



Turkish Journal of Nephrology

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Page 269

Histopathologic and
Electron Microscopic
Investigation of the
Effects of Parenteral
Nutrition Combined with
Starvation on Kidney
Tissue of Rabbits

Page 308

^{99m}Tc MDP Bone
Scan Findings in
CKD-MBD: Could
the “Superscan”
Image be Useful in
Excluding Adynamic
Bone Disease?



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Aims and Scope

Turkish Journal of Nephrology (Turk J Nephrol) is a double-blind peer-reviewed, open access, an international online-only publication of the Turkish Society of Nephrology. The journal is a quarterly publication, published in January, April, July and October. The publication language of the journal is English.

Turkish Journal of Nephrology aims to contribute to the literature by publishing manuscripts at the highest scientific level in the fields of nephrology, dialysis and transplantation. The journal publishes original articles, rare case reports, reviews, and letters to the editor that are prepared in accordance with the ethical guidelines.

The scope of the journal includes but not limited to; remarkable clinical and experimental investigations conducted in all fields of nephrology. The target audience of the journal includes specialists and professionals working and interested in all disciplines of nephrology and kidney care.

The editorial and publication processes of the journal are shaped in accordance with the guidelines of the International Committee of Medical Journal Editors (ICMJE), World Association of Medical Editors (WAME), Council of Science Editors (CSE), Committee on Publication Ethics (COPE), European Association of Science Editors (EASE), and National Information Standards Organization (NISO). The journal is in conformity with the Principles of Transparency and Best Practice in Scholarly Publishing (doaj.org/bestpractice).

Turkish Journal of Nephrology is currently indexed in Web of Science-Emerging Sources Citation Index, Scopus, EBSCO, and TUBITAK ULAKBIM TR Index.

Processing and publication are free of charge with the journal. No fees are requested from the authors at any point throughout the evaluation and publication process. All manuscripts must be submitted via the

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Instruction to Authors

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Originality, high scientific quality, and citation potential are the most important criteria for a manuscript to be accepted for publication. Manuscripts submitted for evaluation should not have been previously presented or already published in an electronic or printed medium. The journal should be informed of manuscripts that have been submitted to another journal for evaluation and rejected for publication. The submission of previous reviewer reports will expedite the evaluation process. Manuscripts that have been presented in a meeting should be submitted with detailed information on the organization, including the name, date, and location of the organization.

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An approval of research protocols by the Ethics Committee in accordance with international agreements (World Medical Association Declaration of Helsinki "Ethical Principles for Medical Research In-

volving Human Subjects," amended in October 2013, www.wma.net) is required for experimental, clinical, and drug studies and for some case reports. If required, ethics committee reports or an equivalent official document will be requested from the authors. For manuscripts concerning experimental research on humans, a statement should be included that shows that written informed consent of patients and volunteers was obtained following a detailed explanation of the procedures that they may undergo. For studies carried out on animals, the measures taken to prevent pain and suffering of the animals should be stated clearly. Information on patient consent, the name of the ethics committee, and the ethics committee approval number should also be stated in the Materials and Methods section of the manuscript. It is the authors' responsibility to carefully protect the patients' anonymity. For photographs that may reveal the identity of the patients, signed releases of the patient or of their legal representative should be enclosed and the publication approval must be provided in the Materials and Methods section.

All submissions are screened by a similarity detection software (iThenticate by CrossCheck).

In the event of alleged or suspected research misconduct, e.g., plagiarism, citation manipulation, and data falsification/fabrication, the Editorial Board will follow and act in accordance with COPE guidelines.

Each individual listed as an author should fulfill the authorship criteria recommended by the International Committee of Medical Journal Editors (ICMJE - www.icmje.org). The ICMJE recommends that authorship be based on the following 4 criteria:

- 1 Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- 2 Drafting the work or revising it critically for important intellectual content; AND
- 3 Final approval of the version to be published; AND
- 4 Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

In addition to being accountable for the parts of the work he/she has done, an author should be able to identify which co-authors are re-

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All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should be acknowledged in the title page of the manuscript.

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Manuscripts can only be submitted through the journal’s online manuscript submission and evaluation system, available at turkjnephrol.org. Manuscripts submitted via any other medium will not be evaluated.

Manuscripts submitted to the journal will first go through a technical evaluation process where the editorial office staff will ensure that the manuscript has been prepared and submitted in accordance with the journal’s guidelines. Submissions that do not conform to the journal’s guidelines will be returned to the submitting author with technical correction requests.

