



**University of
Nottingham**

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**University Hospitals of
Derby and Burton**
NHS Foundation Trust

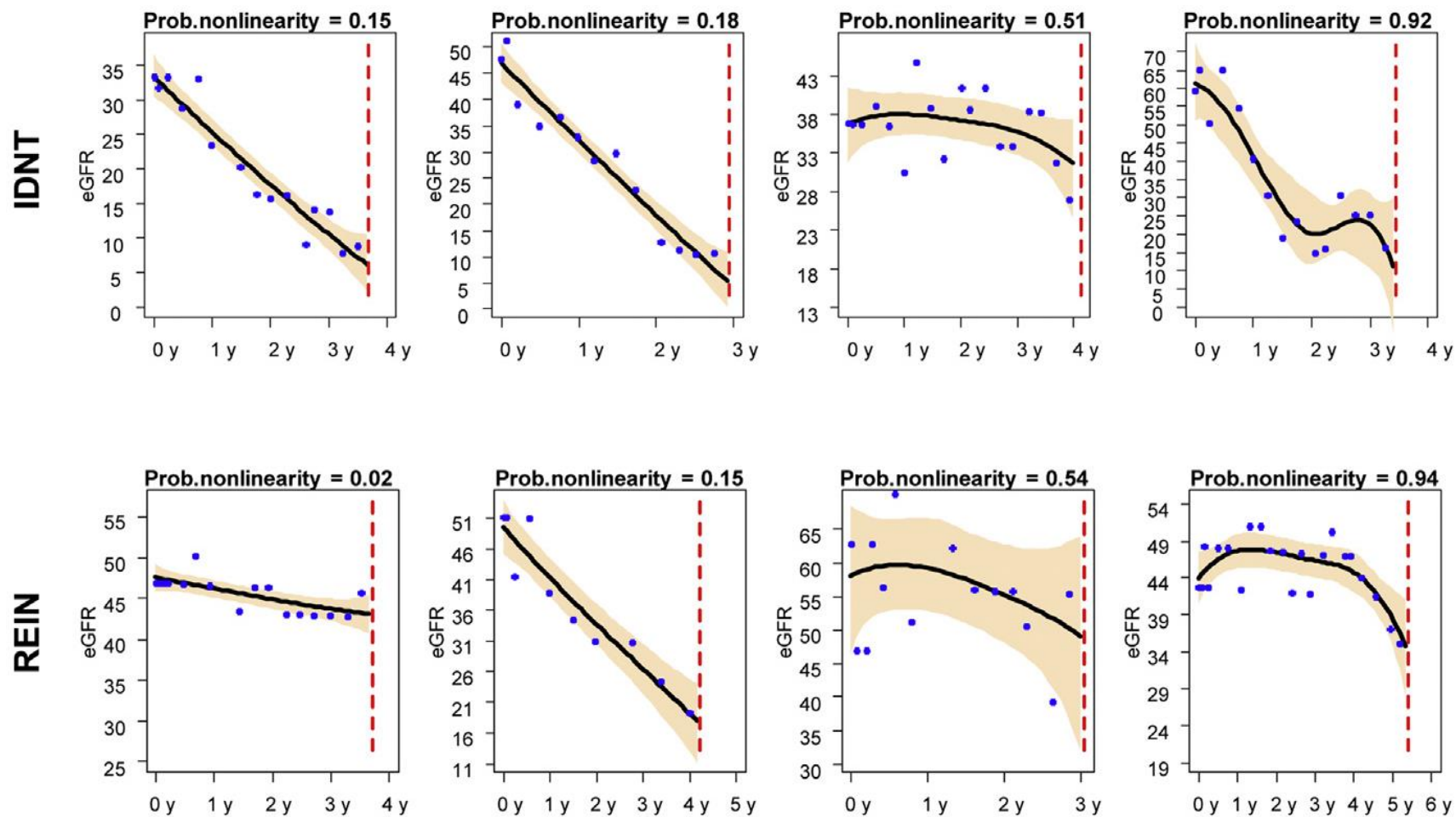
Pathophysiology of CKD Progression

Maarten Taal

**Centre for Kidney Research and Innovation
University of Nottingham and Royal Derby Hospital**



