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Proceedings of

19th Global

NEPHROLOGISTS ANNUAL MEETING

May 14-15, 2018 Rome, Italy

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Scientific Program

Nephrologists 2018

Day 1 May 14, 2018

09:00-09:30 Registrations

Olimpica 3 + 4

conferenceseries.com 09:30-10:00 **Opening Ceremony**

Keynote Forum

10:00-10:45	Introduction **Title: The regulation of indoleamine 2, 3 dioxygenase and its role in a porcine model of acute kidney allograft rejection** **Norris Stanley Nahman,** Medical College of Georgia-Augusta University, USA
10:45-11:30	**Title: Muscle-derived miR-26a mediate cardiac fibrosis through exosome in chronic kidney disease mice** **Xiaonan Wang,** Emory University, USA
	Networking and Refreshment Break 11:30-11:50 @Foyer
11:50-12:35	**Title: Biomarkers of tolerance in kidney transplantation: When predicting tolerance adjustment for confounding factors is imperative** **Maria Hernandez-Fuentes,** UCB Celltech, UK
	Group Photo

Sessions: Nephrology | Kidney Transplantation | Glomerular Disorders | Renal Pathology-Immunology | Kidney Diseases

Session Chair: Norris Stanley Nahman, Medical College of Georgia-Augusta University, USA
Session Co-Chair: Maria Hernandez-Fuentes, UCB Celltech, UK

12:35-13:05	**Title: Muscle-derived exosome/miR-29 attenuates kidney fibrosis in UUO mice** **Zhen Su,** Wenzhou Medical University, China
	Lunch Break 13:05-14:05 @ Hotel Restaurants
14:05-14:35	**Title: Correcting acidosis during hemodialysis: Current limitations and potential solution** **David Tovbin,** Emek Medical Center, Israel
14:35-15:05	**Title: Renal function preservation following high grade blunt renal trauma: A major trauma centre experience** **Banan Abbas Mustafa Osman,** Bristol Urological Institute, UK
15:05-15:35	**Title: Evaluation of sclerostin serum level and bone density status in children on regular haemodialysis** **Manal Abd Elsalam,** AL-Azhar University, Egypt
	Networking and Refreshment Break 15:35-15:55 @ Foyer
15:55-16:25	**Title: Huge retroperitoneal epithelioid angiomyolipoma: A case report** **Han-Yu Tsai,** Chang Gung Memorial Hospital, Taiwan
16:25-16:55	**Title: Ultrastructural alterations of renal tissue in a male patient with fabry's disease** **Amir Abbas Farshid,** Urmia University, Iran
	Panel Discussion

Day 2 May 15, 2018

Olimpica 3 + 4

Keynote Forum

10:00-10:45	Introduction **Title: Risk factors of progressive IgA nephropathy which progress to end stage renal disease within ten years** **Zhen Su,** Wenzhou Medical University, China

10:45-11:30	**Title: Atypical familial hyperaldosteronism in a family** **Surjit Tarafdar,** Western Sydney University, Australia
	Networking and Refreshment Break 11:30-11:50 @ Foyer
Sessions: Chronic Kidney Disease | Kidney Cancer | Hypertensive Associated Kidney Diseases | Dialysis | Urinary Tract Infections	
Session Chair: Vladimirs Strazdins, Medical Society Gailezers, Ltd., Latvia **Session Co-Chair: Nadica Ristoska-Bojkovska,** Clinical Hospital Acibadem-Sistina, Macedonia	
11:50-12:20	**Title: Medical expulsive therapy for ureteric stones: Analysing the evidence from systematic reviews and meta-analysis of powered double-blinded randomised controlled trials** **Banan Abbas Mustafa Osman,** Bristol Urological Institute, UK
12:20-12:50	**Title: Recurrent urinary tract Infections in adults in Latvia: Additional findings from 2014 study** **Vladimirs Strazdins,** Medical Society Gailezers, Ltd., Latvia
12:50-13:20	**Title: Congenital anomalies of the kidneys and urinary tract** **Nadica Ristoska-Bojkovska,** Clinical Hospital Acibadem-Sistina, Macedonia
	Lunch Break 13:20-14:20 @ Hotel Restaurants
Poster Presentations 14:20-15:50	
Poster Judge: Zhen Su, Wenzhou Medical University, China	
GNAM-01	**Title: Evaluation of the quality of life, physical efficiency and muscle function in dialysis patients participating in the exercise program** **Wioletta Dziubek-Rogowska,** University School of Physical Education, Poland
GNAM-02	**Title: The anti-angiogenic effect of fluvastatin on diabetic nephropathy patients** **Noha Adel Ibrahim Mitwally,** Dar Al Uloom University, Saudi Arabia
GNAM-03	**Title: The role of IL-1 in anaemia of chronic kidney disease (CKD)** **Inbar Bandach,** Ben-Gurion University of the Negev, Israel
GNAM-04	**Title: Long-term graft survival in underweight patients following renal transplantation: A single centre ten-year experience** **Banan Abbas Mustafa Osman,** Bristol Urological Institute, UK
GNAM-05	**Title: Histopathological investigations on the effects of histidine and N-acetylcysteine on kidney lesions of rat induced by doxorubicin** **Amir Abbas Farshid,** Urmia University, Iran
	Networking and Refreshment Break 15:50-16:10 @ Foyer
16:10-16:40	**Title: The impact of peritoneal glucose load on blood pressure in peritoneal dialysis patients** **Kamal Hassan,** Galilee Medical Center, Israel
16:40-17:10	**Titlr: Mixed epithelial stromal tumor of the kidney: The male case and literature review** **Pai-Yen Pan,** Chang Gung Memorial Hospital, Taiwan **Title: Genetic mutation in Egyptian children with steroid-resistant nephrotic syndrome** **Manal M Thomas,** National Research Centre, Egypt
Panel Discussion	
Award & Closing Ceremony	

