro Ravani, Alberto Magnasco, Alberto Edefonti, Luisa Murer, Rossella Rossi, Luciana Ghio, Elisa Benetti, Floriana Scozzola, Andrea Pasini, Nadia Dallera, Felice Sica, Mirco Belingheri, Francesco Scolari, and Gian Marco Ghiggeri*

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## Mini-Review

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## Public Policy Series

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*Mark G. Parker, Tod Ibrahim, Rachel Shaffer, Mitchell H. Rosner, and Bruce A. Molitoris*

## Special Feature

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### **1507 Making Measures Count**

*Allon N. Friedman and Stephen Z. Fadem*

### **On the Cover**

*Whats the diagnosis?* Granulomatous interstitial nephritis; the image depicts a granuloma, with central necrosis, surrounded by infiltrates composed of epithelioid cells, small lymphocytes, plasma cells, and scattered multinucleated giant cells. Necrotizing granulomas are typically seen in mycobacterial and fungal infectious processes. Renal tuberculosis is the most typical form of necrotizing granulomatous inflammation, usually seen in disseminated disease. This particular case is morphologically indistinguishable from renal tuberculosis; however, the patient had no history of tuberculosis and he underwent intravesical bacillus Calmette-Guérin (BCG) immunotherapy for treatment of superficial bladder cancer. This treatment is widely used and rarely associated with side effects, but rare instances of disseminated infection and sepsis, even with fatal outcomes have been reported. The kidney can be involved without systemic manifestations, likely via vesicoureteral reflux and ascending infection. (Image and text provided by Vanesa Bijol, Brigham and Women's Hospital.)