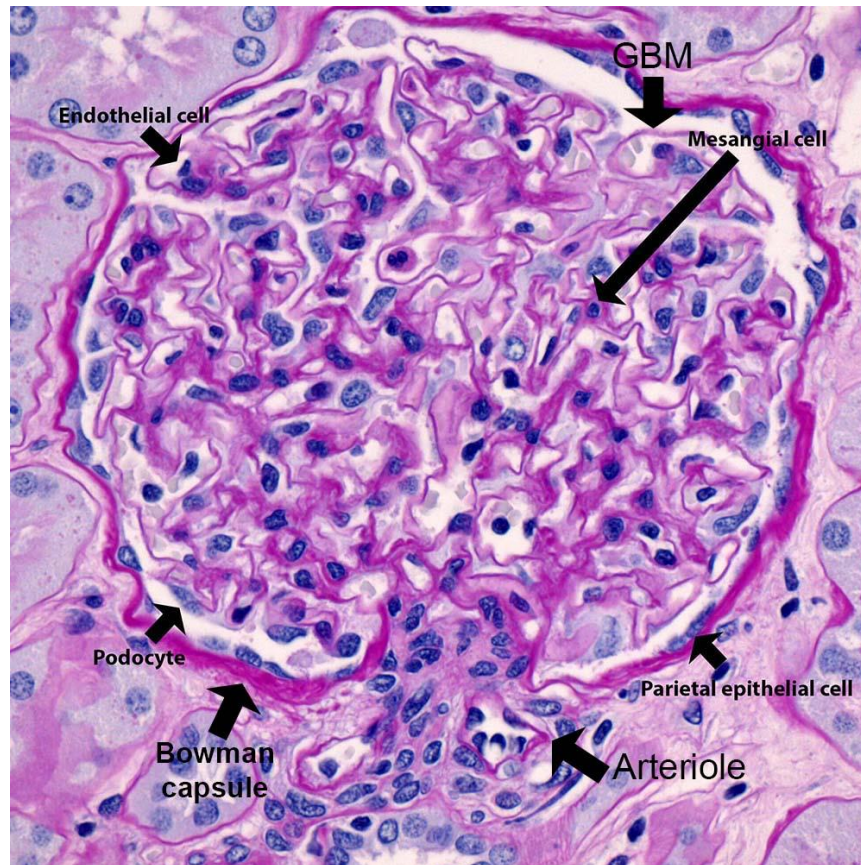
CKD Progression



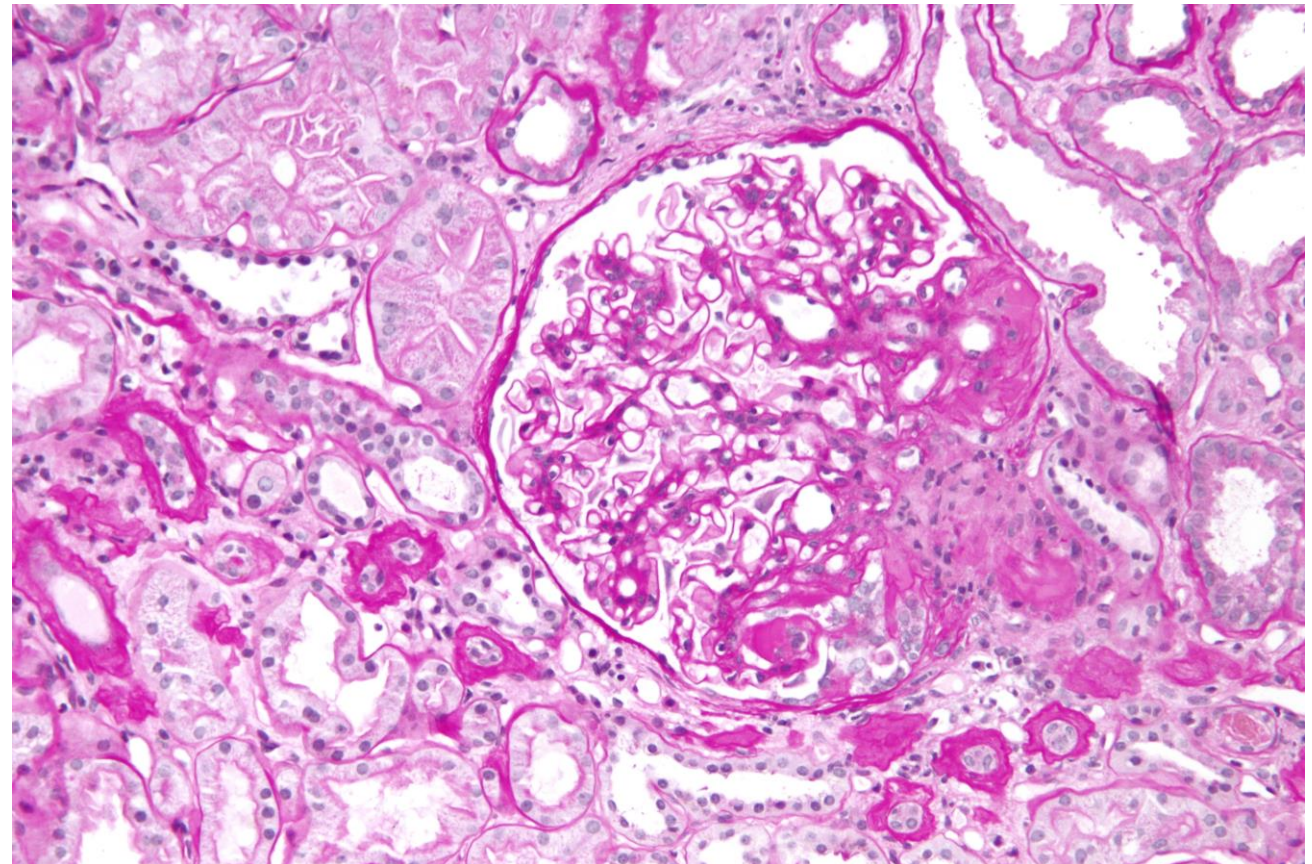


Glomerulosclerosis

Normal

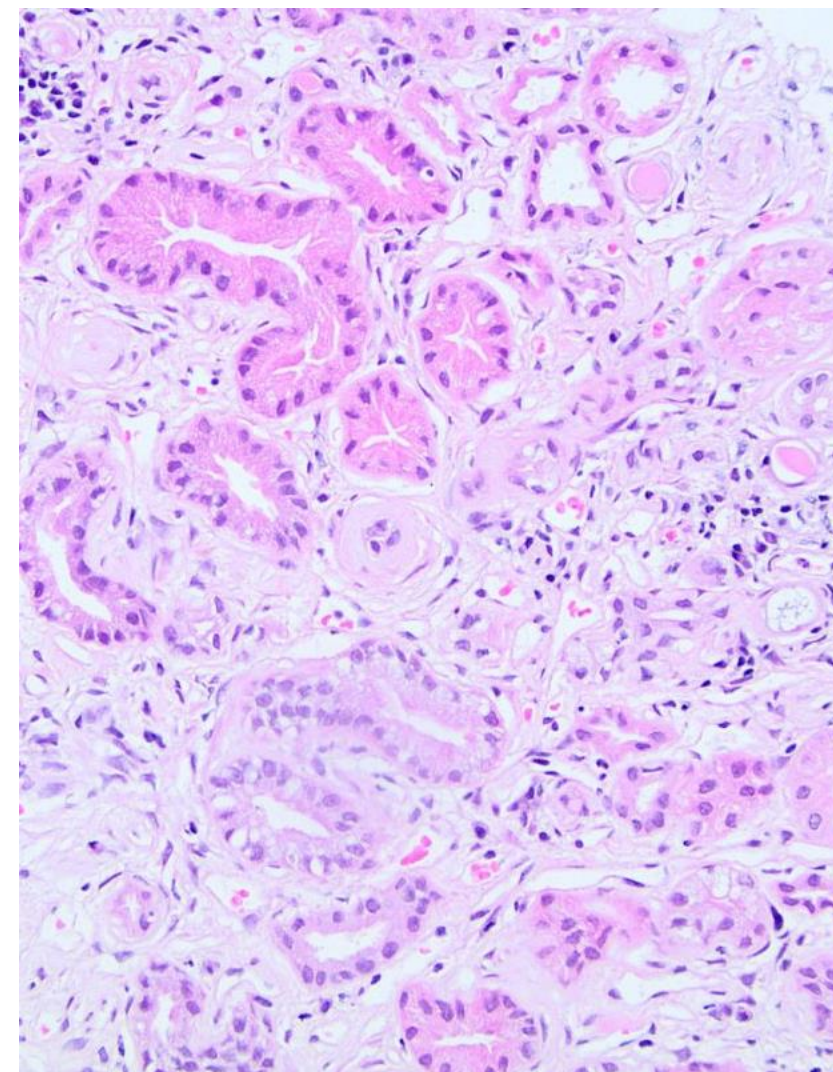
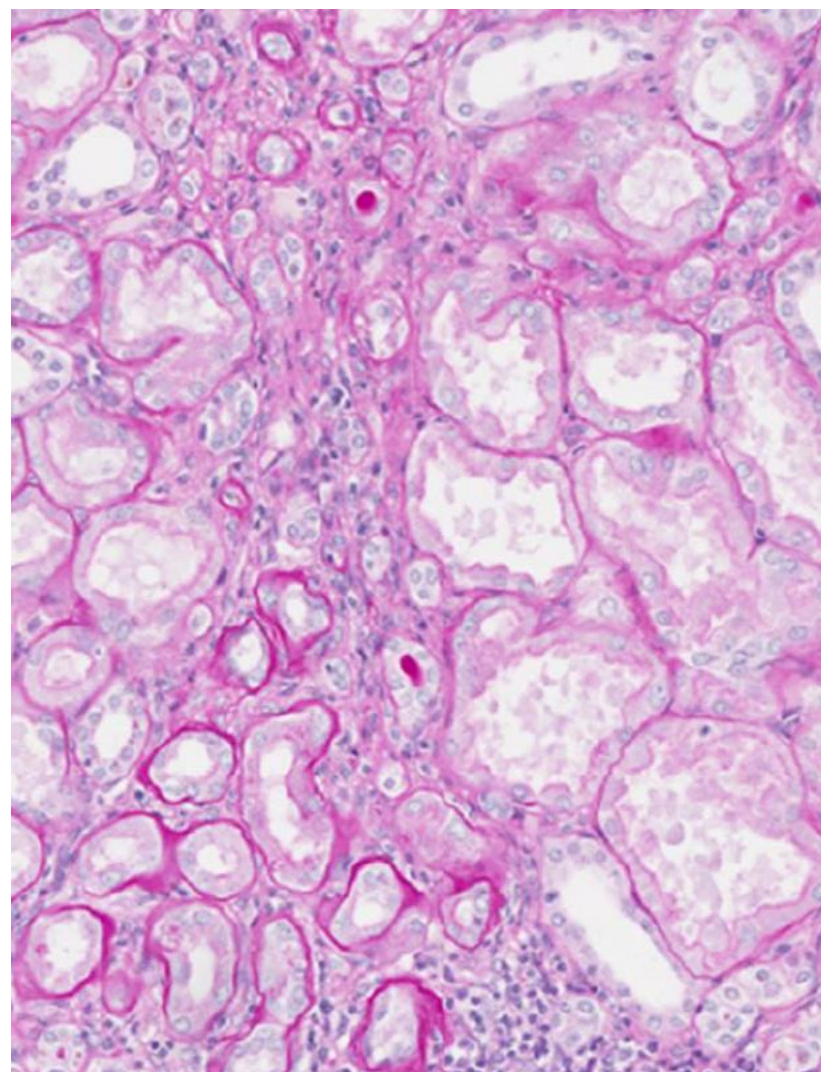
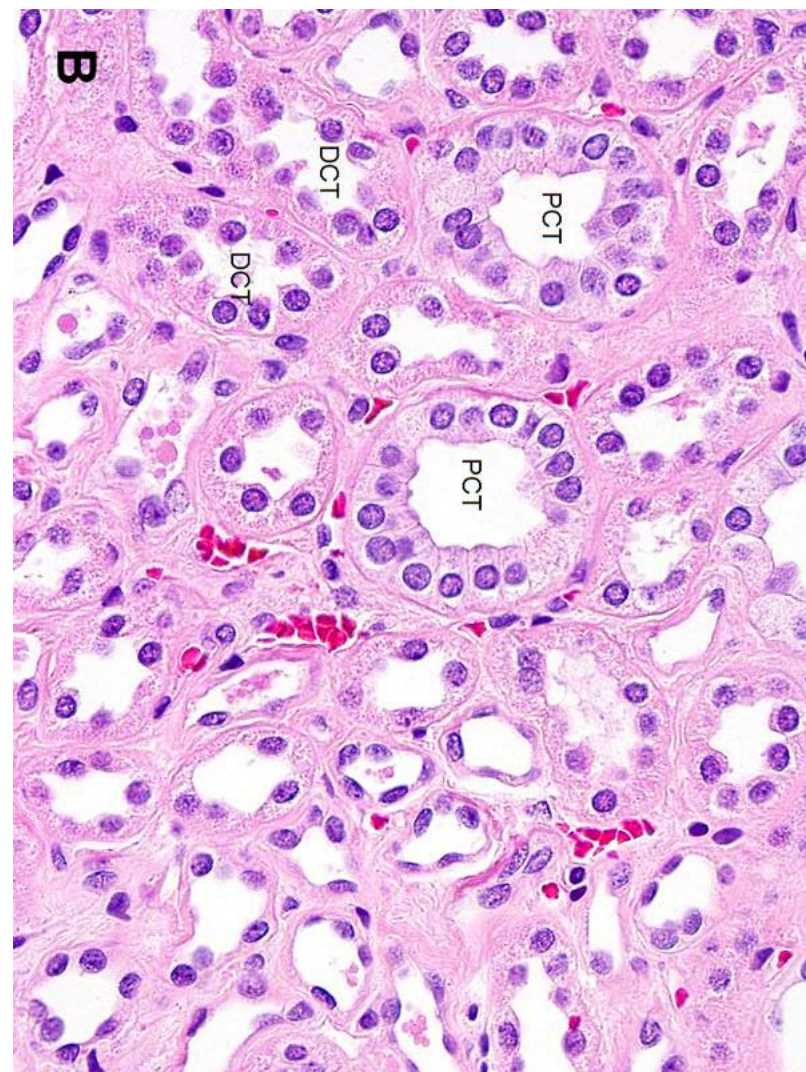


