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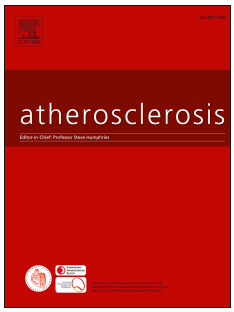

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Chronic kidney disease, mineral bone disease and future risk of peripheral artery disease: Do associations rule?

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The association between chronic kidney disease (CKD) and development of peripheral arterial disease (PAD) has been known for decades (1), with the first evidence having been obtained in postmenopausal women (2). Not surprisingly, recent guidelines have included patients with CKD among the risk groups recommended for PAD screening (3,4). Pathophysiologically, PAD development might be complex in CKD patients, who exhibit classic, vessel narrowing atherosclerosis located in the intima, but in at least 30% of cases, simultaneous Mönckeberg's sclerosis, in the media of the vessel wall. Directly related to the disease complexity, PAD diagnosis is more complicated in CKD patients than elsewhere: specifically, performance of the ankle-brachial-index (ABI), one of the important diagnostic tools for PAD detection (1,3,4), is weakened because measurements may turn out to be low (as in classical atherosclerosis) but also high (mediasclerosis). The investigation to overcome