The relationship between the kidney and the liver in disease is important for clinicians to recognize and understand. Liver disease, both mild and especially cirrhosis of any cause, can lead to the development of kidney disease. Chronic hepatitis B and C can lead to the development of significant glomerular disease. The presence of portal hypertension and ascites can lead to vasoconstriction of the renal vessels, causing hepatorenal syndrome, which can rapidly lead to renal failure and the need for renal replacement therapy. Formerly termed hepatorenal syndrome 1 and 2, this condition has recently been reclassified as hepatorenal–acute kidney injury and hepatorenal syndrome–chronic kidney disease. The pathophysiology, diagnosis, and management strategies, including new therapies, of both forms of the hepatorenal syndrome are discussed.

Nowhere is the special relationship between the kidney and the liver more prominent than in the consideration of kidney, liver, and combined liver-kidney transplantation. The advent of highly effective direct-acting antiviral therapies for the treatment of chronic hepatitis C has allowed the treatment of patients with chronic kidney disease stages 4 and 5. In addition, the effectiveness of these direct-acting antiviral therapies has allowed for the use of hepatitis C–positive organs in hepatitis C–negative recipients. The availability of these organs has significantly shortened kidney transplant waiting times for many patients. This important topic is elaborated on in this issue.

Kidney disease occurs in liver disease patients awaiting liver transplantation and may also develop de novo following liver transplantation. This issue discusses the management of kidney disease in patients awaiting liver transplantation and also discusses the indications for simultaneous liver-kidney transplantation. The causes and management of kidney disease that develops after liver transplantation are also covered.

This issue of Clinics in Liver Disease should be a useful reference for practitioners caring for patients with liver disease who develop kidney disorders. I would like to thank Dr Norman Gitlin for offering me the opportunity to serve as the editor for this issue.
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