FSGS



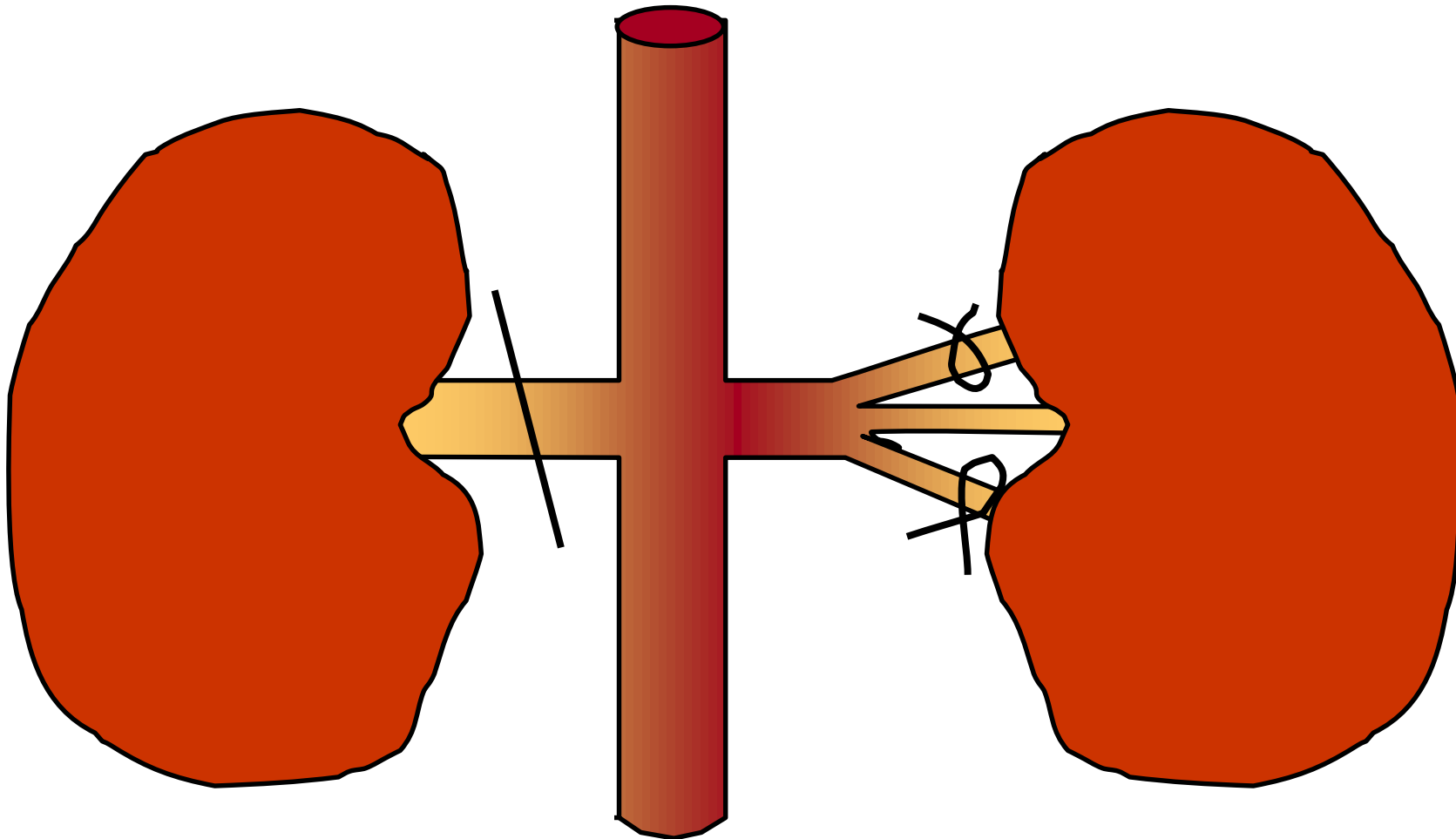


Tubulointerstitial fibrosis



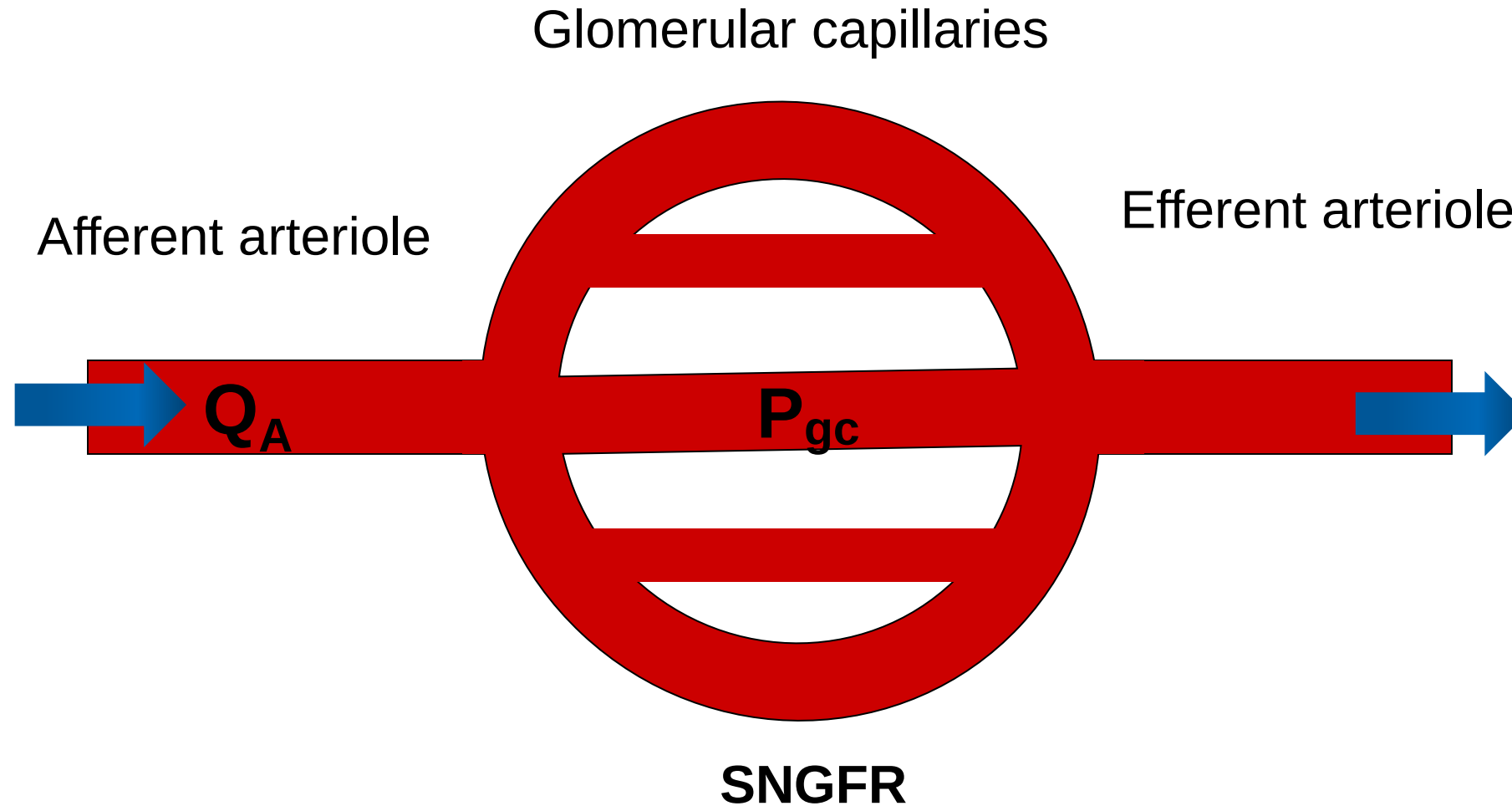


5/6 Nephrectomy Model



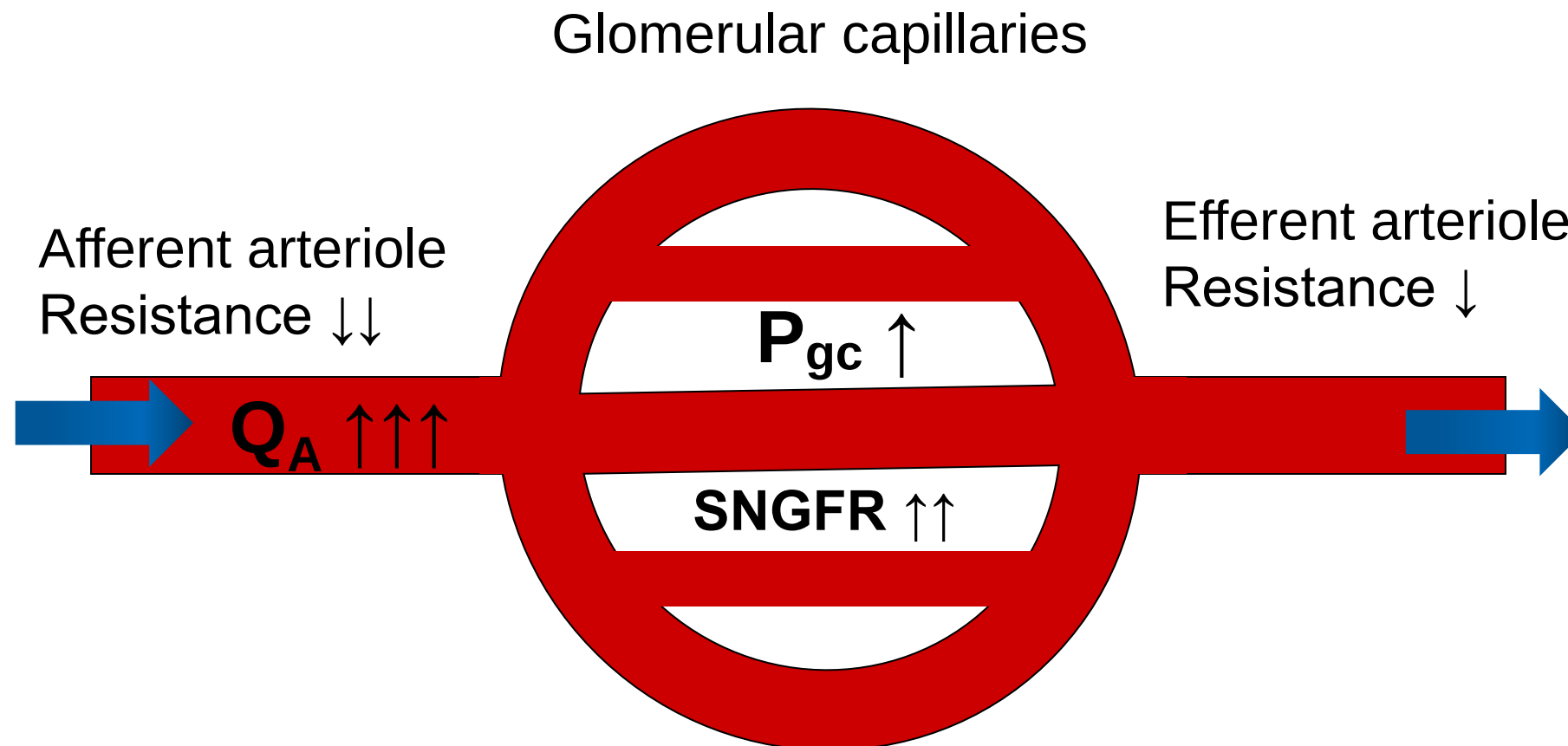


Glomerular Haemodynamics



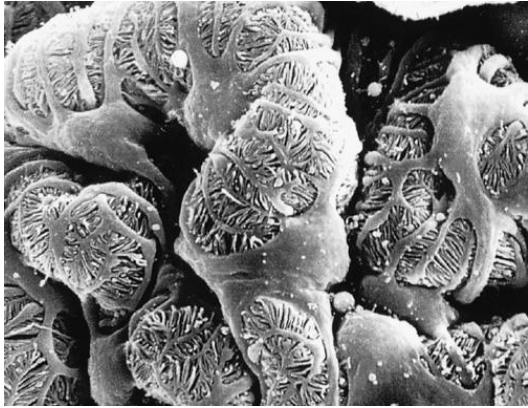


