Playing with variety; enjoying heterogeneity in the garden of nephrology: JN spring issue 2021

Giorgina Barbara Piccoli¹ · Massimo Torreggiani¹

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While in recent issues we tried to gather papers on a single topic, this spring issue deliberately presents an extensive collection of papers on a variety of subjects.

We open with an article about what our discipline should be called: nephrology, kidney medicine, renal medicine? All three?

When something has several names, it usually has a long history. It is often multifaceted and deals with several subjects. This wide variety of themes is reflected in the wide variety of ways there are to be a nephrologist: an expert in physiopathology, a skilled mathematician, an interventional surgeon, a passionate hunter of rare diseases, a wise geriatrician, a curious paediatrician, and an innovative engineer... (Table 1).

We once more offer a number of COVID-themed articles, with a reflection on the positive effect the pandemic has had in strengthening links within the medical community, as well as on its role in furthering the search for the specific biomarkers that would allow us to gain time in critical situations.

In addition to dealing with the challenges we are now facing, the issue offers insights on old battles: frequent diseases, like diabetic nephropathy and kidney stones are represented along with rare diseases, such as fibrillary glomerulonephritis and new genes correlating with renal agenesis.

Advances in renal histology are highlighted in three papers, reminding us of the importance of not losing the nephrologist's expertise when interpreting a kidney biopsy. From interventional nephrology to proteomics or post-transplant nephropathies, this issue reflects the multifaceted nature of our discipline.

Please enjoy this variety, play with the images, the quizzes and teaching cases posing questions on complications of CKD that had almost disappeared, as well as on the interpretation of an ECG in particular situations, genetic variability in rare diseases, and more...

Giovanni Gambaro, our previous editor-in-chief, used to call himself The Journal of Nephrology's gardener. This metaphor also applies to this particular moment when, to some extent on account of the devastating effects of COVID-19, many things have changed in academic journals, including ours, which have seen submissions of articles nearly double during the past year.

Thanks to Gambaro's efforts, and those of his predecessors, such as Giuseppe Remuzzi and Francesca Mallamaci, this small Italian garden has become far more open to a range of experience, from Russia to Japan, Spain and Brazil. We hope you will enjoy this variety and spend some time in reflecting on "the name of the rose" and on ways to ensure that the nephrology garden continues to flourish.

✉ Giorgina Barbara Piccoli
gbpiccoli@yahoo.it

¹ Néphrologie, Centre Hospitalier Le Mans, 194 Avenue Rubillard, 72037 Le Mans, France

Table 1 What kind of nephrologist are you?

A skilled physiopathologist	The kidney is a teacher of logic; mastering physiology so we can understand pathology
A philosopher-ethicist	Nephrology at the crossroads of life and death: addressing ethical issues in an increasingly older population
A mathematician	An equation for every clinical need: from dialysis adequacy to protein intake to renal function
A histopathologist	Interpreting kidney histology to arrive at a diagnosis: an area of expertise that needs to be preserved in our specialty
An advanced transplantologist	Preserving graft function and avoiding complications, increasing access to transplantation and improving transplant outcomes
An empiricist	No philosophy: evidence guides their practice
A heroic interventionist	Vascular accesses but also renal denervation and angioplasties: a new figure with a long-standing surgical background
A kindhearted geriatrician	Kidney and ageing: different definitions and different needs
A curious paediatrician	Congenital diseases and family clusters in the era of genome sequencing
An obstetric nephrologist	Once an exception, today a reality: pregnancy in dialysis patients. This involves managing care in at-risk pregnancies, treating preeclampsia, and subsequent follow-up
A cultivated epidemiologist	CKD prevalence is around 10% worldwide ...'nuff said
A pharmacologist	Looking for new drugs and preserving failing kidney from complications caused by medicaments
A careful manager	Allocating resources to improve kidney care at the national or local level
A semiologist	A pure clinician: going from signs and symptoms to the right diagnosis without forgetting analysis of the urinary sediment
A basic science researcher	Using cellular and animal models to understand molecular pathways and improve treatment
A clinical researcher	Translating basic research observations into practice or vice versa: from the lab to the bedside and back
A sensible family doctor	Nephrology is probably the specialty closest to internal medicine: treating comorbidities for the kidney's sake
An expert on rare diseases	Nephrologist, immunologist, infectologist, rheumatologist: an expert eye able to perceive slight differences and arrive at a complex diagnosis of lesser known diseases
An expert on common diseases	Common diseases are no less important and challenging than rare ones: among others, diabetes is the leading cause of ESKD worldwide and electrolyte disorders are a constant occurrence in acute and critically ill patients
A factotum	Dialysis, outpatient and inpatient clinics, transplantation: the right person in the right place when treatment is needed

Declarations

Conflict of interest The authors declare that they have no conflict of interest.

Ethical statement This article does not contain any studies with human participants or animals performed by any of the authors.

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