Kidney360

Clinical Images in Nephrology and Dialysis
Welcome to an Educational Feature

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In discussing the educational value of clinical images used in medicine, it is worth briefly touching on some of the history behind the birth and evolution of medical illustrations (1). Illustration of various maladies have appeared in manuscripts from ancient times where religion, spirituality, and science where incorporated into these "medical illustrations." In the early third century BC, medical illustration for the purpose of instruction appeared in Hellenic Alexandria. These medical illustrations demonstrated a variety of aspects of medicine including medicinal plants, anatomy, surgery, and obstetrics. Leonardo da Vinci, considered the first "contemporary" medical illustrator, combined artistic skill with a scientific understanding of anatomy to create medical illustrations. Andreas Vesalius followed and published one of the most well known anatomy books, *De humani corporis fabrica*. New printing techniques developed in the 19th century permitted medical illustrators to create images in a variety of media. Anatomy and pathology atlases published in color were a major step forward in medical illustrations. The technology of the 20th century brought about changes that allowed creation of digital files and software editing programs. The Internet and online access to medical illustrations have made worldwide dissemination of medical illustrations a snap.

The editors of *Kidney360*—the new online, open-access journal of the American Society of Nephrology—announce the launch of an interactive, educational feature entitled "Clinical Images in Nephrology and Dialysis." As with most clinicians and scientists in the medical field, nephrologists value medical images as a means to transmit medical information and to educate colleagues, trainees, and patients. This feature is designed to engage the *Kidney360* readership by showing various images in nephrology and dialysis and posing questions. Subsequently, the answers to the questions will be provided along with a brief description of the clinical context of the images and information about the disease process they represent.

As can be gleaned from the instructions for authors about this feature, up to three images can be submitted by up to three authors. The images can include findings noted in the broad areas of general nephrology, hypertension, and dialysis. For example, these can include findings noted on urine microscopy, kidney and other histopathology, various radiologic images (computed-tomography scan, magnetic resonance imaging, ultrasound, nuclear medicine, roentgenograms, *etc*.), and various other clinical findings (skin, eye, and others). In addition, up to 500 words of text, five references, and two to three teaching points should accompany the submission. The editorial staff will work with the authors to formulate questions for the submitted material.

In this issue of *Kidney360*, a kidney biopsy image and radiology image (computed-tomography scan) are shown along with a brief description of their clinical context (a patient with nephrotic syndrome and acute flank pain). Three questions accompany the images. The first two questions ask the reader to describe the findings in the images, whereas the last question asks for a diagnosis for the case. The answers to the questions and a brief description of the images and the diagnosis along with the full article will follow subsequently.

We hope the *Kidney360* readership will find this feature of interest and engage in the process of answering questions. We also hope that the readers will identify interesting images in their own practices and submit them for consideration. So, start now by submitting answers to the current "Clinical Images in Nephrology and Dialysis" case and scour your practices for interesting images.

Author Contributions

M. Allon, L. Juncos, and M. Perazella contributed to the writing, review, and editing of this article.

Disclosures

M. Allon, L. Juncos, and M. Perazella have nothing to disclose.

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