



Biomarkers of Renal Diseases

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Message from the Guest Editors

For acute or chronic kidney diseases, the ideal biomarker should show, among others, rapid and reliable changes with the progression of disease and be highly sensitive and specific, able to detect injury to the different segments of the nephron, and rapidly and easily measurable. Creatinine, for instance, is not a good renal marker since acute injuries would not show changes in filtration rate until the progression of disease allows its accumulation. Similarly, in chronic renal disease, the elevation in serum creatinine is a late indicator of the reduction in glomerular filtration. Other conventional biomarkers such as proteinuria, cell cylinders, and fractional excretion of sodium have shown lack of sensitivity and specificity for the early recognition of acute kidney injury, hence leading to the need and the enormous interest that arouses the possibility of using other biomarkers with the ability to perform early detection, differential diagnosis, assessment prognostic, response to treatment, and functional recovery. In this Special Issue, we welcome reviews or experimental papers showing significant advances in the field of renal biomarkers.





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Message from the Editor-in-Chief

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