Nature Reviews Nephrology **9**, 65 (2013); published online 8 January 2013; doi:10.1038/nrneph.2012.273; doi:10.1038/nrneph.2012.274; doi:10.1038/nrneph.2012.275; doi:10.1038/nrneph.2012.276

# **IN BRIEF**

# PODOCYTE BIOLOGY

### A new paradigm for glomerular leukocyte recruitment

A study has demonstrated that acute glomerular inflammation increases the time that leukocytes are retained in capillaries, rather than increasing leukocyte recruitment, as was previously thought. Devi *et al.* used multiphoton confocal microscopy to show that leukocytes were present in capillaries of normal glomeruli, where they remained static or migrated intravascularly. Induction of inflammation resulted in an increase in the duration of leukocyte retention. The researchers say their findings describe a new paradigm in glomerular inflammation.

Original article Devi, S. et al. Multiphoton imaging reveals a new leukocyte recruitment paradigm in the glomerulus. Nat. Med. doi:10.1038/nm.3024

# CHRONIC KIDNEY DISEASE

#### Mineral metabolite abnormalities and CKD progression

Abnormalities in mineral metabolism worsen with progression of chronic kidney disease (CKD) and are associated with an increased risk of end-stage renal disease (ESRD) among African American individuals with hypertensive kidney disease, according to new research. Using data from the AASK study, Scialla *et al.* found that serum levels of FGF23, PTH and phosphate increased during 4 years of follow-up; the greatest increases were seen in participants with the fastest rates of decline in glomerular filtration rate (GFR). Higher baseline levels of these mineral metabolites were each associated with increased risk of ESRD or death independent of GFR.

Original article Scialla, J. J. et al. Mineral metabolites and CKD progression in African Americans. J. Am. Soc. Nephrol. doi:10.1681/ASN.2012070713

## **GLOMERULAR DISEASES**

## Mechanisms of atypical postinfectious glomerulonephritis

Postinfectious glomerulonephritis that fails to resolve following resolution of the underlying infection or that develops in the absence of any evidence of a preceding infection has been termed atypical postinfectious glomerulonephritis. Activation of the alternative pathway of complement occurs in patients who develop postinfectious glomerulonephritis. Sethi *et al.* have now shown that among 11 patients with atypical glomerulonephritis (six of whom had no evidence of preceding infection), 10 had underlying abnormalities in the alternative pathway of complement, suggesting a possible mechanism by which this disease occurs.

Original article Sethi, S. et al. Atypical postinfectious glomerulonephritis is associated with abnormalities in the alternative pathway of complement. *Kidney Int.* doi:10.1038/ki.2012.384

# DIAGNOSIS

## New primary renal diagnosis codes announced

New primary renal diagnosis codes have been released by the European Renal Association–European Dialysis and Transplant Association (EDA–EDTA) for use by affiliated registries. The EDA–EDTA hopes that the new codes will facilitate research and the use of decision support systems to improve the care of patients.

Original article Venkat-Raman, G. et al. New primary renal diagnosis codes for the ERA-EDTA. Nephrol. Dial. Transplant. 27, 4414-4419 (2012)