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- Author Contributions Form, and
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Title page: A separate title page should be submitted with all submissions and this page should include:

- The full title of the manuscript as well as a short title (running head) of no more than 50 characters,
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- Name, address, telephone (including the mobile phone number) and fax numbers, and email address of the corresponding author,
- Acknowledgment of the individuals who contributed to the preparation of the manuscript but who do not fulfill the authorship criteria.

Abstract: An abstract should be submitted with all submissions except for Letters to the Editor. The abstract of Original Articles should be structured with subheadings (Objective, Materials and Methods, Results, and Conclusion). Please check Table 1 below for word count specifications.

Keywords: Each submission must be accompanied by a minimum of three to a maximum of six keywords for subject indexing at the end of the abstract. The keywords should be listed in full without abbreviations. The keywords should be selected from the National Library of Medicine, Medical Subject Headings database (<https://www.nlm.nih.gov/mesh/MBrowser.html>).

Main Points: All submissions except letters to the editor should be accompanied by 3 to 5 “main points” which should emphasize the most noteworthy results of the study and underline the principle message that is addressed to the reader. This section should be structured as itemized to give a general overview of the article. Since “Main Points” targeting the experts and specialists of the field, each item should be written as plain and straightforward as possible.

Manuscript Types

Original Articles: This is the most important type of article since it provides new information based on original research. The main text of original articles should be structured with Introduction, Materials and Methods, Results, Discussion, and Conclusion subheadings. Please check Table 1 for the limitations for Original Articles.

Statistical analyses are essential features of medical studies, in order to answer the research questions with hypothesis testing. Statistical analyses must be conducted in accordance with international statistical reporting standards (Altman DG, Gore SM,

Gardner MJ, Pocock SJ. Statistical guidelines for contributors to medical journals. *Br Med J* 1983; 7; 1489-93). Information on statistical analyses should be provided with a separate subheading, as ‘Statistical Analysis’, under the Materials and Methods section. This section should detail the following:

(i) how the statistical assumptions are tested (e.g. Histogram and q-q plots were examined, Shapiro-Wilk’s test was used to assess the data normality.);

(ii) which statistical methods are used for which purposes (e.g. To compare the miRNA levels of patients with and without CKD, a two-sided independent samples t test was applied.);

(iii) how the data values are expressed (e.g. Values are expressed as mean±SD or median(1st-3rd quartiles).);

(iv) which statistical software was used to analyze the data (e.g. Analyses were conducted using TURCOSA (Turcosa Analytics, Turkey) statistical software.).

Additionally, the study design (e.g. retrospective case-control, cross-sectional, cohort, etc.) and the sample size calculation procedure (power analysis) should also be detailed in the Materials and Methods section.

Units should be prepared in accordance with the International System of Units (SI).

Editorial Comments: Editorial comments aim to provide a brief critical commentary by reviewers with expertise or with high reputation in the topic of the research article published in the journal. Authors are selected and invited by the journal to provide such comments. Abstract, Keywords, and Tables, Figures, Images, and other media are not included.

Review Articles: Reviews prepared by authors who have extensive knowledge on a particular field and whose scientific background has been translated into a high volume of publications with a high citation potential are welcomed. These authors may even be invited by the journal. Reviews should describe, discuss, and evaluate the current level of knowledge of a topic in clinical practice and should guide future studies. The main text should contain Introduction, Clinical and Research Consequences, and Conclusion sections. Please check Table 1 for the limitations for Review Articles.

Case Reports: There is limited space for case reports in the journal and reports on rare cases or conditions that constitute challenges in diagnosis and treatment, those offering new therapies or revealing knowledge not included in the literature, and interesting and educational case reports are accepted for publication. The text should include Introduction, Case Presentation, Discussion, and Conclusion sub-headings. Please check Table 1 for the limitations for Case Reports.

Letters to the Editor: This type of manuscript discusses important parts, overlooked aspects, or lacking parts of a previously published article. Articles on subjects within the scope of the journal that might attract the readers' attention, particularly educational cases, may also be submitted in the form of a "Letter to the Editor." Readers can also present their comments on the published manuscripts in the form of a "Letter to the Editor." Abstract, Keywords, and Tables, Figures, Images, and other media should not be included. The text should be unstructured. The manuscript that is being commented on must be properly cited within this manuscript.

Tables

Tables should be included in the main document, presented after the reference list, and they should be numbered consecutively in the order they are referred to within the main text. A descriptive title must be placed above the tables. Abbreviations used in the tables should be defined below the tables by footnotes (even if they are defined within the main text). Tables should be created using the "insert table" command of the word processing software and they should be arranged clearly to provide easy reading. Data presented in the tables should not be a repetition of the data presented within the main text but should be supporting the main text.

Figures and Figure Legends

Figures, graphics, and photographs should be submitted as separate files (in TIFF or JPEG format) through the submission system. The files should not be embedded in a Word document or the main document.