Changes after 5/6 Nephrectomy



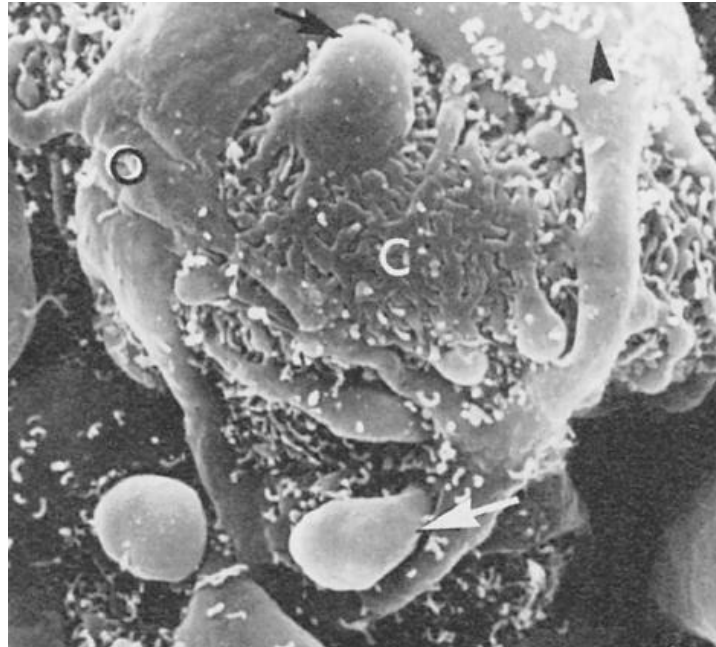


Mechanical Stress after 5/6 Nephrectomy

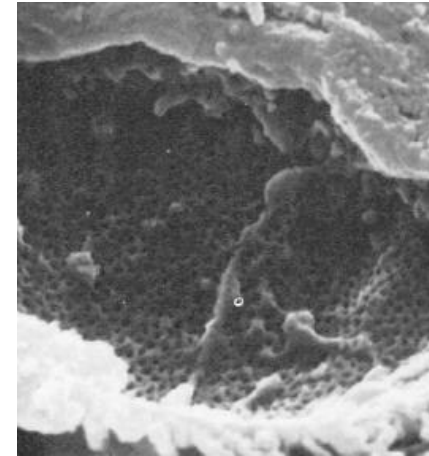


Normal

1 week after
5/6 nephrectomy

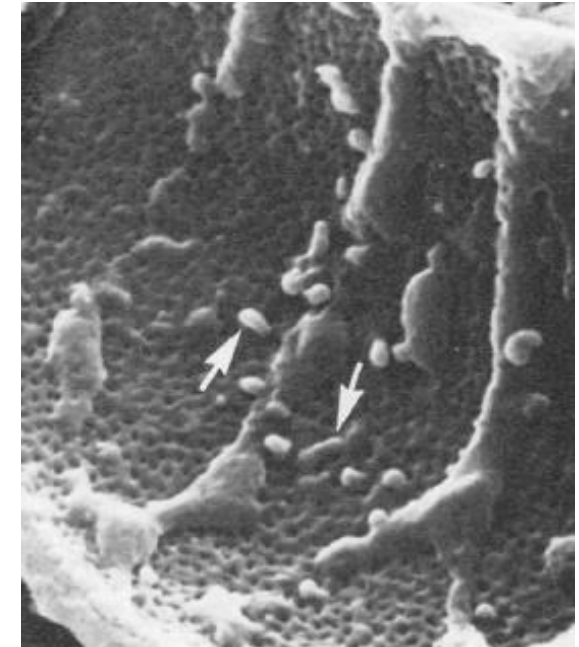


Podocyte



Normal

