

# Preface

As with our two previous editions we remained true to our concept of a multi-nationally author book. Our belief remains strong that scientific information is an international commodity whose interpretation and application are significantly influenced by both the cultural and ethnic background of the observer. The opportunity to share in the rich diversity of the international scientific community continues as a fundamental goal of this endeavor. The sharing of intellectual resources fostered by this effort continues to facilitate the advancement of sound science.

As the profession develops new and improved methods for treating disease, there has occurred a parallel increase in the recognition of adverse drug reactions. Also, as more of the world industrializes the occurrence of unexpected injury to organisms because of exposure to environmental/industrial toxins gains prominence. Nephrotoxicity is truly a worldwide problem and we recognize this with the addition of several new chapters. As with the two prior editions, drugs/substances were selected for inclusion based on both the frequency of use and current knowledge, thus new additions include: bisphosphonates, proton pump inhibitors, phosphate containing laxatives, oxalate, smoking and the use of star fruit. Similar criteria were used for including environmental/industrial exposure with the addition of trace metals in chronic kidney disease patients. We have also included chapters dedicated to specific circumstances, drugs associated with acute kidney injury in the intensive care unit, plus the use of dialytic therapies for poisoning.

The nature of scientific inquiry has remained unchanged through all editions. As stated previously, one approach is the application of Koch's postulates, aided and abetted by various experimental animal models. Another involves population based epidemiologic associations to identify potentially causal relationships. Each has its advocates and disciples, and each provides valuable information that can be used by the clinician

in better managing his/her patient. However, each technique yields data that must be interpreted with an understanding of the drawbacks and pitfalls inherent in each approach. By enlisting multiple authors for each chapter, plus rigorous editing we hope the final product is a balanced, rationale statement of the field, as it exists today. The statement remains a guiding principle for developing the content of this third edition.

As with previous editions we strive to provide a text which is useful, not only to the clinician, but of equal interest to the investigator. The addition of nine new chapters is in response to topics of current interest and we are looking forward to suggestions by the reader (marc.debroe@ua.ac.be). We continue to stress the contribution of cell biology and pathophysiology, believing they provide both a better understanding of toxic injury when known, and a rational direction for therapy and prevention. Since the last edition the application of known risk factors as a means of stratifying acute kidney injury patient outcomes has made a significant contribution to management. With the validation of risk factor stratification the use of preventative techniques is becoming a reality. We continue to include risk factors as a prominent feature with the expectation of a reduction in the incidence of nephrotoxic injury.

On a more personal note we confess that without the diligent and tireless polyvalent contribution of Dirk De Weerd, there would have been no preface for there would have been no book. We also applaud the timely contributions of our authors and their willingness to negotiate compromise when asked. Finally, to our wives Myriam and Marthel, two individuals whose gift of time made this labor possible, we are forever in your debt.

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*Summer 2008*

Clinical Nephrotoxins

Renal Injury from Drugs and Chemicals

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2008, XVII, 987 p., Hardcover

ISBN: 978-0-387-84842-6