EDITOR'S INTRODUCTION

A RENAISSANCE FOR PD IN ACUTE KIDNEY INJURY

At the start of the 21st century, the use of acute peritoneal dialysis (PD) in adult patients with acute kidney injury (AKI) appeared to be in terminal decline. This use of PD in the developed world had become rare, and a high-profile trial from Vietnam published in a 2002 issue of the *New England Journal of Medicine* reported inferior results for PD compared with continuous renal replacement therapy in malaria-associated AKI.

Recently, the picture has changed dramatically, with a flurry of publications from a variety of countries reporting good results. Some of the credit for this reversal goes to Gabriel, Ponce, Balbi, and colleagues from Sao Paulo, Brazil, who have published a series of impressive papers recounting their experience. Those publications include a 2008 randomized controlled trial that compared high-volume PD with daily hemodialysis in 154 AKI patients, showing equivalent outcomes. Important trials from Indian investigators have also tended to dispel some of the concerns raised by the Vietnamese trial. Other reports from Thailand, Nepal, and even sub-Saharan Africa are adding to the catalog of long-standing and successful experiences with the use of PD in childhood AKI.

Against that background, the present issue of *Peritoneal Dialysis International* focuses on the use of PD in AKI. Two articles from sub-Saharan Africa provide insight about a region that, outside of South Africa, has very little experience with PD. A paper from northern Tanzania describes an innovative collaboration between the local team led by Dr. Kajiru Kilonzo; a Canadian nephrologist, Dr. Karen Yeates; and a training center in Curitiba, Brazil, with support from the Sustainable Kidney Care Foundation (SKCF). This collaborative group has treated 20 AKI patients in very challenging circumstances and with significant success. The paper provides detailed data, and the story is quite inspiring. Young victims of AKI are being saved with acute PD and are recovering well, and the excellent project that saved them continues.

The SKCF is a U.S. public charity whose aim is to support AKI patients in countries where even acute dialysis is not easily available. The organization collaborates with both the International Society for Peritoneal Dialysis and the International Society of Nephrology. Member of the PDI editorial board Fred Finkelstein has played a major role in those interactions. The SKCF website at <http://www.skcf.net> is worth perusing. The second African article, by Ademola *et al.*, comes from the University of Ibadan in southwestern Nigeria. It recounts an experience of treating 27 children with PD for AKI. A third original paper by Santos and colleagues reports the experience with PD in Lisbon, Portugal, for 23 cases of AKI after pediatric cardiac surgery.

Expert commentaries on acute PD in adult AKI are provided by Daniela Ponce and colleagues, and also by Fred Finkelstein and colleagues—all leaders in this subject area. We also have a short communication from Gaião *et al.* surveying the opinions of nephrologists on the use of PD for AKI.

There has been some controversy about how to prescribe PD in AKI. The Sao Paulo group has advocated relatively high-dose PD delivered using modern cyclical-based systems. In cash-strapped settings such as Tanzania, such methods may not be practical. Clearly, one dose does not fit all, and resources will vary between centers. Some AKI patients are more catabolic than others, and they may require more aggressive approaches. The issue of prescription is addressed from different perspectives in the two expert commentaries. However, a key point to emphasize is that treating AKI in the developing world can be very rewarding, in that a relatively transient—if somewhat expensive—intervention can lead to complete recovery in a young patient who otherwise would have died.

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