Nature Reviews Nephrology **8**, 680 (2012); published online 16 October 2012;
doi:10.1038/nrneph.2012.222;
doi:10.1038/nrneph.2012.223;
doi:10.1038/nrneph.2012.224;
doi:10.1038/nrneph.2012.225

IN BRIEF

ACUTE KIDNEY INJURY

Proteinuria is a risk factor for AKI in burns patients

Hu *et al.* report that proteinuria could be used to identify burn injury patients who are at high risk of developing acute kidney injury (AKI). Their retrospective study evaluated data from 2,497 patients admitted to a burns unit over a 5-year period, 865 of whom had proteinuria. Among the 396 patients with a total burns surface area of >30%, 271 had proteinuria and 152 of those had AKI. No patients without proteinuria developed AKI. Mortality rates increased with increasing proteinuria levels and proteinuria was found to be a risk factor for AKI with an odds ratio of 4.48.

Original article Hu, J. *et al.* Relation between proteinuria and acute kidney injury in patients with severe burns. *Crit. Care* doi:10.1186/cc11649

DIALYSIS

Vascular access outcomes with daily haemodialysis

Daily haemodialysis does not seem to increase the need for vascular access procedures (fistulagram, thrombectomy and access revision) over conventional haemodialysis, say researchers. Achinger and co-workers followed up 26 patients on daily haemodialysis (3 h six times weekly) and 51 patients on conventional haemodialysis (4 h three times weekly) for 4 years and found no significant difference in the incidence rate of total access procedures or in the time to first access revision between groups.

Original article Achinger, S. G. *et al.* Long-term effects of daily hemodialysis on vascular access outcomes: a prospective controlled study. *Hemodial. Int.* doi:10.1111/j.1542-4758.2012.00756.x

PRE-ECLAMPSIA

Serum sFlt-1 and PlGF levels can be used to distinguish between CKD and pre-eclampsia in pregnant women

Maternal serum levels of soluble FMS-like tyrosine kinase 1 (sFlt-1) and placental growth factor (PlGF) may be able to discriminate between pre-eclampsia and chronic kidney disease (CKD), conditions that are difficult to distinguish as they have overlapping clinical features. These findings came from Rolfo *et al.*'s analysis of serum levels of sFlt-1 and PlGF in 34 women with pre-eclampsia, 23 women with CKD during pregnancy, and 38 healthy pregnant women.

Original article Rolfo, A. *et al.* Chronic kidney disease may be differentially diagnosed from preeclampsia by serum biomarkers. *Kidney Int.* doi:10.1038/ki.2012.348

DIALYSIS

Can hot baths be used to reduce interdialytic weight gain?

Hot-water baths might safely reduce interdialytic weight gain (IWG) in patients on haemodialysis, according to a recent study. Pruijm and colleagues evaluated the effect of two different methods of stimulated sweating on IWG, blood pressure regulation and potassium/urea balance. They found that a 30 min hot-water bath taken four times weekly for 1 month was associated with a reduced mean IWG and reduced systolic and dystolic blood pressures. The second stimulated sweating method—a visit to the Hammam four times weekly—did not reduce IWG or blood pressure but was associated with reductions in potassium and urea levels.

Original article Pruijm, M. *et al.* Stimulated sweating as a therapy to reduce interdialytic weight gain and improve potassium balance in chronic hemodialysis patients: a pilot study. *Hemodial. Int.* doi:10.1111/j.1542-4758.2012.00751.x