When there are figure subunits, the subunits should not be merged to form a single image. Each subunit should be submitted separately through the submission system. Images should not be labeled (a, b, c, etc.) to indicate figure subunits. Thick and thin arrows, arrowheads, stars, asterisks, and similar marks can be used on the images to support figure legends. Like the rest of the submission, the figures too should be blind. Any information within the images that may indicate an individual or institution should be blinded. The minimum resolution of each submitted figure should be 300 DPI. To prevent delays in the evaluation process, all submitted figures should be clear in resolution and large in size (minimum dimensions: 100 × 100 mm). Figure legends should be listed at the end of the main document.

All acronyms and abbreviations used in the manuscript should be defined at first use, both in the abstract and in the main text. The abbreviation should be provided in parentheses following the definition.

When a drug, product, hardware, or software program is mentioned within the main text, product information, including the name of the product, the producer of the product, and city and the country of the company (including the state if in USA), should be provided in parentheses in the following format: "Discovery St PET/CT scanner (General Electric, Milwaukee, WI, USA)"

All references, tables, and figures should be referred to within the main text, and they should be numbered consecutively in the order they are referred to within the main text.

Limitations, drawbacks, and the shortcomings of original articles should be mentioned in the Discussion section before the conclusion paragraph.

References

While citing publications, preference should be given to the latest, most up-to-date publications. If an ahead-of-print publication is cited, the DOI number should be provided. The authors are re-

Table 1. Limitations for each manuscript type

Type of manuscript	Word limit	Abstract word limit	Reference limit	Table limit	Figure limit
Original Article	3500	250 (Structured)	30	6	7 or total of 15 images
Review Article	5000	250	50	6	10 or total of 20 images
Case Report	1000	200	15	No tables	10 or total of 20 images
Letter to the Editor	500	No abstract	5	No tables	No media

sponsible for the accuracy of references. Journal titles should be abbreviated in accordance with the journal abbreviations in Index Medicus/ MEDLINE/PubMed. When there are six or fewer authors, all authors should be listed. If there are seven or more authors, the first six authors should be listed followed by “et al.” In the main text of the manuscript, references should be cited using Arabic numbers in parentheses. The reference styles for different types of publications are presented in the following examples.

Journal Article: Altun B, Soylemezoglu O, Tokgoz B, Yilmaz MI, Odabas AR, Koc M. Hemodialysis complications. *Turk Neph Dial Transpl* 2010; 70: 1-4.

Book Section: Sagawa K. Analysis of the CNS ischemic feedback regulation of the circulation. Reeve EB, Guyton AC (eds). *Physical Basis of Circulation Transport*. Philadelphia: WB Saunders, 1967; p.129-139.

Books with a Single Author: West JB. *Respiratory Physiology*. 2nd ed. Baltimore: Williams and Wilkins; 1974.

Editor(s) as Author: Huizing EH, de Groot JAM, editors. *Functional reconstructive nasal surgery*. Stuttgart-New York: Thieme; 2003.

Conference Proceedings: Bengissson S, Sothemin BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Rienhoff O, editors. *MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics*; 1992 Sept 6-10; Geneva, Switzerland. Amsterdam: North-Holland; 1992. pp.1561-5.

Scientific or Technical Report: Cusick M, Chew EY, Hoogwerf B, Agrón E, Wu L, Lindley A, et al. Early Treatment Diabetic Retinopathy Study Research Group. Risk factors for renal replacement therapy in the Early Treatment Diabetic Retinopathy Study (ETDRS), Early Treatment Diabetic Retinopathy Study *Kidney Int*: 2004. Report No: 26.

Thesis: Yılmaz B. Ankara Üniversitesindeki Öğrencilerin Beslenme Durumları, Fiziksel Aktiviteleri ve Beden Kitle İndeksleri Kan Lipidleri Arasındaki İlişkiler. H.Ü. Sağlık Bilimleri Enstitüsü, Doktora Tezi. 2007.

Manuscripts Accepted for Publication, Not Published Yet: Slots J. The microflora of black stain on human primary teeth. *Scand J Dent Res*. 1974.

Epub Ahead of Print Articles: Cai L, Yeh BM, Westphalen AC, Roberts JP, Wang ZJ. Adult living donor liver imaging. *Diagn Interv Radiol*. 2016 Feb 24. doi: 10.5152/dir.2016.15323. [Epub ahead of print].

