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1907 Albuminuria and Cognitive Decline in People with Diabetes and Normal Renal Function

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ESRD and Chronic Dialysis

1927 Carbamylation of Serum Albumin and Erythropoietin Resistance in End Stage Kidney Disease

Sahir Kalim, Hector Tamez, Julia Wenger, Elizabeth Ankers, Caitlin A. Trottier, Joseph J. Deferio, Anders H. Berg, S. Ananth Karumanchi, and Ravi I. Thadhani

1935 Bacteria-Derived DNA Fragment in Peritoneal Dialysis Effluent as a Predictor of Relapsing Peritonitis

Cheuk-Chun Szeto, Ka-Bik Lai, Bonnie Ching-Ha Kwan, Kai-Ming Chow, Chi-Bon Leung, Man-Ching Law, Vincent Yu, and Philip Kam-Tao Li

1942 

Cynthia B. Whitman, Sanatan Shreay, Matthew Gitlin, Martijn G. H. van Oijen, and Brennan M. R. Spiegel

Hypertension

1952 Dietary Sodium Restriction and Association with Urinary Marinobufagenin, Blood Pressure, and Aortic Stiffness

Kristen L. Jablonski, Olga V. Fedorova, Matthew L. Racine, Candace J. Geolfos, Phillip E. Gates, Michel Chonchol, Bradley S. Fleenor, Edward G. Lakatta, Alexei Y. Bagrov, and Douglas R. Seals

Nephrolithiasis

1960 Randomized Controlled Trial of Febuxostat Versus Allopurinol or Placebo in Individuals with Higher Urinary Uric Acid Excretion and Calcium Stones

David S. Goldfarb, Patricia A. MacDonald, Lhanoo Gunawardhana, Solomon Chefo, and Lachy McLean

Renal Transplantation

1968 Fibroblast Growth Factor 23 and Cardiovascular Mortality after Kidney Transplantation

Leandro C. Baia, Jelmer K. Humalda, Marc G. Vervloet, Gerjan Navis, Stephan J.L. Bakker, and Martin H. de Borst, on behalf of the NIGRAM Consortium

Attending Rounds

1979 A Patient with Nephrotic-Range Proteinuria and Focal Global Glomerulosclerosis

Fernando C. Fervenza

Commentary

1988 Medication Reconciliation and Therapy Management in Dialysis-Dependent Patients: Need for a Systematic Approach

Amy Barton Pai, Katie E. Cardone, Harold J. Manley, Wendy L. St. Peter, Rachel Shaffer, Michael Somers, and Rajnish Mehrotra, on behalf of the Dialysis Advisory Group of the American Society of Nephrology

Ethics Series

2000 Beyond the Futility Argument: The Fair Process Approach and Time-Limited Trials for Managing Dialysis Conflict

Ann Rinehart

In-Depth Review


2007 Kidney Disease and Multiple Myeloma

Eliot C. Heher, Helmut G. Rennke, Jacob P. Laubach, and Paul G. Richardson

Mini-Review

2018 The Serum Anion Gap in the Evaluation of Acid-Base Disorders: What Are Its Limitations and Can Its Effectiveness Be Improved?

Jeffrey A. Kraut and Glenn T. Nagami

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On the Cover

What's the diagnosis? A young man with a renal carcinoma but no history of kidney stones or malabsorption underwent a nephrectomy and the non-neoplastic kidney parenchyma of the kidney was examined. The cortex was completely unremarkable. The image shows several large calcium phosphate deposits at the tip of papilla with associated medullary interstitial fibrosis. The calcium phosphate deposits are also present in the lumens of several tubules, suggesting a dystrophic type of calcifications that occur in the setting of cellular injury, as opposed to metastatic calcifications that are seen in the setting of hypercalcemic states and characterized by deposition along the tubular basement membranes. Interstitial calcium phosphate deposits, sometimes with associated interstitial fibrosis, have been identified in patients with kidney stones who have undergone biopsy during percutaneous stone removal. Some patients, typically those with an ileostomy or who have had a small bowel resection or gastric bypass surgery, may also have crystal deposits that plug the ducts of Bellini and inner medullary collecting ducts. The current hypothesis is that this interstitial calcium phosphate eventually erodes through the papillary epithelium to form a Randall's plaque. Calcium oxalate and calcium phosphate then deposit on the plaque and grow into what is clinically recognized as a kidney stone. Thus, this interstitial process (which may also be seen in individuals who have not formed a kidney stone), related to low urine volume and high urine calcium but for which the exact mechanism remains unknown, may be the initiating event for the common forms of calcium nephrolithiasis. (Images and text provided by Vanesa Bijol, MD, Brigham and Women's Hospital)