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Editorials

1513 A Critically Swift Response: Insulin-Stimulated Potassium and Glucose Transport in Skeletal Muscle

Kevin Ho

See related article on page 1533.

1517 Circulating Micro-RNAs in Acute Kidney Injury: Early Observations

Jason K. Molitoris and Bruce A. Molitoris

See related article on page 1540.

1520 Assessment of Glycemic Control in Dialysis Patients with Diabetes: Glycosylated Hemoglobin or Glycated Albumin?

Rajnish Mehrotra, Kamyar Kalantar-Zadeh, and Sharon Adler

See related article on page 1635.

1523 Predicting Renal Risk in the General Population: Do We Have the Right Formula?

Maarten W. Taal

See related article on page 1731.

Original Articles

Acid/Base and Electrolyte Disorders

1526 Estimated Net Endogenous Acid Production and Serum Bicarbonate in African Americans with Chronic Kidney Disease

Julia J. Scialla, Lawrence J. Appel, Brad C. Astor, Edgar R. Miller III, Srinivasan Beddhu, Mark Woodward, Rulan S. Parekh, and Cheryl A.M. Anderson

1533 Comparison of Insulin Action on Glucose versus Potassium Uptake in Humans

Trang Q. Nguyen, Naim M. Maalouf, Khashayar Sakhaee, and Orson W. Moe

See related editorial on page 1513.

Acute Renal Failure

1540 Circulating miR-210 Predicts Survival in Critically Ill Patients with Acute Kidney Injury

Johan M. Lorenzen, Jan T. Kielstein, Carsten Hafer, Shashi K. Gupta, Philipp Kümpers, Robert Faulhaber-Walter, Hermann Haller, Danilo Fliser, and Thomas Thum

See related editorial on page 1517.

1547 An Assessment of the Acute Kidney Injury Network Creatinine-Based Criteria in Patients Submitted to Mechanical Ventilation

Raúl Lombardi, Nicolás Nin, José A. Lorente, Fernando Frutos-Vivar, Niall D. Ferguson, Javier Hurtado, Carlos Apezteguia, Pablo Desmery, Konstantinos Raymondos, Vinko Tomicic, Nahit Cakar, Marco González, José Elizalde, Peter Nightingale, Fekri Abroug, Manuel Jibaja, Yaseen Arabi, Rui Moreno, Dimitros Matamis, Antonio Anzueto, and Andrés Esteban, for the VENTILA Group

1556 Hospital-acquired Acute Kidney Injury: An Analysis of Nadir-to-Peak Serum Creatinine Increments Stratified by Baseline Estimated GFR

Jose Calvo Broce, Lori Lyn Price, Orfeas Liangos, Katrin Uhlig, and Bertrand L. Jaber

Chronic Kidney Disease

1566 Asymmetric Dimethylarginine and Clinical Outcomes in Chronic Kidney Disease

Tse-Min Lu, Ming-Yi Chung, Chih-Ching Lin, Chiao-Po Hsu, and Shing-Jong Lin

1573 Endogenous Erythropoietin and the Association with Inflammation and Mortality in Diabetic Chronic Kidney Disease

Martin Wagner, Ahsan Alam, Josef Zimmermann, Katharina Rauh, Angelika Koljaja-Batzner, Ulrike Raff, Christoph Wanner, and Lothar Schramm

Clinical Nephrology

1580 Trajectories of Illness in Stage 5 Chronic Kidney Disease: A Longitudinal Study of Patient Symptoms and Concerns in the Last Year of Life

Fliss E. M. Murtagh, Neil S. Sheerin, Julia Addington-Hall, and Irene J. Higginson

1591 Have We Changed the Outcome in Membranous Nephropathy? A Propensity Study on the Role of Immunosuppressive Therapy

Daniel C. Cattran, Heather N. Reich, S. Joseph Kim, and Stéphan Troyanov

1599 Diagnostic Accuracy of Cystatin C–Based eGFR Equations at Different GFR Levels in Children

Ajay P. Sharma, Abeer Yasin, Amit X. Garg, and Guido Filler

1609 Patterns of Noncryoglobulinemic Glomerulonephritis with Monoclonal Ig Deposits: Correlation with IgG Subclass and Response to Rituximab

Elsa Guiard, Alexandre Karras, Emmanuelle Plaisier, Jean-Paul Duong Van Huyen, Fadi Fakhouri, Jean-Philippe Rougier, Laure-Hélène Noel, Patrice Callard, Michel Delahousse, and Pierre Ronco

1617 Endogenous Testosterone, Endothelial Dysfunction, and Cardiovascular Events in Men with Nondialysis Chronic Kidney Disease

