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1800 **Cardiorenal Syndrome: A Cardiologist's Perspective of Pathophysiology**

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1839 **Correction**

 eJournal club provides a timely and interactive electronic journal club experience by offering a forum in which CJASN readers have the opportunity to converse with the featured study authors. Visit ejc.cjasn.org to learn more.

On the Cover

What's the diagnosis? 64 year old man with abdominal pain, diarrhea, and guaiac-positive stool on post-operative day 7 from aortic root replacement and pericardiectomy secondary to pericardial tuberculosis, aortic valve insufficiency, and aortic root aneurysm. Coronal reformatted image from a contrast-enhanced CT scan showed evidence of ischemic colitis in the descending colon and sigmoid (barely visible on provided image), but also an abnormal enhancement pattern in the kidneys. The renal medulla demonstrates normal, symmetric perfusion (*), however, there is no perfusion of the renal cortex in either kidney. This is seen as a thin band of low attenuation along the periphery of each kidney (white arrows). Notably, there are a few areas of thin linear enhancement along the renal capsule bilaterally (white arrowheads), due to the separate blood supply to the renal capsule versus the renal cortex. The patient had anuric renal failure on post-operative day 1, suspected secondary to acute tubular necrosis with documented intra-operative hypotension and had been on CVVH since that time. This CT contrast enhancement pattern showing persistent enhancement of the renal medulla and renal capsule, but lack of perfusion of the renal cortex is diagnostic of acute cortical necrosis. (Image and text provided by Cheryl A. Sadow, MD, Abdominal Imaging and Intervention Division, Department of Radiology, Brigham and Women's Hospital, Harvard Medical School).

