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IN BRIEF

BASIC RESEARCH

Histone deacetylase inhibitors may be useful in chronic kidney disease

Researchers in Belgium report that histone deacetylase inhibitors might be beneficial in chronic kidney disease. Using a mouse model of glomerulosclerosis, Van Beneden and co-workers showed that administration of valproic acid before kidney injury prevented proteinuria and kidney disease; when administered after proteinuria was established, valproic acid decreased proteinuria and limited progression of renal disease.

Original article Van Beneden, K. *et al.* Valproic acid attenuates proteinuria and kidney injury. *J. Am. Soc. Nephrol.* doi:10.1681/ASN.2010111196

GENETICS

Sickle cell trait not associated with end-stage renal disease

African Americans with sickle cell trait are not at increased risk of end-stage renal disease (ESRD), say researchers in the US. Hicks and colleagues assessed the genetic association between sickle cell trait and ESRD in 3,258 unrelated African Americans and found that the frequency of the sickle cell trait genotype was 8.7% in patients with nondiabetic ESRD, 7.1% in patients with both type 2 diabetes and ESRD and 7.2% in controls.

Original article Hicks, P.J. *et al.* Sickle cell trait is not independently associated with susceptibility to end-stage renal disease in African Americans. *Kidney Int.* doi:10.1038/ki.2011.286

BIOMARKERS

Urinary CXCL10 as a marker of tubulitis

Urinary CXCL10 might be a useful noninvasive screening test for tubulitis in renal transplant recipients, according to a study by Ho and colleagues. The researchers found that urinary CXCL10 to creatinine ratio showed a sensitivity of 73.3% and a specificity of 72.7% for distinguishing normal histology from borderline and subclinical tubulitis at a cut-off of 1.97 ng CXCL10/mmol creatinine.

Original article Ho, J. *et al.* Validation of urinary CXCL10 as a marker of borderline, subclinical, and clinical tubulitis. *Transplantation* doi:10.1097/TP0b013e31822d4de1

DIALYSIS

Hyperuricemia and cardiovascular mortality in patients on hemodialysis

Further research is needed into the association of hyperuricemia with cardiovascular risk in patients on hemodialysis following results from a study by Latif *et al.* indicating that increased uric acid levels are associated with a decreased risk of all-cause and cardiovascular mortality in this population. This finding is the opposite to that seen in the general population. The authors speculate that hyperuricemia is a surrogate for better nutritional status, but as the association persisted after adjustment for higher BMI, protein intake, and serum creatinine level, other mechanisms may be involved.

Original article Latif, W. *et al.* Uric acid levels and all-cause and cardiovascular mortality in the hemodialysis population. *Clin. J. Am. Soc. Nephrol.* doi:10.2215/CJN.00670111