Editorials

435 AKI: Not Just a Short-Term Problem?
Matthew T. James and Ron Wald
See related article on page 448.

437 Variable Presentations of Rare Genetic Renal Interstitial Diseases
Howard Trachtman
See related article on page 527.

440 The Role of 30-Day Readmission as a Measure of Quality
Jay B. Wish
See related article on page 536.

443 Procurement Biopsies in Kidneys Retrieved for Transplantation
Sayeed Khan Malek
See related article on pages 562 and 573.

445 Treatment of BK Viremia after Renal Transplantation: Are Fluoroquinolones a False Dawn?
Siddiq Anwar and Daniel C. Brennan
See related article on page 583.

Original Articles

Acute Kidney Injury /Acute Renal Failure

448 Association between AKI and Long-Term Renal and Cardiovascular Outcomes in United States Veterans
Lakhmir S. Chawla, Richard L. Amdur, Andrew D. Shaw, Charles Faselis, Carlos E. Palant, and Paul L. Kimmel
See related editorial on page 435.

457 Subacute Kidney Injury in Hospitalized Patients
Tomoko Fujii, Shigehiko Uchino, Masanori Takinami, and Rinaldo Bellomo

Chronic Kidney Disease

462 Plasma Ceruloplasmin, a Regulator of Nitric Oxide Activity, and Incident Cardiovascular Risk in Patients with CKD
David J. Kennedy, Yiying Fan, Yuping Wu, Michael Pepoy, Stanley L. Hazen, and W.H. Wilson Tang

Clinical Nephrology

468 Vitamin B6 in Primary Hyperoxaluria I: First Prospective Trial after 40 Years of Practice
Heike Hoyer-Kuhn, Sina Kohbrok, Ruth Volland, Jeremy Franklin, Barbara Hero, Bodo B. Beck, and Bernd Hoppe

478 Retrospective Analysis of a Novel Regimen for the Prevention of Venous Thromboembolism in Nephrotic Syndrome
Nicholas Medjeral-Thomas, Stela Ziaj, Marie Condon, Jack Galliford, Jeremy Levy, Tom Cairns, and Megan Griffith

484 Progression of IgA Nephropathy under Current Therapy Regimen in a Chinese Population
Xiangling Li, Youxia Liu, Jicheng Lv, Sufang Shi, Lijun Liu, Yuqing Chen, and Hong Zhang

Clinical Pharmacology

490 Predictors of Congestive Heart Failure after Treatment with an Endothelin Receptor Antagonist
Jamo Hoekman, Hiddo J. Lambers Heerspink, Giancarlo Viberti, Damien Green, Johannes F.E. Mann, and Dick de Zeeuw
Epidemiology and Outcomes

499 Renal Parenchymal Area and Risk of ESRD in Boys with Posterior Urethral Valves
Jose E. Pulido, Susan L. Furth, Stephen A. Zderic, Douglas A. Canning, and Gregory E. Tasian

506 Kidney Stones and Cardiovascular Events: A Cohort Study
R. Todd Alexander, Brenda R. Hemmelgarn, Natasha Wiebe, Aminu Bello, Susan Samuel, Scott W. Klarenbach, Gary C. Curhan, and Marcello Tonelli, for the Alberta Kidney Disease Network

ESRD and Chronic Dialysis

513 A Comorbidity Index for Mortality Prediction in Chinese Patients with ESRD Receiving Hemodialysis

520 A Randomized Trial of Hemodiafiltration and Change in Cardiovascular Parameters
Irina M. Mostovaya, Michiel L. Bots, Marinus A. van den Dorpel, Muriel P.C. Grooteman, Otto Kamp, Renée Levesque, Piet M. ter Wee, Menso J. Nubé, and Peter J. Blankestijn

Genetics

527 Variable Clinical Presentation of an MUC1 Mutation Causing Medullary Cystic Kidney Disease Type 1
See related editorial on page 437.

Health Services Research

536 Readmission within 30 days of Hospital Discharge among Children Receiving Chronic Dialysis
Tamar Springel, Benjamin Laskin, and Susan Furth
See related editorial on page 440.

Mineral Metabolism/Bone Disease

543 Ferric Citrate Hydrate for the Treatment of Hyperphosphatemia in Nondialysis-Dependent CKD
Keitaro Yokoyama, Hideki Hirakata, Takashi Akiba, Masafumi Fukagawa, Masaaki Nakayama, Kenichi Sawada, Yuji Kumagai, and Geoffrey A. Block

Renal Transplantation

553 Transient versus Persistent BK Viremia and Long-Term Outcomes after Kidney and Kidney–Pancreas Transplantation
Nissreen Elfadawy, Stuart M. Flechner, Jesse D. Schold, Titte R. Srinivas, Emilio Poggio, Richard Fatica, Robin Avery, and Sherif B. Mossad

562 The Role of Procurement Biopsies in Acceptance Decisions for Kidneys Retrieved for Transplant
See related editorial on page 443.

573 Preimplant Histologic Acute Tubular Necrosis and Allograft Outcomes
Isaac E. Hall, Peter P. Reese, Francis L. Weng, Bernd Schröppel, Mona D. Doshi, Rick D. Hasz, William Reitsma, Michael J. Goldstein, Kwangik Hong, and Chirag R. Parikh
See related editorial on page 443.

583 Efficacy of Levofloxacin in the Treatment of BK Viremia: A Multicenter, Double-Blinded, Randomized, Placebo-Controlled Trial
See related editorial on page 445.
On the Cover

What’s the diagnosis? A thin young male with a history of Autosomal Dominant Polycystic Kidney Disease (ADPKD) and chronic kidney disease presented with severe recurrent anemia in the setting of a baseline creatinine of 4.0 mg/dl. There was no evidence to support ongoing hemolysis and serial imaging demonstrated large, bilateral polycystic kidneys with various stages of hemorrhage within the cysts on T1 weighted MRI image (upper panel). On the inside cover just below the text are hemorrhagic cysts (hyperintense or white) with varying degrees of hemorrhage as well as cyst with showing an air/blood level (arrow) on the T1 weighted MRI image (upper panel). Due to continuing cystic hemorrhage, the patient became transfusion dependent, and eventually underwent bilateral nephrectomies to resolve the source of ongoing blood loss. His kidneys were removed via open nephrectomy procedure and were noted to be 1900 and 1800 grams, respectively. Image of the nephrectomy specimen (lower panel) shows a 16 cm ruler adjacent to the kidneys. Patients with ADPKD and a large cyst burden suffer from various complications including flank/loin/abdominal pain, gross or microscopic hematuria, nephrolithiasis, gastrointestinal symptoms from a compressed bowel, or cyst rupture, cyst infection and hemorrhage into the cysts. In this case, severe, ongoing cyst hemorrhage led to the need for bilateral nephrectomy and initiation of dialysis. In most cases, all of these complications can be managed symptomatically, with only rare cases requiring nephrectomy. Bleeding is usually self-limited. Renal angiography may prove successful in some cases if a single bleed can be identified and successfully embolized. When all else fails, an operative intervention such as nephrectomy is required. Fortunately, this is rare. (Images and text provided by Ursula C. Brewster, MD, and Hristos Kaimakliotis, MD Yale University School of Medicine, New Haven, Connecticut)