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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 Clinical Factors and the Decision to Transfuse Chronic Dialysis Patients
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1952 Dietary Sodium Restriction and Association with Urinary Marinobufagenin, Blood Pressure, and Aortic Stiffness
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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

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1968 Fibroblast Growth Factor 23 and Cardiovascular Mortality after Kidney Transplantation
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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 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)