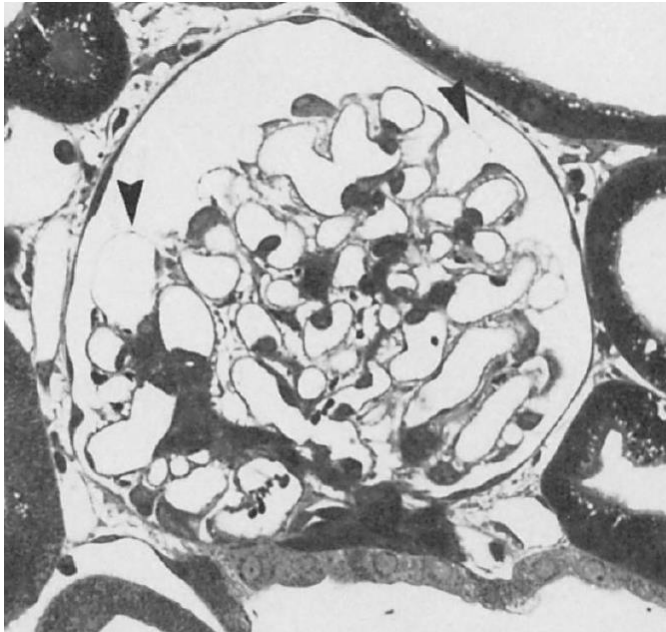
1 week after
5/6 nephrectomy



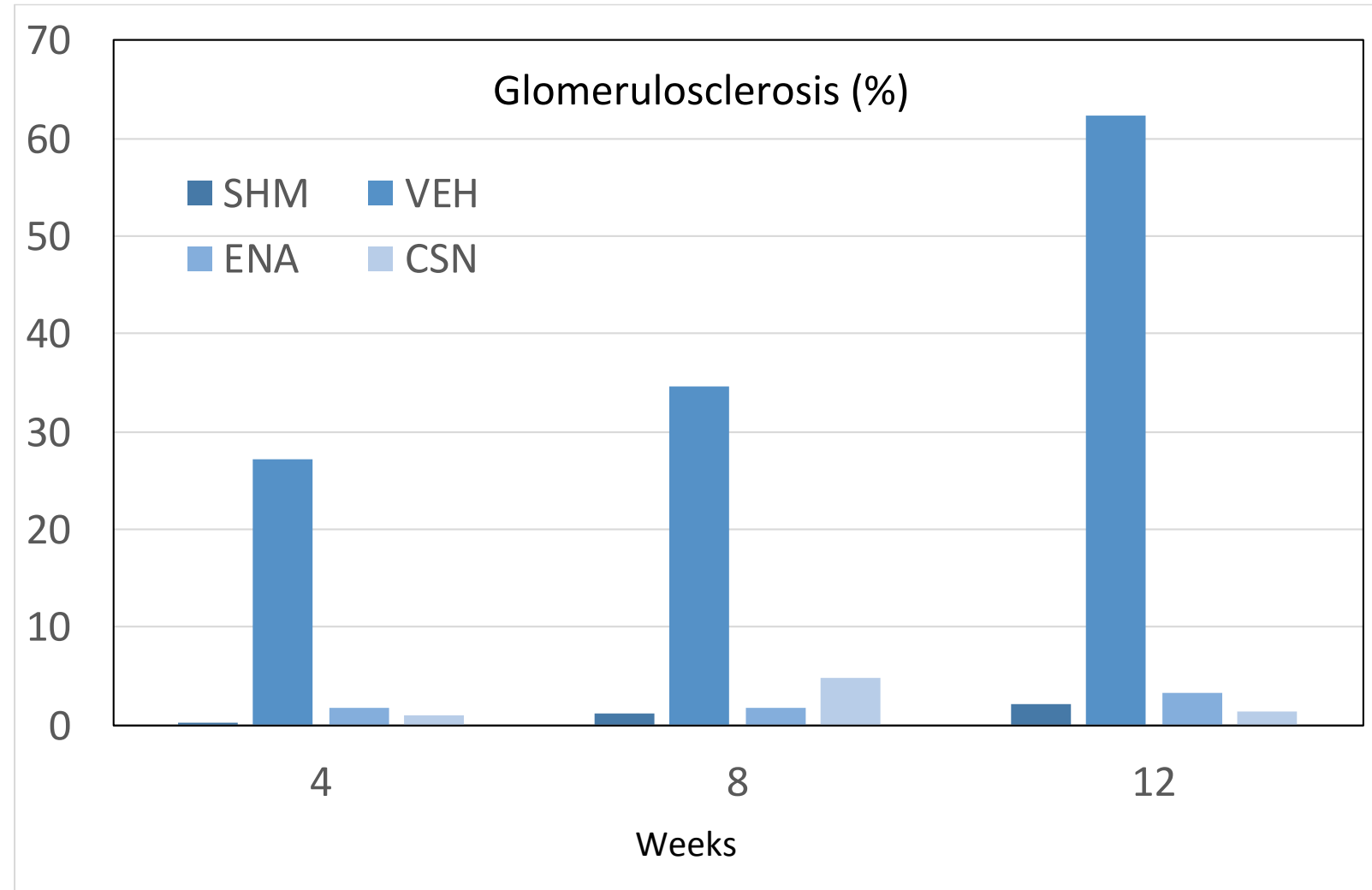
Endothelial cell

Progression after 5/6 Nephrectomy

1 Week



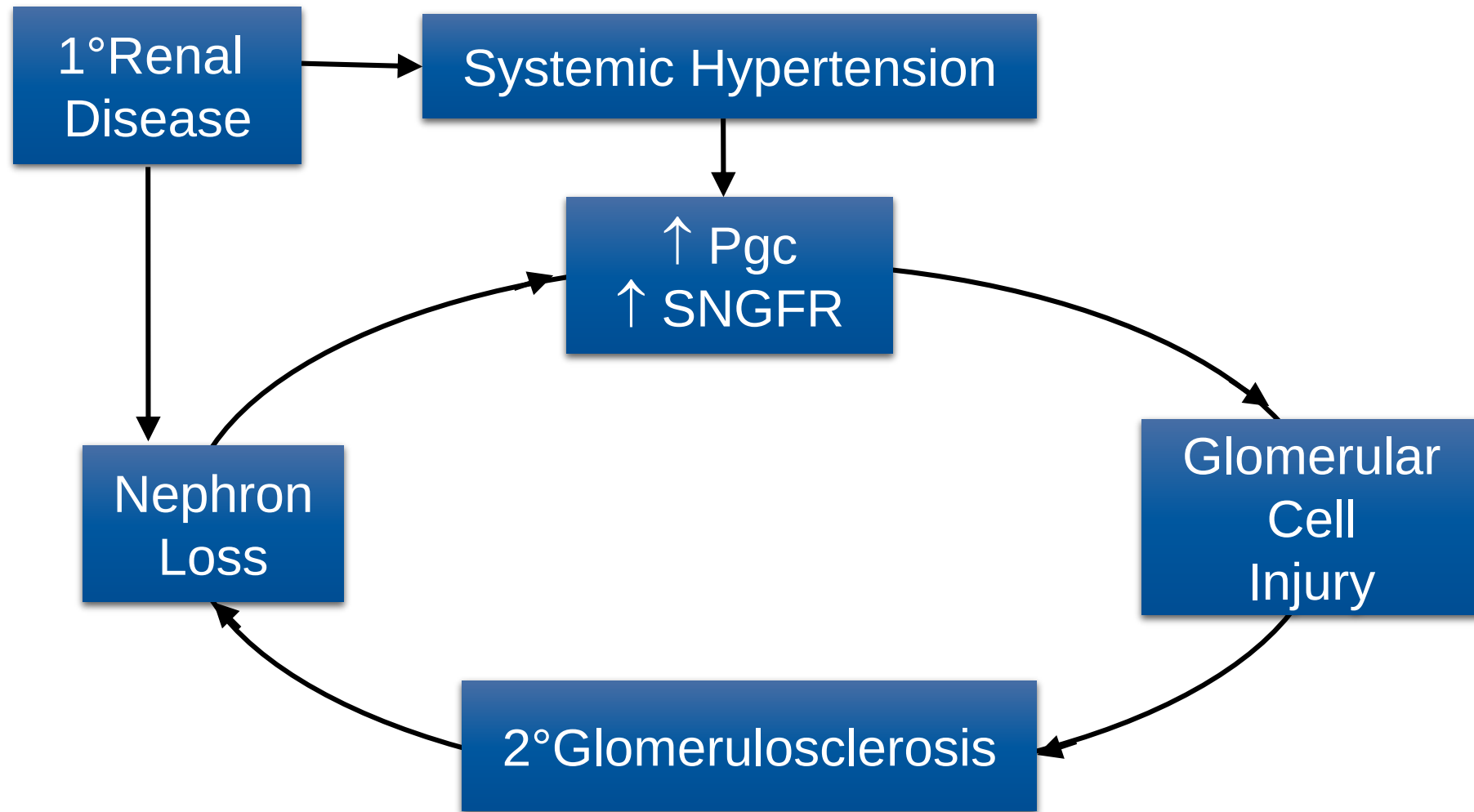
Hostetter et al. AJP10:F85-93; 1981



