



The Role of Bone Biopsy in the Management of CKD-MBD: CKD-Related Osteoporosis or CKD-MBD/Osteoporosis?

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Dear Editor,

We appreciate the comment made by Dr Michael Pazianas on our review article [1] and thank his interest in our article.

Being true that a functioning kidney has a minimal contribution to the development of osteoporosis is also true that chronic kidney disease (CKD) stage 5 or 5d has different implications in bone health comparing to CKD stage 3 or even 4. And, in fact, CKD stage 5 relates to osteoporosis through CKD-MBD [2]. In addition, we refute that osteoporosis and renal osteodystrophy are always histologically different. Moreover, low remodelling in stages 3, 4 or 5 with low bone volume without mineralization defect shows the same histological features than low bone turnover osteoporosis in non-CKD patients that could explain the bone fragility.

We acknowledge the fact that bone mineral density measurements do not correlate with BV/TV measurements in uremic patients, and although osteoporosis is defined by T-scores of dual-energy X-ray absorptiometry (DEXA), this test should be interpreted with caution in CKD patients [3].

In summary, we agree with both nomenclatures of *CKD-related osteoporosis* and *CKD-MBD/Osteoporosis*, although we believe the first is more intuitive for our target readers.

Declarations

Conflict of interest Ana Carina Ferreira, Martine Cohen-Solal, Patrick C. D'Haese and Anibal Ferreira declare that they have no conflict of interest.

References

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