Editorials

1337 The Role of the Podocyte in Preeclampsia
Vesna D. Garovic
See related article on page 1377.

1341 Antiphospholipase A2 Receptor Autoantibody Guided Diagnosis and Treatment of Membranous Nephropathy: A New Personalized Medical Approach
Richard J. Glassock
See related article on page 1386.

1344 Metabolite Markers of Incident CKD Risk
Eugene P. Rhee and Harold I. Feldman
See related article on page 1410.

Original Articles

Acute Kidney Injury /Acute Renal Failure

1347 Acute Respiratory Distress Syndrome and Risk of AKI among Critically Ill Patients
Michael Darmon, Christophe Clec’h, Christophe Adrie, Laurent Argaud, Bernard Allouchiche, Elie Azoulay, Lila Bouadma, Maïté Garrouste-Orgeas, Hakim Haouache, Carole Schwebel, Dany Goldgran-Toledano, Hatem Khallel, Anne-Sylvie Dumenil, Samir Jamali, Bertrand Souweine, Fabrice Zeni, Yves Cohen, and Jean-François Timsit

Chronic Kidney Disease

1354 Upper Gastrointestinal Bleeding in Patients with CKD
Chih-Chia Liang, Su-Ming Wang, Huey-Liang Kuo, Chiz-Tzung Chang, Jiung-Hsiun Liu, Hsin-Hung Lin, I-Kuan Wang, Ya-Fei Yang, Yueh-Ju Lu, Che-Yi Chou, and Chiu-Ching Huang

1361 Skin Autofluorescence and All-Cause Mortality in Stage 3 CKD
Simon D.S. Fraser, Paul J. Roderick, Natasha J. McIntyre, Scott Harris, Christopher W. McIntyre, Richard J. Fluck, and Maarten W. Taal

1369 Left Atrial Volume and Adverse Cardiovascular Outcomes in Unselected Patients with and without CKD
Leia Hee, Tuan Nguyen, Melinda Whatmough, Joseph Descallar, Jack Chen, Shruti Kapila, John K. French, and Liza Thomas

Clinical Immunology and Pathology

1377 Association of Preeclampsia with Podocyte Turnover
Marlies E. Penning, Kitty W.M. Bloemenkamp, Tom van der Zon, Malu Zandbergen, Joke M. Schutte, Jan A. Bruijn, Ingeborg M. Bajema, and Hans J. Baelde
See related editorial on page 1337.

Clinical Nephrology

1386 Association of Anti-PLA2R Antibodies with Outcomes after Immunosuppressive Therapy in Idiopathic Membranous Nephropathy
Anneke P. Bech, Julia M. Hofstra, Paul E. Brenchley, and Jack F.M. Wetzels
See related editorial on page 1341.
Epidemiology and Outcomes

1393 Urinary Kidney Injury Molecule-1 and the Risk of Cardiovascular Mortality in Elderly Men
Axel C. Carlsson, Anders Larsson, Johanna Helmersson-Karlqvist, Lars Lind, Erik Ingelsson, Tobias E. Larsson, Matteo Bottai, Johan Sundström, and Johan Åmlöv

1402 Race/Ethnicity, Age, and Risk of Hospital Admission and Length of Stay during the First Year of Maintenance Hemodialysis
Guofen Yan, Keith C. Norris, Tom Greene, Alison J. Yu, Jennie Z. Ma, Wei Yu, and Alfred K. Cheung

1410 Serum Metabolomic Profiling and Incident CKD among African Americans
Bing Yu, Yan Zheng, Jennifer A. Nettleton, Danny Alexander, Josef Coresh, and Eric Boerwinkle
See related editorial on page 1344.

ESRD and Chronic Dialysis

1418 Patient-Stated Preferences Regarding Volume-Related Risk Mitigation Strategies for Hemodialysis
Jennifer E. Flythe, Thomas W. Mangione, Steven M. Brunelli, and Gary C. Curhan

1426 Asymmetric Dimethylarginine, Race, and Mortality in Hemodialysis Patients
David A. Drew, Hocine Tighiouart, Tammy Scott, Amy Kantor, Li Fan, Carlo Artusi, Mario Plebani, Daniel E. Weiner, and Mark J. Sarnak

Genetics

1434 Coding Variants in Nephrin (NPHS1) and Susceptibility to Nephropathy in African Americans
Jason A. Bonomo, Maggie C.Y. Ng, Nicholette D. Palmer, Jacob M. Keaton, Chris P. Larsen, Pamela J. Hicks, The T2D-GENES Consortium, Carl D. Langefield, Barry I. Freedman, and Donald W. Bowden

Hypertension

1441 A Randomized, Open-Label, Dose-Response Study of Losartan in Hypertensive Children
Nicholas J.A. Webb, Thomas G. Wells, Shahnaz Shahinfar, Rachid Massaad, Wayne M. Dankner, Chun Lam, Emanuela Palumbo Santoro, Christine McCrary Sisk, and Robert O. Blaustein

Renal Transplantation

1449 The Effect of the Statewide Sharing Variance on Geographic Disparity in Kidney Transplantation in the United States
Ashley E. Davis, Sanjay Mehrotra, Vikram Kilambi, Joseph Kang, Lisa McElroy, Brittany Lapin, Jane Holl, Michael Abecassis, John J. Friedewald, and Daniela P. Ladner

Renal Physiology

1461 The Glomerulus: The Sphere of Influence
Martin R. Pollak, Susan E. Quaggin, Melanie P. Hoenig, and Lance D. Dworkin

Attending Rounds

1470 A Patient with AKI after Cardiac Surgery
Ashita J. Tolwani

In-Depth Review

1479 De Novo Glomerular Diseases after Renal Transplantation
Claudio Ponticelli, Gabriella Moroni, and Richard J. Glassock
On the Cover

What’s the diagnosis? A 14-years-old girl was admitted to our department due to hypertension of unknown aetiology and claudication after moderate physical exercise. Brachial and femoral pulses differed in timing and amplitude, with a decrease of 10 mmHg in systolic blood pressure between lower and upper extremities. A colour-Doppler ultrasound was performed in order to exclude renovascular hypertension. Since abdominal aorta was not clearly recognizable, contrast-enhanced tomography was carried out, showing the presence of abdominal aortic coarctation a few centimetres below superior mesenteric artery origin. Extensive collateral circles between the first tract of abdominal aorta and iliac, splenic and renal arteries were observed. Little aneurysms were present in the intermediate tract of both renal arteries.

Although most patients have a discrete narrowing of the descending aorta at the insertion of the ductus arteriosus, coarctation may be located in the abdominal tract as well. In previously undiagnosed adults, the classic presenting sign is hypertension. Despite the variability in blood pressure in the upper and lower extremities, regional blood flow is generally maintained within normal limits by autoregulatory vasoconstriction in the hypertensive areas and by vasodilation in the hypotensive areas. Most patients are asymptomatic unless severe hypertension is present. In addition, claudication of the lower extremities can occur due to reduced flow, especially with physical exertion.

In the case we described, two bypasses between renal arteries and homolateral common iliac arteries were performed using saphenous veins. Claudication improved promptly. Telmisartan was also administered and optimal blood pressure control was obtained, with a normal renal function at six months. (Image and text provided by Dr. Anna Clementi and Dr. Antonio Granata, Nephrology and Dialysis Unit - San Giovanni di Dio Hospital, Agrigento, Italy)