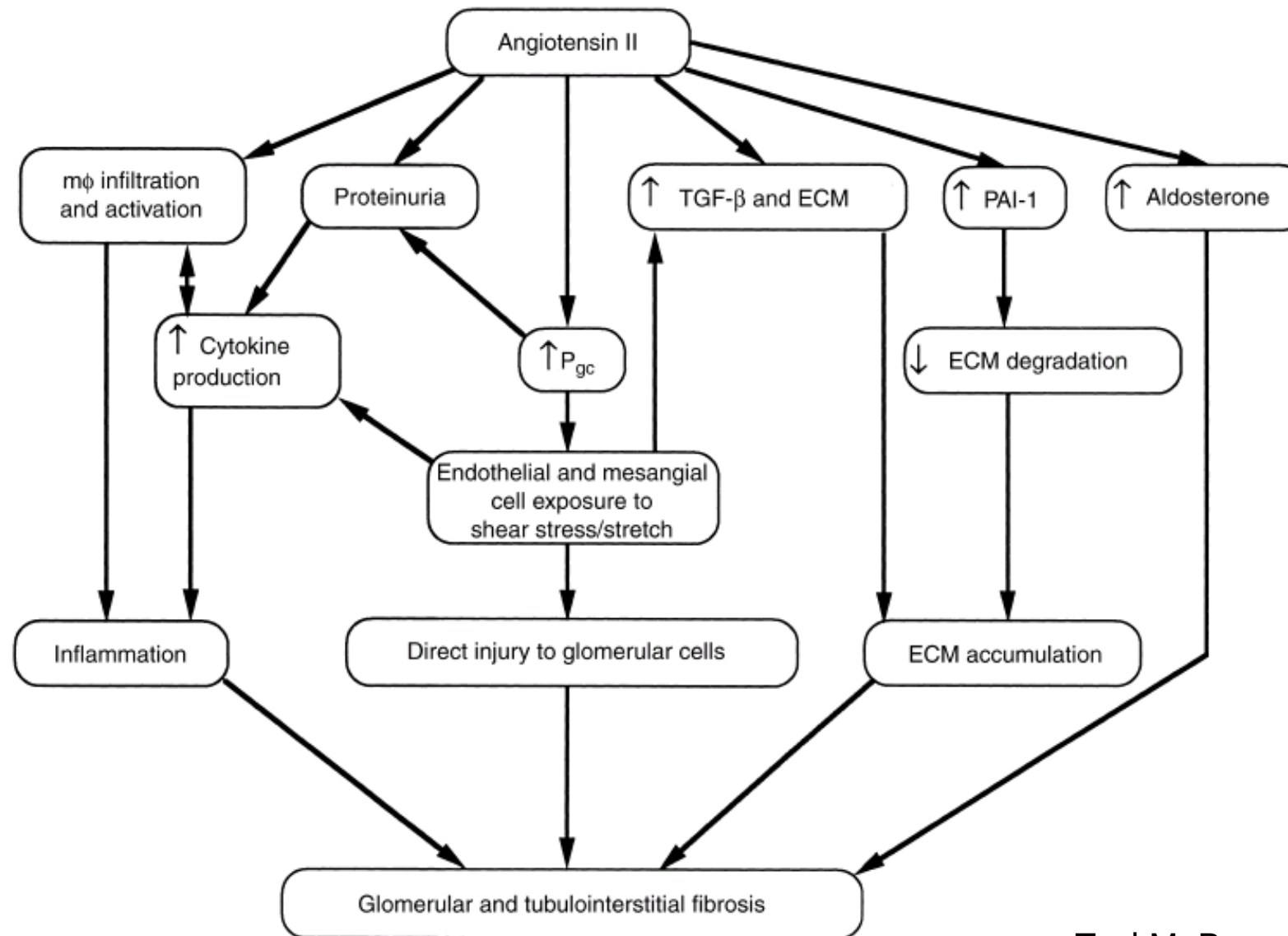
Taal et al. KI 58: 1664-76; 2000



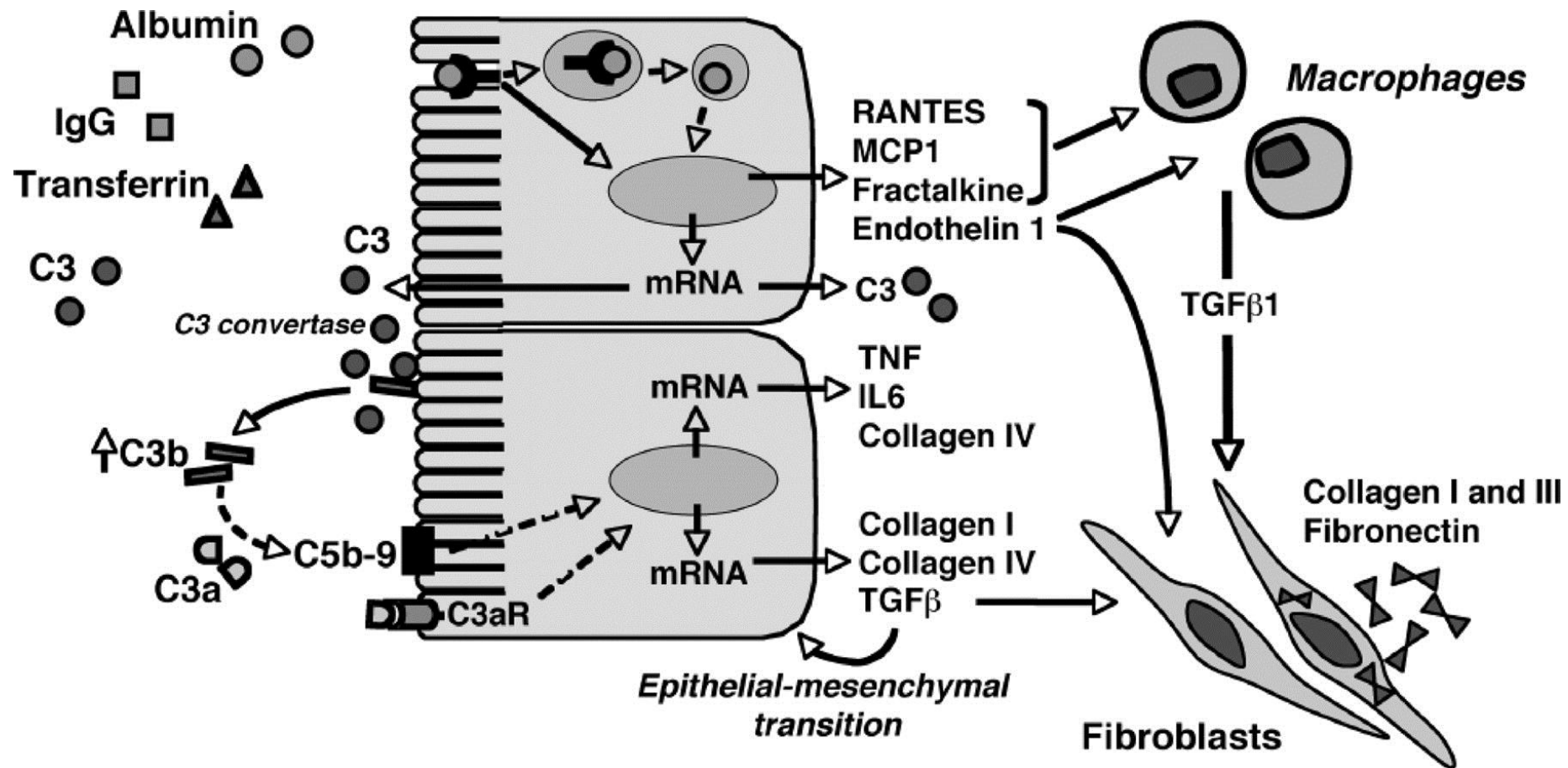
The Haemodynamic Theory



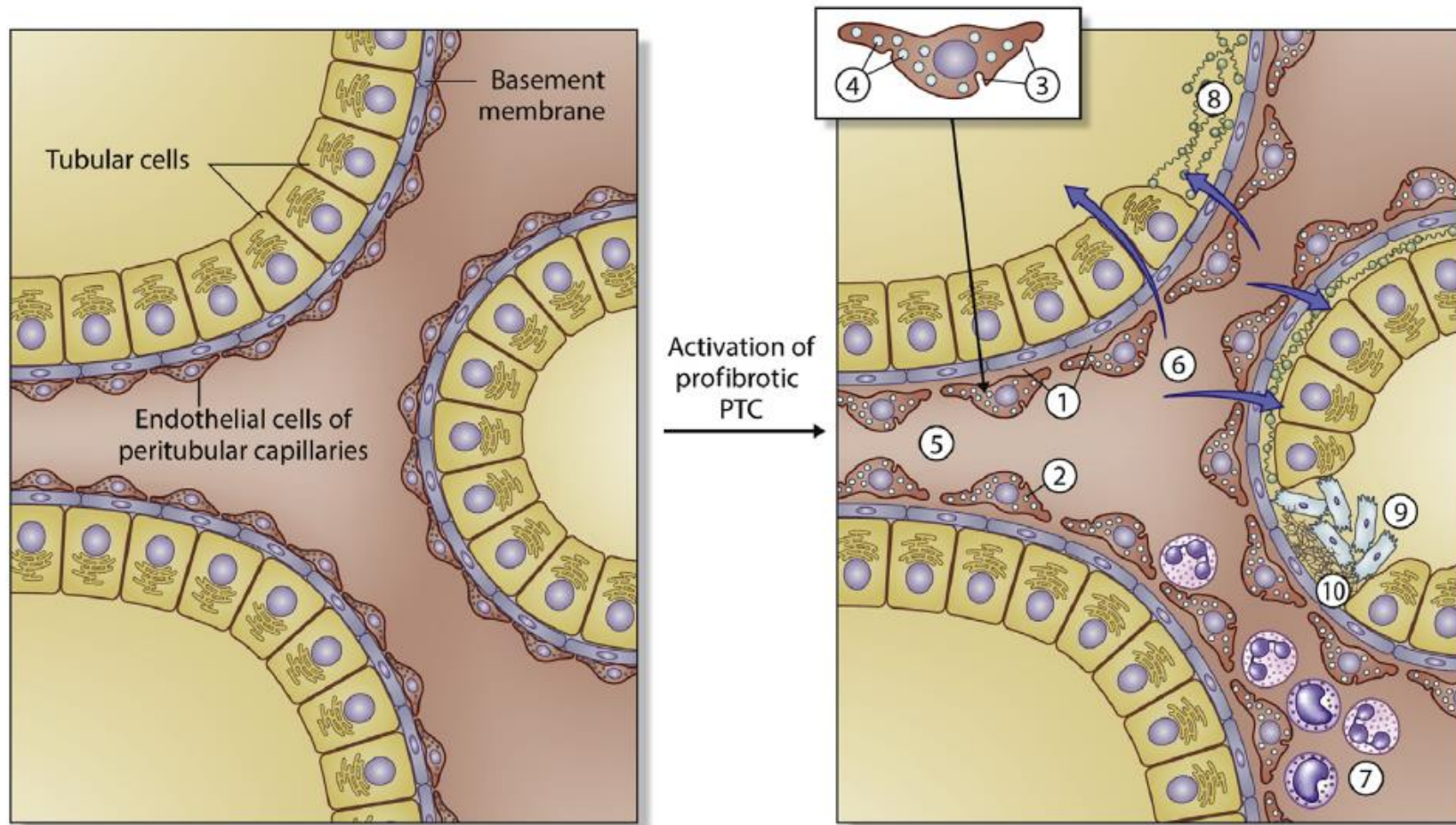
Angiotensin II



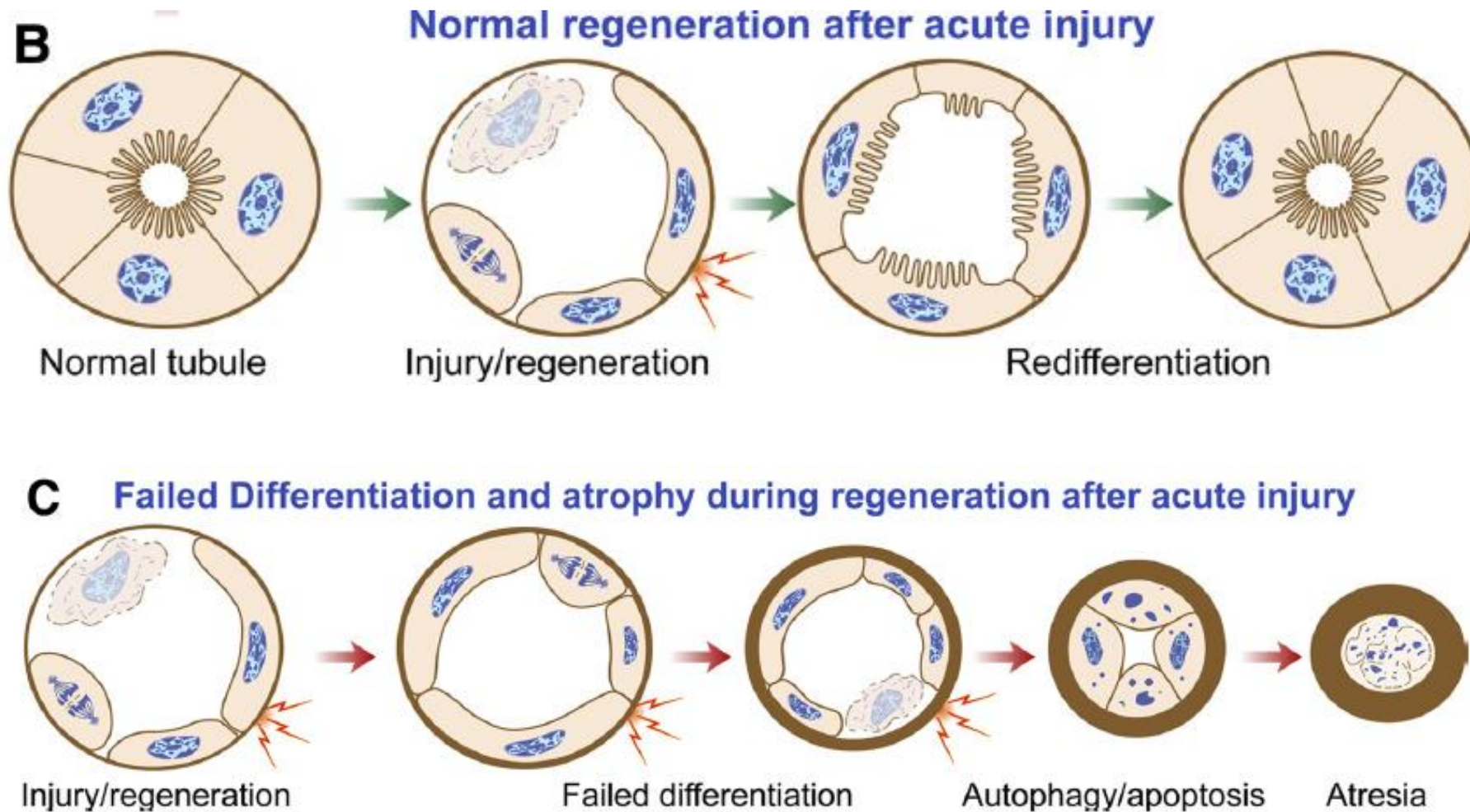
Proteinuria



