

# CJASN

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## Editorials

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**1823 AKI and Medical Care after Coronary Angiography: Renalism Revisited**

*Steven D. Weisbord*

*See related article on page 1840.*

**1826 Where What Is Not Stated or Required May Be the Most Illuminating**

*Julie Lin*

*See related article on page 1868.*

**1829 Circulating Complement Levels and C3 Glomerulopathy**

*Fernando C. Fervenza and Sanjeev Sethi*

*See related article on page 1876.*

**1832 Nephron Hypertrophy and Glomerulosclerosis in Normal Donor Kidneys**

*Wendy E. Hoy, John F. Bertram, and Michael D. Hughson*

*See related article on page 1892.*

**1835 The Hype Cycle for Soluble Urokinase Receptor in FSGS: Passing the Trough of Disillusionment?**

*Björn Meijers and Ben Sprangers*

*See related article on page 1903.*

**1837  Intravenous Iron Exposure and Outcomes in Patients on Hemodialysis**

*Steven Fishbane, Anna T. Mathew, and Rimda Wanchoo*

*See related article on page 1930.*

## Original Articles

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### Acute Kidney Injury

**1840 Contrast-Associated AKI and Use of Cardiovascular Medications after Acute Coronary Syndrome**

*Kelvin C.W. Leung, Neesh Pannu, Zhi Tan, William A. Ghali, Merrill L. Knudtson, Brenda R. Hemmelgarn, Marcello Tonelli, and Matthew T. James for the APPROACH and AKDN Investigators*

*See related editorial on page 1823.*

**1849 Plasma Catalytic Iron, AKI, and Death among Critically Ill Patients**

*David E. Leaf, Mohan Rajapurkar, Suhas S. Lele, Banibrata Mukhopadhyay, and Sushrut S. Waikar*

**1857 Urinary Biomarkers and Progression of AKI in Patients with Cirrhosis**

*Justin M. Belcher, Guadalupe Garcia-Tsao, Arun J. Sanyal, Heather Thiessen-Philbrook, Aldo J. Peixoto,*

*Mark A. Perazella, Naheed Ansari, Joseph Lim, Steven G. Coca, and Chirag R. Parikh for the TRIBE-AKI Consortium*

### Chronic Kidney Disease

**1868 The Association between a Mediterranean-Style Diet and Kidney Function in the Northern Manhattan Study Cohort**

*Minesh Khatri, Yeseon P. Moon, Nikolaos Scarmeas, Yian Gu, Hannah Gardener, Ken Cheung, Clinton B. Wright, Ralph L. Sacco, Thomas L. Nickolas, and Mitchell S.V. Elkind*

*See related editorial on page 1826.*

Clinical Immunology and Pathology

**1876 Defining the Complement Biomarker Profile of C3 Glomerulopathy**

Yuzhou Zhang, Carla M. Nester, Bertha Martin, Mikkel-Ole Skjoedt, Nicole C. Meyer, Dingwu Shao, Nicolò Borsa, Yaseelan Palarasah, and Richard J.H. Smith  
See related editorial on page 1829.

Clinical Nephrology

**1883 M-type Phospholipase A<sub>2</sub> Receptor Autoantibodies and Renal Function in Patients with Primary Membranous Nephropathy**

Elion Hoxha, Sigrid Harendza, Hans Pinnschmidt, Ulf Panzer, and Rolf A.K. Stahl

**1892 Nephron Hypertrophy and Glomerulosclerosis and Their Association with Kidney Function and Risk Factors among Living Kidney Donors**

Hisham E. Elsherbiny, Mariam P. Alexander, Walter K. Kremers, Walter D. Park, Emilio D. Poggio, Mikel Prieto, John C. Lieske, and Andrew D. Rule  
See related editorial on page 1832.