Mahmut Ilker Yilmaz, Alper Sonmez, Abdul Rashid Qureshi, Mutlu Saglam, Peter Stenvinkel, Halil Yaman, Tayfun Eyileten, Kayser Caglar, Yusuf Oguz, Abdullah Taslipinar, Abdulgaffar Vural, Mahmut Gok, Hilmi Umut Unal, Mujdat Yenicesu, and Juan Jesús Carrero

1626 TRPC6 Mutations in Children with Steroid-Resistant Nephrotic Syndrome and Atypical Phenotype

Maddalena Gigante, Gianluca Caridi, Eustacchio Montemurno, Mario Soccio, Maria d’Apolito, Giuseppina Cerullo, Filippo Aucella, Annalisa Schirinzi, Francesco Emma, Laura Massella, Giovanni Messina, Tommaso De Palo, Elena Ranieri, Gian Marco Ghiggeri, and Loreto Gesualdo

Diabetes and the Kidney

1635 Glycated Albumin and Risk of Death and Hospitalizations in Diabetic Dialysis Patients

Barry I. Freedman, Lilian Andries, Zak K. Shihabi, Michael V. Rocco, Joyce R. Byers, Cesar Y. Cardona, Michael A. Pickard, David L. Henderson, Margie V. Sadler, Leah M. Courchene, Jean R. Jordan, Somer S. Balderston, Angie D. Graham, Vicki L. Mauck, Gregory B. Russell, and Anthony J. Bleyer
See related editorial on page 1520.

Diagnosis

1644 Positron-Emission Computed Tomography in Cyst Infection Diagnosis in Patients with Autosomal Dominant Polycystic Kidney Disease

François Jouret, Renaud Lhommel, Claire Beguin, Olivier Devuyt, Yves Pirson, Ziad Hassoun, and Nada Kanaan

Dialysis

1651 Clinical Practices and Outcomes in Elderly Hemodialysis Patients: Results from the Dialysis Outcomes and Practice Patterns Study (DOPPS)

Bernard Canaud, Lin Tong, Francesca Tentori, Takashi Akiba, Angelo Karaboyas, Brenda Gillespie, Tadao Akizawa, Ronald L. Pisoni, Juergen Bommer, and Friedrich K. Port

1663 Re-evaluating the Fistula First Initiative in Octogenarians on Hemodialysis

Tushar J. Vachharajani, Shahriar Moossavi, Jean R. Jordan, Vidula Vachharajani, Barry I. Freedman, and John M. Burkart

1668 Longitudinal Body Composition Changes Due to Dialysis

Rebecca Pellicano, Boyd J. Strauss, Kevan R. Polkinghorne, and Peter G. Kerr

1676 Family Income and Survival in Brazilian Peritoneal Dialysis Multicenter Study Patients (BRAZPD): Time to Revisit a Myth?

Kleyton de Andrade Bastos, Abdul Rashid Qureshi, Antonio Alberto Lopes, Natália Fernandes, Luciana Mendonça M. Barbosa, Roberto Pecoits-Filho, and José Carolino Divino-Filho, on behalf of the Brazilian Peritoneal Dialysis Multicenter Study (BRAZPD) Group

1684 Intradialytic Hypertension and the Association with Interdialytic Ambulatory Blood Pressure

Peter N. Van Buren, Catherine Kim, Robert Toto, and Julia K. Inrig

Epidemiology and Outcomes

1692 Hemodialysis in a Satellite Unit: Clinical Performance Target Attainment and Health-Related Quality of Life

Michael J. Diamant, Ann Young, Kerri Gallo, Wang Xi, Rita S. Suri, Amit X. Garg, and Louise M. Moist

1700 Risk Factors of Chronic Kidney Disease in HIV-infected Patients

Philippe Flandre, Pascal Pugliese, Lise Cuzin, Corinne Isnard Bagnis, Ivan Tack, André Cabié, Isabelle Poizot-Martin, Christine Katlama, Cécile Brunet-François, Yazdan Yazdanpanah, and Pierre Dellamonica on behalf of the New AIDS Data group

1708 Risk of Cardiovascular Events after Infection-Related Hospitalizations in Older Patients on Dialysis

Lorien S. Dalrymple, Sandra M. Mohammed, Yi Mu, Kirsten L. Johansen, Glenn M. Chertow, Barbara Grimes, George A. Kaysen, and Danh V. Nguyen