Manuscripts Published in Electronic Format: Abood S. Quality improvement initiative in nursing homes: the ANA acts in an advisory role. *Am J Nurs (serial online)*. 2002 Jun (cited 2002 Aug 12): 02(6). Available from: <http://www.nursingworld.org/AJN/2002/june/Wawatch.htm>

Revisions

When submitting a revised version of a paper, the author must submit a detailed “Response to the reviewers” that states point by point how each issue raised by the reviewers has been covered and where it can be found (each reviewer’s comment, followed by the author’s reply and line numbers where the changes have been made) as well as an annotated copy of the main document. Revised manuscripts must be submitted within 30 days from the date of the decision letter. If the revised version of the manuscript is not submitted within the allocated time, the revision option may be canceled. If the submitting author(s) believe that additional time is required, they should request this extension before the initial 30-day period is over.

Accepted manuscripts are copy-edited for grammar, punctuation, and format. Once the publication process of a manuscript is completed, it is published online on the journal’s webpage as an ahead-of-print publication before it is included in its scheduled issue. A PDF proof of the accepted manuscript is sent to the corresponding author and their publication approval is requested within 2 days of their receipt of the proof.

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Contents

Editorial	253
Original Articles	
Outcomes of De Novo Use of Generic Tacrolimus (Adoport®) in Living-Related Kidney Transplantation: A Single-Center, Real-Life Experience of 5 Years Rezzan Eren Sadioğlu, Mert Karaoğlu, Merve Aktar, Şayeste Akkan Eren, Akın Fırat Kocaay, Acar Tüzüner, Şule Şengül, Kenan Keven	255
Effect of Epigallocatechin Gallate on Cisplatin-Induced Nephrotoxicity in Rats Mustafa Timurkaan, Mustafa Demir, Muhammet Rıdvan Gömlüksiz, İbrahim Hanifi Özeran, Kazım Şahin, Ayhan Doğan	262
Histopathologic and Electron Microscopic Investigation of the Effects of Parenteral Nutrition Combined with Starvation on Kidney Tissue of Rabbits Semra Gürünlüoğlu, Mehmet Gül, Harika Gözükara Bağ	269
The Effect of a Single Hemodialysis Session on Pulmonary Functions in Patients with End-Stage Renal Disease Bilge Yılmaz Kara, Ekrem Kara, Songül Özyurt, Aziz Gümüş, Mevlüt Karataş, Neslihan Özçelik, Ünal Şahin	279
A Prospective Study on Anxiety and Blood Pressure Levels in Hemodialysis Patients During COVID-19 Pandemic Rezzan Eren Sadioğlu, Merve Aktar, Berker Duman, Sim Kutlay, Şule Şengül, Kenan Keven, Gökhan Nergizoğlu, Kenan Ateş, Şehsuvar Ertürk	287
Prevalence and Risk Factors for Sarcopenia in Chronic Kidney Disease Patients Undergoing Dialysis: A Cross-Sectional Study Maria Mattera, Nicola Veronese, Filippo Aucella, Luciana La Tegola, Valentina Testini, François De Guio, Giuseppe Guglielmi	294
The Relationship Between Dietary Total Antioxidant Capacity with Serum Antioxidant and Oxidant Parameters in Hemodialysis Patients Rüveyda Esra Ercim, Şermin Çoban, Neslişah Rakıcioğlu	300
^{99m} Tc MDP Bone Scan Findings in CKD-MBD: Could the “Superscan” Image be Useful in Excluding Adynamic Bone Disease? Funda Sarı, Binnur Karayalın, Gültekin Süleymanlar, Fehmi Akççek, Rezzan Ataman, Tekin Akpolat, Semra Bozfakioğlu, Meral Gültekin, Fevzi Ersoy	308
Case Reports	
Long-Term Use of Permanent Hemodialysis Catheter May Risk Patient’s Life İlyas Öztürk, Serhat Kura, Ertürk Yiğit, Selçuk Nazik, Erdiç Eroğlu, Ertuğrul Erken, Orçun Altunören, Özkan Güngör	315
Bleeding After the Use of Enoxaparin in Kidney Patients: Case Reports and Review of the Literature İlyas Öztürk, Melis Şimşir, Ertuğrul Erken, Orçun Altunören, Özkan Güngör	318
An Unusual Cause of Peritonitis in a Peritoneal Dialysis Patient: <i>Leifsonia aquatica</i> Nagihan Özkarabıyık, İlyas Öztürk, Ertuğrul Erken, Özkan Güngör, Orçun Altunören	322
Review	
Do Hemodialysis Patients Need Immune Boosting with Vitamin, Mineral, and Probiotic Supplementation during COVID-19 Pandemic? Özkan Güngör, Sena Ulu, Nuri Barış Hasbal, Engin Onan	326
Obituary	
In Memoriam: Robert W. Schrier Tevfik Ecder, Belda Dursun, Gültekin Süleymanlar	333