EDITOR'S INTRODUCTION

THE LOSS OF A GIANT IN PERITONEAL DIALYSIS

The original intention for this issue of *Peritoneal Dialysis International* was that it be built around the associated supplement containing the long-awaited pediatric peritonitis guidelines from the International Society for Peritoneal Dialysis (ISPD) and that it be dedicated to pediatric peritoneal dialysis (PD). The sad news of the recent death of Dimitrios Oreopoulos has led us, however, to modify that plan, to change our cover page, and to add appropriate tributes.

As many of you likely know already, Dimitrios Oreopoulos passed away in May in Toronto. He had been unwell for some time, but had dealt with his illness with dignity and with great support from his family and friends. In February, he was honored by the American Society of Nephrology at a special meeting in Toronto, and he himself spoke briefly and eloquently ... and for the last time in public.

Dimitrios was a giant in the field of PD. Following on from seminal work by Moncrief, Popovich, Nolph, and colleagues in the late 1970s, Dimitrios was the first to develop a large-scale continuous ambulatory PD program. His unit at Toronto Western Hospital became a center of "pilgrimage" for those who wanted to learn about the new modality or to do related research. He founded this journal, which began as the *Peritoneal Dialysis Bulletin* in 1980, later becoming PDI. He was its sole editor until 2003, afterward holding the title of "Founding Editor" and acting as a member of PDI's emeritus editorial board. He was a founder member and former president of the ISPD. He was, of course, a prolific researcher, with more than 550 papers appearing in the results list of a recent PubMed search. Most of those publications deal with PD, but others reflect his research career in metabolic bone disease, renal stones, and in recent years particularly, the areas of geriatric nephrology and medical ethics.

More importantly, Dimitrios was a wonderful, generous, and spiritual man. He cared for his patients, for the

staff in his PD unit in Toronto, and for all the many young doctors who came to work with him there. He paid particular attention to the doctors coming from less affluent countries, and he always looked to help them in their subsequent careers. He was a proud husband and father of three sons and a daughter. He was a passionate lover of his native country, Greece, and was sad to see it in its present unfortunate economic plight. His involvement in, and work for, the Greek community in Toronto was widely recognized and very evident in the attendance at his funeral. He came to love his adopted country of Canada also, but he was really a citizen of the world, traveling widely and encouraging and teaching so many of those involved in developing and delivering PD.

On personal level, he was—to this writer—a teacher, a research supervisor, a mentor, and a friend. He was also an inspiration. It was a wonderful honor to follow him as editor-in-chief of this journal. His encouragement and advice were greatly appreciated. I owe him a great deal, and I will miss him very much.

I know that many of our readers will have met him and heard him speak. I suspect that they will have been profoundly impressed by him. His passing is a great loss to his family, his friends, his patients, his colleagues, and indeed, to both of his countries and to the whole PD community worldwide. This issue of PDI features an eloquent In Memoriam article for Dimitrios, written jointly by two other giants of PD, Karl Nolph and Ramesh Khanna, and an obituary by his longstanding colleague and friend in the Toronto Western Hospital PD program, Joanne Bargman. There is also a tribute article from Lorne Cooper and Jill Torigian of Multimed, the longstanding publisher of PDI. We hope that this issue will provide all our readers with an opportunity to remember this remarkable man.

On behalf of the editors and editorial board of PDI and the team at Multimed, we offer our condolences to his family.

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As already mentioned, this issue of PDI also focuses on pediatric PD. The occasion is the publication of the 2012 ISPD Consensus Guidelines for the Prevention and Treatment of Catheter-Related Infections and Peritonitis in Pediatric Patients Receiving Peritoneal Dialysis in the form of a supplement to this issue of PDI. The lead author is Bradley Warady, and he provides an Introduction in the supplement. He and his colleagues spent considerable time preparing, discussing, editing, and revising the guideline document, and the result is an excellent, comprehensive, state-of-the-art publication that we think will be invaluable to all PD units caring for children. Beth Piraino pays tribute to the updated guidelines in her commentary in this issue of PDI.

The present issue also collects between its covers a number of recent submissions related to pediatric PD. Two come from the International Pediatric Peritoneal Dialysis Network (IPPN), an increasingly valuable source of information about children on PD. The IPPN registry, started in 2007, receives data online from 86 centers in 33 countries. Schaefer and colleagues investigate socioeconomic aspects of the pediatric population receiving PD, and Neu *et al.* report on comorbidities. We hope to see much more data from the IPPN in the years ahead.

In the last issue of PDI, the use of PD in acute kidney injury was a focus. That topic makes a return in the present issue, with an article from Varanasi in India by Mishra *et al.*, who present their series of children, 12 years of age or younger, who received such therapy. Aksu and colleagues from Izmir in Turkey report on their experience with 13 special-needs children receiving PD for end-stage renal disease, and Ellis and colleagues from Little Rock, Arkansas, recount their observations on the important topic of home visits in 22 children on cyclical PD. Finally, Azocar *et al.* from Santiago, Chile, report on the elusive but fascinating subject of permeability factors in idiopathic nephrotic syndrome and show a possible relationship with greater peritoneal protein losses on PD.

Together, the foregoing articles, the data from the IPPN, and the new guidelines provide a great overview of what is happening with PD in children. Thanks must go to our Pediatric Associate Editor for playing a major role in bringing this issue together and penning a welcome commentary. The message of pediatric PD is largely is an optimistic one, and it is very fitting that it should appear in the same issue of PDI that commemorates the sad loss of Dimitrios Oreopoulos.

Peter G. Blake
Editor-in-Chief