Loss of peritubular capillaries

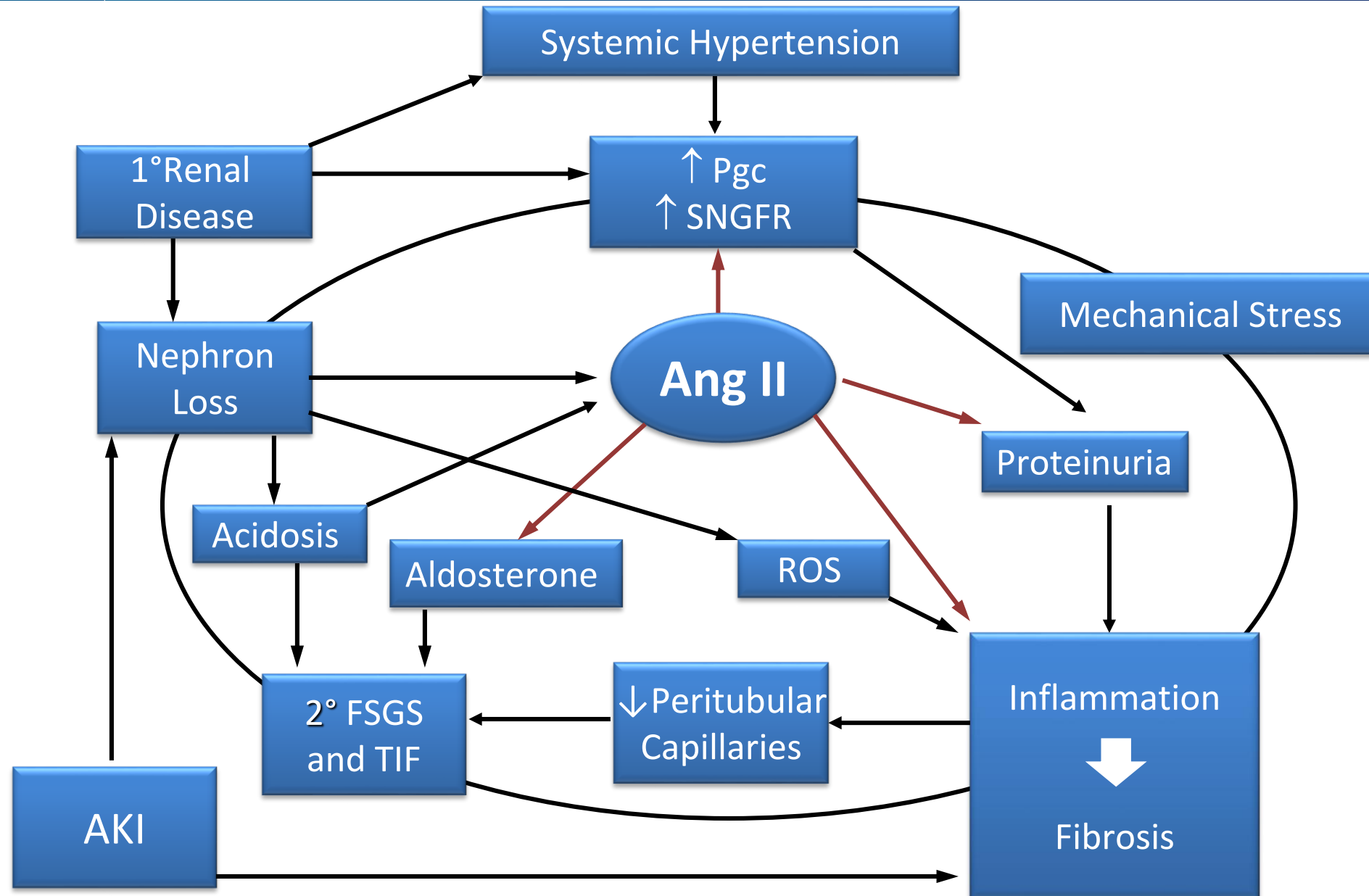


Acute Kidney Injury

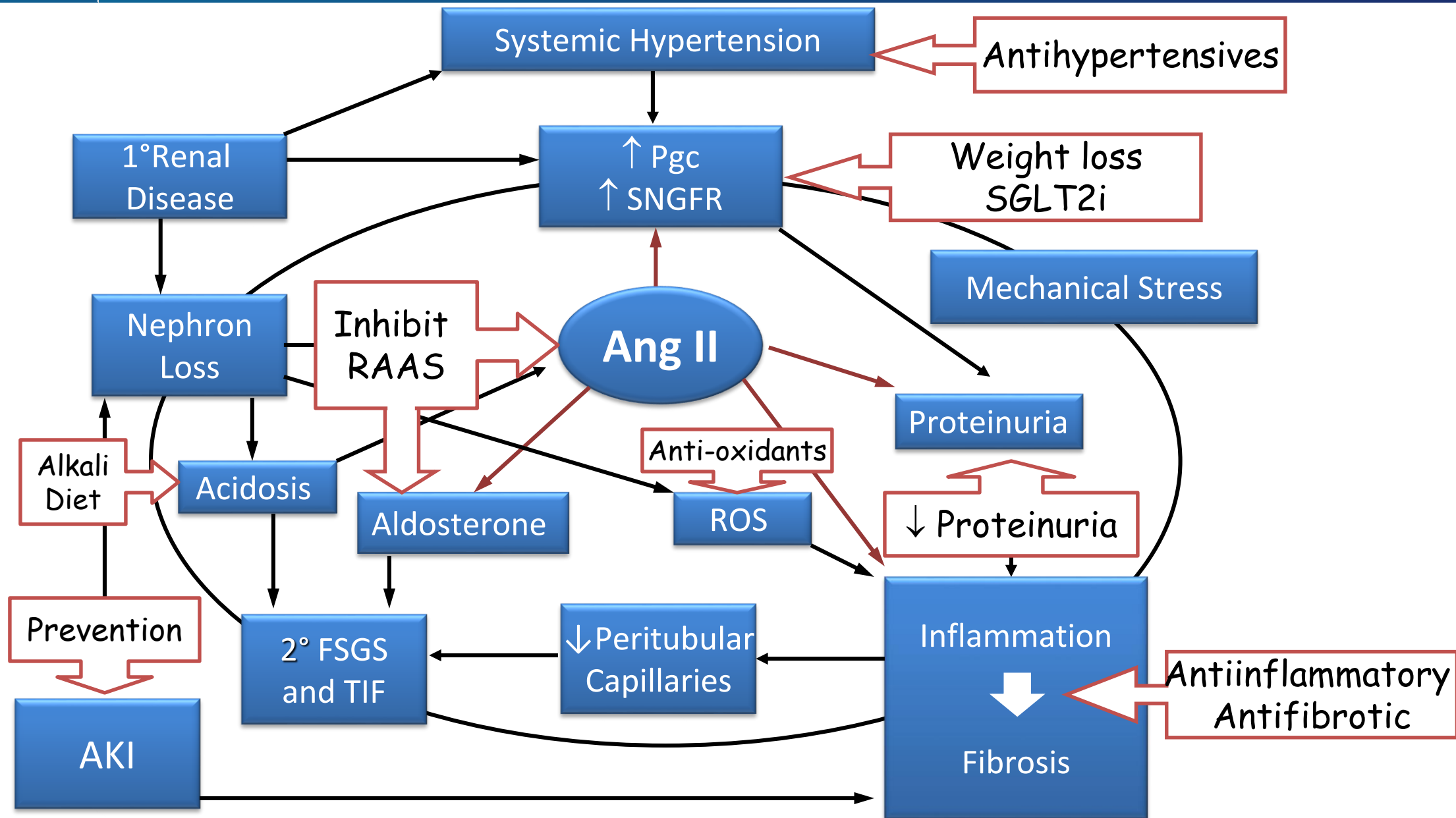




CKD Progression 2019

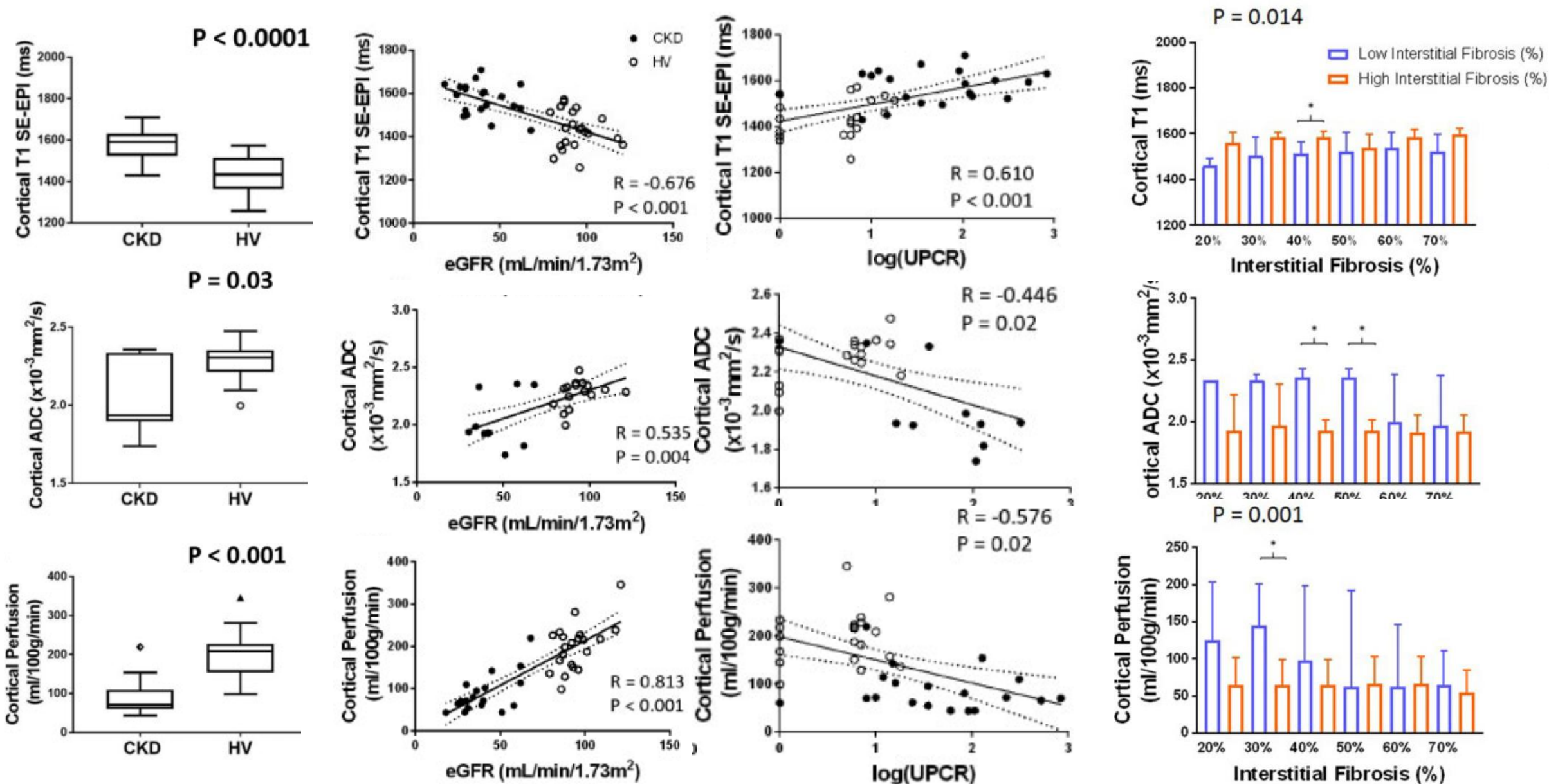


CKD Treatment Approach



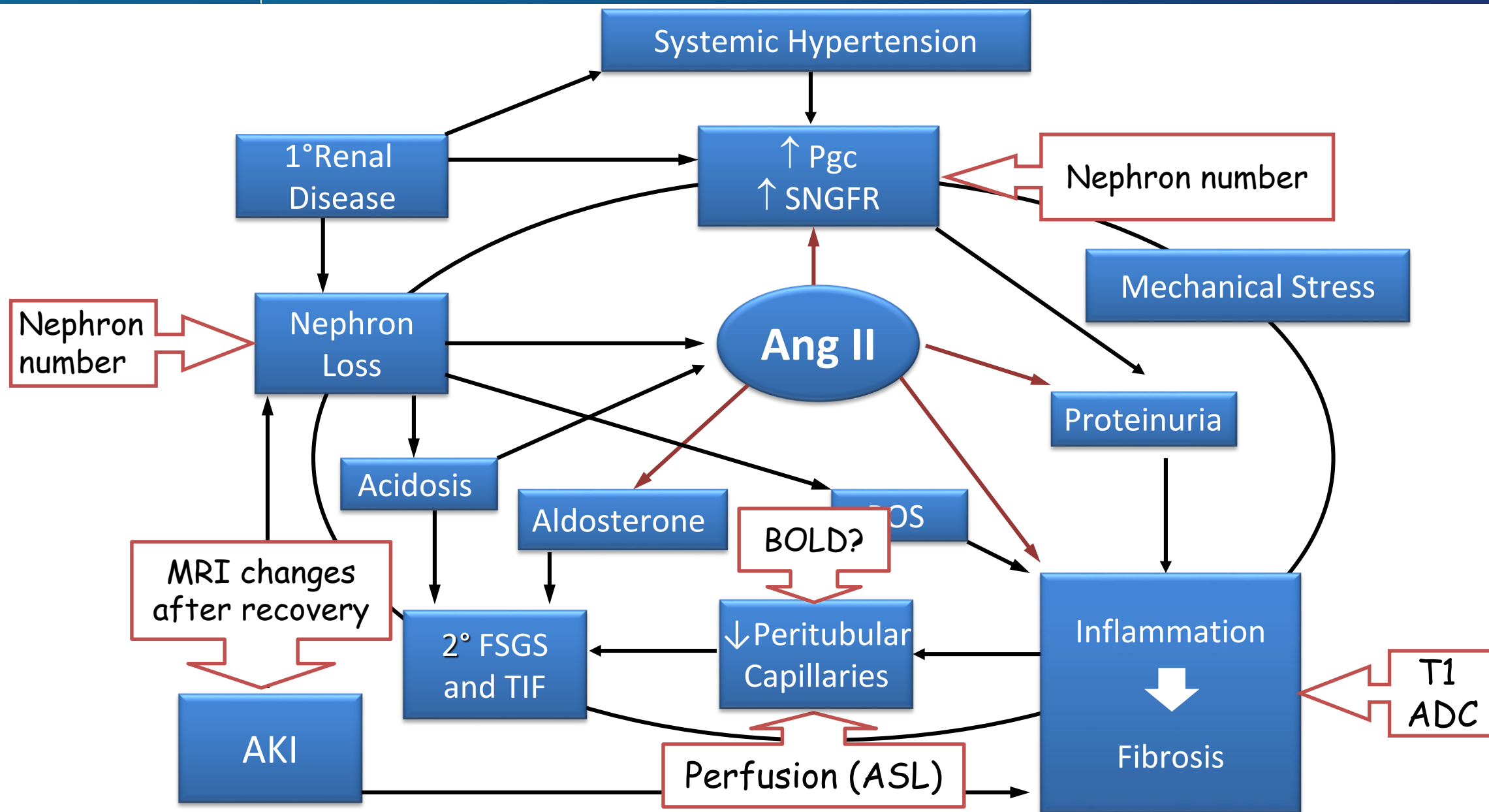