**1903 Relationship between Serum Soluble Urokinase Plasminogen Activator Receptor Level and Steroid Responsiveness in FSGS**

Furong Li, Chunxia Zheng, Yongzhong Zhong, Caihong Zeng, Feng Xu, Ru Yin, Qi Jiang, Minlin Zhou, and Zhihong Liu  
See related editorial on page 1835.

Epidemiology and Outcomes

**1912 Associations of Anemia and Renal Dysfunction with Outcomes among Patients Hospitalized for Acute Decompensated Heart Failure with Preserved or Reduced Ejection Fraction**

Katsuya Kajimoto, Naoki Sato, Takehiko Keida, Yasushi Sakata, and Teruo Takano on behalf of the Acute Decompensated Heart Failure Syndromes (ATTEND) Investigators

**1922 Cumulative Systolic BP and Changes in Urine Albumin-to-Creatinine Ratios in Nondiabetic Participants of the Multi-Ethnic Study of Atherosclerosis**

Paul Zemaitis, Kiang Liu, David R. Jacobs, Jr., Mary Cushman, Ramon Durazo-Arvizu, David Shoham, Walter Palmas, Richard Cooper, and Holly Kramer

ESRD and Chronic Dialysis

**1930  Intravenous Iron Exposure and Mortality in Patients on Hemodialysis**

Dana C. Miskulin, Navdeep Tangri, Karen Bandeen-Roche, Jing Zhou, Aidan McDermott, Klemens B. Meyer, Patti L. Ephraim, Wieneke M. Michels, Bernard G. Jaar, Deidra C. Crews, Julia J. Scialla, Stephen M. Sozio, Tariq Shafi, Albert W. Wu, Courtney Cook, and L. Ebony Boulware for The Developing Evidence to Inform Decisions about Effectiveness (DEClIDE) Network Patient Outcomes in End Stage Renal Disease Study Investigators  
See related editorial on page 1837.

**1940 Health-Related and Psychosocial Concerns about Transplantation among Patients Initiating Dialysis**

Megan L. Salter, Natasha Gupta, Elizabeth King, Karen Bandeen-Roche, Andrew H. Law, Mara A. McAdams-DeMarco, Lucy A. Meoni, Bernard G. Jaar, Stephen M. Sozio, Wen Hong Linda Kao, Rulan S. Parekh, and Dorry L. Segev

**1949 Comparison of Mortality of ESRD Patients with Lupus by Initial Dialysis Modality**

Gabriel Contreras, Javier Pagan, Ruchir Chokshi, Sharad Virmani, Jorge M. Diego, Patricia Byers, Tamara Isakova, Jair Munoz Mendoza, Ali Nayer, Jose Roberto Contreras, Gabriel Panama, Oliver Lenz, Maria Carpintero, Timothy Muchayi, and David Roth

Genetics

**1958 X-Linked Alport Syndrome Caused by Splicing Mutations in COL4A5**

Kandai Nozu, Igor Vorechovsky, Hiroshi Kaito, Xue Jun Fu, Koichi Nakanishi, Yuya Hashimura, Fusako Hashimoto, Koichi Kamei, Shuichi Ito, Yoshitsugu Kaku, Toshiyuki Imasawa, Katsumi Ushijima, Junya Shimizu, Yoshio Makita, Takao Konomoto, Norishige Yoshikawa, and Kazumoto Iijima

Mineral Metabolism/Bone Disease

**1965 Decreased Conversion of 25-hydroxyvitamin D<sub>3</sub> to 24,25-dihydroxyvitamin D<sub>3</sub> Following Cholecalciferol Therapy in Patients with CKD**

Jason R. Stubbs, Shiqin Zhang, Peter A. Friedman, and Thomas D. Nolin

## Renal Physiology

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### 1974 Thick Ascending Limb of the Loop of Henle

*David B. Mount*

## Public Policy Series

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### 1987 Screening for CKD: A Pro and Con Debate

