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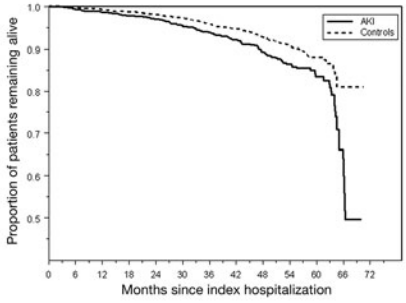
Chronic kidney disease following acute kidney injury



Traditional thought has held that acute kidney injury (AKI) is reversible. However, as the population ages, and patients with more serious diseases survive, the issue of whether AKI actually leads to *de novo* chronic kidney disease (CKD) has emerged as an important epidemiological question. As they report in this issue, Bucaloiu *et al.* examined the records from a single hospital and found that of those patients who were discharged and alive 3 months later, 1610 had AKI that resolved. A cohort of 3652 formed the control group and had no AKI. Follow-up of these two groups of patients for more than 3 years showed that the risk of death associated with reversible AKI was significant. Reversible AKI was associated with a significant risk of *de novo* CKD. These studies demonstrate that patients who develop AKI need to be followed up for appearance of CKD. **See page 477.**

Hyperfiltration and progression in diabetes

To investigate the consequences of hyperfiltration in diabetes, Moriya *et al.* studied 30 patients with type 2 diabetes. They measured glomerular filtration rate (GFR), by the iohexol clearance, and estimated the filtration surface in glomeruli determined by renal biopsy and morphometry. They found that GFR correlated with only the filtration surface area among other morphological measurements. The filtration area was positively correlated with the decrease in GFR in the first year of follow-up but not later. GFR decreased in nine of the 30 patients followed, while in 11 patients, there was no change in GFR. Those that had hyperfiltration were more likely to have a subsequent decline in GFR. **See page 486.**

Uric acid and blood pressure

There is increasing evidence for the association of uric acid levels and hypertension. Parsa *et al.* studied the relationship between blood pressure and single-nucleotide polymorphisms of GLUT9, a uric acid transporter, in an Amish community. All subjects were untreated and were placed on known diets with high or low salt intake. The investigators found that each copy of the GLUT9 minor Ile allele conferred a significant 0.44-mg/dl reduction in serum uric acid, which was associated with a significant mean decrease in the systolic blood pressure on the high- and low-sodium diets. This result shows in the Mendelian randomization cohort that reduced uric acid lowered blood pressure. **See page 502.**