1714 Inflammation and Asymmetric Dimethylarginine for Predicting Death and Cardiovascular Events in ESRD Patients

Giovanni Tripepi, Francesco Mattace Raso, Eric Sijbrands, Mohamed Sidy Seck, Renke Maas, Rainer Boger, Jacqueline Witteman, Francesco Rapisarda, Lorenzo Malatino, Francesca Mallamaci, and Carmine Zoccali

1722 Cardiovascular and Noncardiovascular Mortality among Men and Women Starting Dialysis

Juan J. Carrero, Dinanda J. de Jager, Marion Verduijn, Pietro Ravani, Johan De Meester, James G. Heaf, Patrik Finne, Andries J. Hoitsma, Julio Pascual, Façal Jarraya, Anna V. Reisaeter, Frederic Collart, Friedo W. Dekker, and Kitty J. Jager

1731 Development and Validation of a General Population Renal Risk Score

Nynke Halbesma, Desiree F. Jansen, Martinj W. Heymans, Ronald P. Stolk, Paul E. de Jong, and Ronald T. Gansevoort, for the PREVEND Study Group
See related editorial on page 1523.

ESRD and Chronic Dialysis

1739 Arteriovenous Graft Infection: A Comparison of Thigh and Upper Extremity Grafts

Abha Harish and Michael Allon

ICU Nephrology

1744 Predictors of Acute Kidney Injury in Septic Shock Patients: An Observational Cohort Study

Maria Plataki, Kianoush Kashani, Javier Cabello-Garza, Fabien Maldonado, Rahul Kashyap, Daryl J. Kor, Ognjen Gajic, and Rodrigo Cartin-Ceba

Mineral Metabolism/Bone Disease

1752 Bone Alkaline Phosphatase and Mortality in Dialysis Patients

Christiane Drechsler, Marion Verduijn, Stefan Pilz, Raymond T. Krediet, Friedo W. Dekker, Christoph Wanner, Markus Ketteler, Elisabeth W. Boeschoten, and Vincent Brandenburg, for the NECOSAD Study Group

Original Articles (Continued)

Renal Transplantation

1760 Barriers to Evaluation and Wait Listing for Kidney Transplantation

Jesse D. Schold, Jon A. Gregg, Jeffrey S. Harman, Allyson G. Hall, Pamela R. Patton, and Herwig-Ulf Meier-Kriesche

1768 Recurrence and Graft Loss after Kidney Transplantation for Henoch–Schönlein Purpura Nephritis: A Multicenter Analysis

Nada Kanaan, Georges Mourad, Eric Thervet, Patrick Peeters, Maryvonne Hourmant, Yves Vanrenterghem, Martine De Meyer, Michel Mourad, Céline Maréchal, Eric Goffin, and Yves Pirson

Moving Points in Nephrology

1773 Introduction to the Well-Transplant Visit—More than Vital Signs and a Creatinine Check

Martha Pavlakis and Vineeta Kumar

1774 Monitoring and Managing Graft Health in the Kidney Transplant Recipient

Michelle A. Josephson

1781 Metabolic Syndrome in Kidney Transplantation: Management of Risk Factors

Donald E. Hricik

1786 Posttransplantation Proteinuria: An Approach to Diagnosis and Management

M. Khaled Shamseddin and Greg A. Knoll

1794 Posttransplantation Anemia: Mechanisms and Management

Julie M. Yabu and Wolfgang C. Winkelmayr

Erratum

1802 Notice of correction for table and author name

On the Cover

What's the diagnosis? Positron-emission tomography (PET, right panels) after intravenous injection of ¹⁸fluorodeoxyglucose (¹⁸FDG), coupled with conventional computed tomography (CT, left panels), displays an increased uptake of ¹⁸FDG (yellow to red ring) around a cyst located in the lower pole of the left polycystic kidney. Coronal and transverse planes are shown in the upper and lower panels, respectively. The diagnosis of cyst infection remains a challenging issue in patients with autosomal dominant polycystic kidney disease (ADPKD). The lack of specific symptoms and signs, as well as the limitations of conventional imaging procedures, frequently delays the treatment, with a risk for abscess formation and life-threatening sepsis. Recently, ¹⁸FDG PET/CT has been proposed as a highly efficient tool to detect cyst infection in ADPKD patients. Inflammatory cells are indeed characterized by a high metabolic activity and increased uptake of the glucose analogue, ¹⁸FDG. The modern combination of PET with CT further improves the localization of a pyocyst (*see related article in this issue of CJASN*). Here, blood culture grew *Enterobacter cloacae*. Fluoroquinolone treatment was administered for 6 weeks, with no need for cyst drainage. (Image and text provided by Dr François Jouret and Dr Renaud Lhommel, Cliniques Universitaires Saint-Luc, Université catholique de Louvain, Brussels, Belgium)