MRI measures and pathology



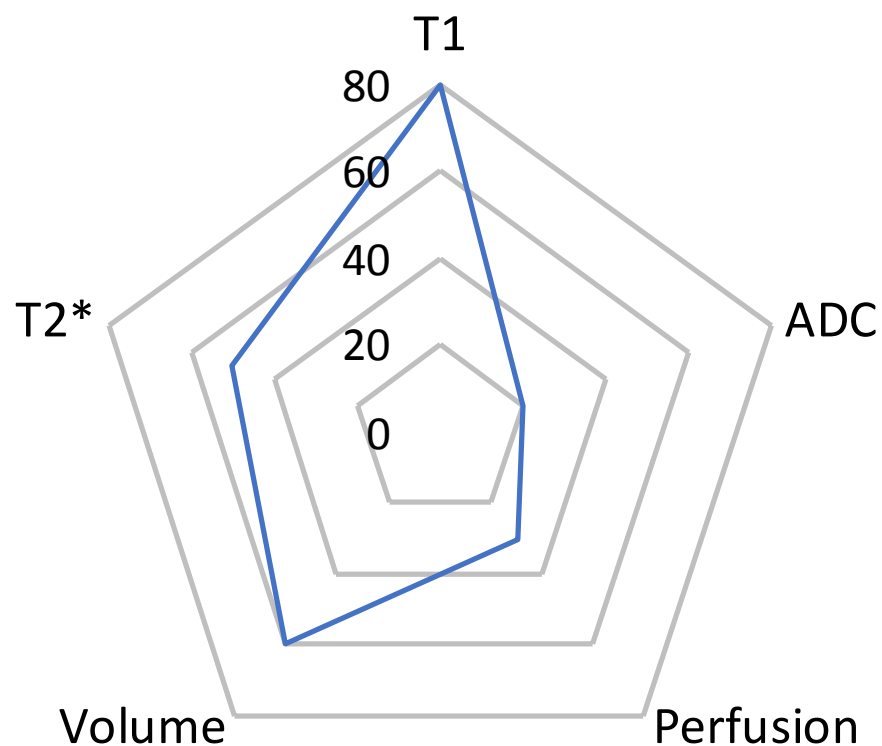


MRI measures and CKD Progression

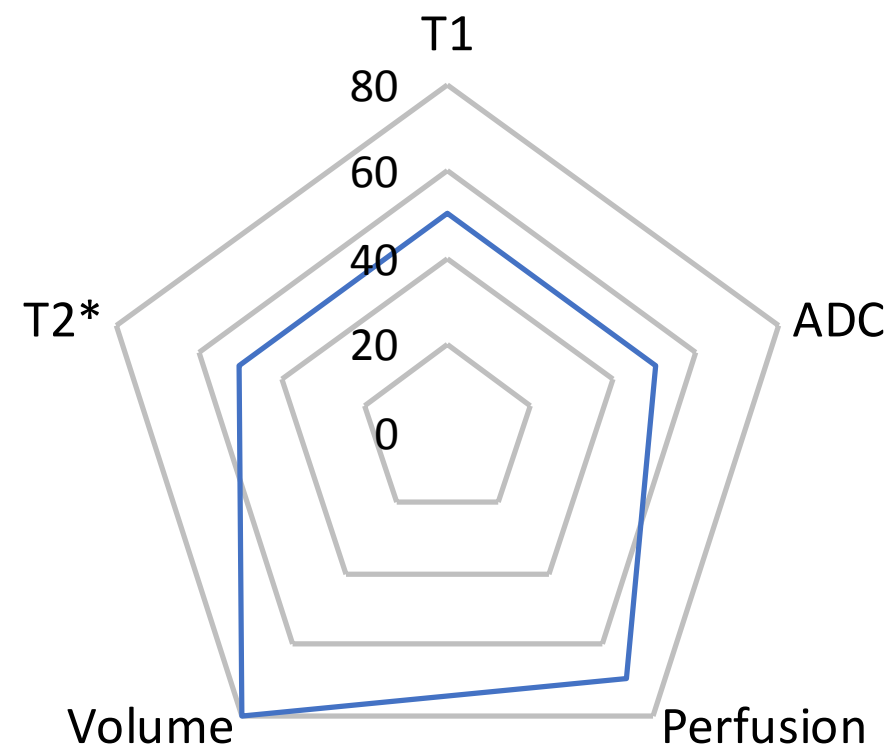




Multiparametric assessment



End-stage kidney disease



Inflammation but may respond to therapy?