*Alan S. Kliger*

### 1988 Routine Screening for CKD Should Be Done in Asymptomatic Adults . . . Selectively

*Jeffrey S. Berns*

### 1993 The Paucity of Evidence Supporting Screening for Stages 1–3 CKD in Asymptomatic Patients with or without Risk Factors

*Amir Qaseem, Timothy J. Wilt, Molly Cooke, and Thomas D. Denberg*

## In-Depth Review

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### 1996 Nephrotoxic Effects of Common and Emerging Drugs of Abuse

*William F. Pendergraft III, Leal C. Herlitz, Denyse Thornley-Brown, Mitchell Rosner, and John L. Niles*

## Mini-Review

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### 2006 Gene–Gene and Gene–Environment Interactions in Apolipoprotein L1 Gene-Associated Nephropathy


*Barry I. Freedman and Karl Skorecki*

## Special Feature

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### 2014 A Communication Framework for Dialysis Decision-Making for Frail Elderly Patients

*Jane O. Schell and Robert A. Cohen*

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### On the Cover

*What's the diagnosis?* A 19 year-old healthy male presented with 3 weeks of worsening bilateral red eyes, blurry vision and pain with eye movement. Ophthalmologic exam was consistent with anterior uveitis as seen on the upper panel. Oral prednisone 60 mg daily with rapid taper, and topical prednisolone and cyclopentolate eye drops were administered. Symptoms improved; however, review of lab-work obtained on initial evaluation noted serum creatinine of 3.2 mg/dl. He was admitted for further workup. Vital signs were within normal limits while physical examination revealed minimal scleral injection, but no skin rash, or joint tenderness or edema. Repeat serum creatinine measured 2 weeks later was 1.8 mg/dl and urinalysis revealed pH 7.5, +1 glucose (serum glucose 105 mg/dl), negative blood and protein with bland manual urine microscopy. Spot urine protein/creatinine ratio was 0.1 mg/mg Cr and urinary beta-2 microglobulin 8749 mcg/L (normal range 0-300). Workup was negative for the following: ANA, ENA, rheumatoid factor, ANCA, SPEP, HIV, HLA-B27, gonorrhea/ chlamydia cultures, complement levels, and ACE levels. A clinical diagnosis of tubulointerstitial nephritis and uveitis (TINU) was made. However, 2 weeks later, serum creatinine remained elevated (1.7 mg/dl) on oral prednisone 30 mg daily. Repeat urine microscopy revealed 1-2 WBC casts/LPF. Kidney biopsy revealed a lymphocyte predominant tubulointerstitial nephritis (lower panel). TINU syndrome was confirmed and oral steroids were escalated to 60 mg daily with a plan for a slower taper.

TINU is a relatively rare syndrome with only approximately 250 published cases. It can occur at any age, but is more common in adolescents. Ocular symptoms may precede, coincide, or occur up to 14 months after tubulointerstitial nephritis is noted. Fever, weight loss, fatigue, abdominal/flank pain, arthralgias, and polyuria may be seen. Uveitis is typically bilateral and manifests as painful red eyes, which may also be associated with photophobia and decreased visual acuity. Uveitis is most often anterior, but can be posterior with intraretinal hemorrhage, cotton wool spots, and retinal edema. TINU should be considered in any patient presenting with unexplained interstitial nephritis. An ocular workup is warranted if symptoms develop. Supportive laboratory data include eosinophilia, anemia, mildly abnormal LFTs, and elevated CRP. Normoglycemic glycosuria, leukocyturia, and increased urinary beta-2 microglobulin may also be seen. Typical kidney biopsy findings include interstitial edema with an inflammatory cell infiltrate composed of lymphocytes, plasma cells, histiocytes, and eosinophils. Noncaseating granulomas may also be seen. Treatment includes prednisone 1 mg/kg/day for 3-6 months (depending on renal response) with a slow taper. *Images and text provided by Barry Gorlitsky, MD; John Huang, MD; Gilbert Moeckel, MD and Mark A. Perazella, MD, Yale University School of Medicine, New Haven, Connecticut.*