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Surgery: Current Research	2161-1076
The Headache Journal	-
The International Journal of Apitherapy	-
The Pancreas	1590-8577
Therapeutic Care and Physical Rehabilitation	-

Thrombosis and Circulation	-
Thyroid Disorders & Therapy	2167-7948
Translational Medicine	2161-1025
Transplant Reports : Open Access	-
Transplantation Technologies & Research	2161-0991
Trauma & Acute Care	-
Trauma & Treatment	2167-1222
Traumatic Stress Disorders & Treatment	2324-8947
Tropical Medicine & Surgery	2329-9088
Tumor Diagnostics and Reports	-
Universal Surgery	2254-6758
Vascular Medicine & Surgery	2329-6925
Vitiligo & Dermatomyositis	-
Voice Medicine & Surgery	-
Women's Health Care	2167-0420
Wound Medicine and Tissue Repair	-
Yoga & Physical Therapy	2157-7595

Microbiology

Advances in Influenza Research	-
Antimicrobial Agents	-
Antivirals & Antiretrovirals	1948-5964
Applied Microbiology: Open Access	-
Archives of Clinical Microbiology	1989-8436
Bacteriology and Parasitology	2155-9597
Clinical Infectious Diseases & Practice	-
Clinical Microbiology: Open Access	2327-5073
Colitis & Diverticulitis	-
Emerging Infectious Diseases	-
Fermentation Technology	2167-7972
Fibromyalgia: Open Access	-
Forensic Pathology	-
Hepatitis	-
Human Papillomavirus	-
Infectious Diseases and Diagnosis	-
Infectious Diseases and Therapy	2332-0877
Medical Microbiology & Diagnosis	2161-0703
Medical Mycology: Open Access	-
Meningitis	-
Mycobacterial Diseases	2161-1068
Pediatric Infectious Diseases: Open Access	-
Research & Reviews: Journal of Microbiology and Biotechnology	2320-3528
Research & Reviews: Journal of Inflammation	-
Research & Reviews: Journal of Pathology & Epidemiology	-
Virology & Mycology	2161-0517

Neuroscience

Addiction Research & Therapy	2155-6105
Alzheimers Disease & Parkinsonism	2161-0460
Autism-Open Access	2165-7890
Brain Disorders & Therapy	2168-975X
Child & Adolescent Behavior	2375-4494
Clinical & Experimental Neuroimmunology	-
Dementia & Mental Health	-
Epilepsy Journal	-
Insights in Clinical Neurology	-
International Journal of Neurorehabilitation	2376-0281
Multiple Sclerosis	2376-0389
Neurological Disorders	2329-6895
Neurology & Neurophysiology	2155-9562
Neurology and Neuroscience	2171-6625
Neuropsychiatry	-
Neuroscience & Clinical Research	-
Schizophrenia Journal	-

Health Care & Nursing

Advanced Practices in Nursing	-
Community & Public Health Nursing	-
Nursing & Care	2167-1168
Nursing & Clinical Research	-
Patient Care	-
Perioperative & Critical Intensive Care Nursing	-
Research & Reviews: Journal of Nursing and Health Sciences	-

Pharmaceutical Sciences

Advances in Pharmacoepidemiology & Drug Safety	2167-1052
Alcoholism & Drug Dependence	2329-6488
Bioanalysis & Biomedicine	1948-593X
Biochemistry & Pharmacology: Open Access Journal	2167-0501
Bioequivalence & Bioavailability	0975-0851
Biomarkers in Drug Development	2327-4441
Biomarkers Journal	-
Biomolecular Research & Therapeutics	2167-7956
Cardiovascular Pharmacology: Open Access	2329-6607
Clinical & Experimental Pharmacology	2161-1459
Clinical Pharmacology and Biopharmaceutics	2167-065X
Current Trends in Nutraceuticals	-
Developing Drugs	2329-6631
Diagnostic Techniques & Biomedical Analysis	-
Drug Designing: Open Access	2169-0138
Drug Metabolism & Toxicology	2157-7609
in Silico & in Vitro Pharmacology	-
Molecular Enzymology and Drug Targets	-
Molecular Pharmaceutics & Organic Process Research	2329-9053
Pharmaceutica Analytica Acta	2153-2435
Pharmaceutical Care & Health Systems	2376-0419
Pharmaceutical Microbiology	-
Pharmaceutical Regulatory Affairs: Open Access	2167-7689
Pharmaceutical Sciences & Emerging Drugs	-
Pharmaceutics & Drug Delivery Research	2325-9604
Pharmacoeconomics: Open Access	-
Pharmacogenomics and Pharmacoproteomics	2153-0645
Pharmacognosy & Natural Products	-
Pharmacokinetics & Experimental Therapeutics	-
Pharmacological Reports	-
Pharmacovigilance	2329-6887
Research & Reviews: Journal of Hospital and Clinical Pharmacy	-
Research & Reviews: Journal of Pharmaceutical Analysis	2320-0812
Research & Reviews: Journal of Pharmaceutical Quality Assurance	-
Research & Reviews: Journal of Pharmaceutics and Nanotechnology	2347-7857
Research & Reviews: Journal of Pharmacognosy and Phytochemistry	2321-6182
Research & Reviews: Journal of Pharmacy and Pharmaceutical Sciences	2320-1215
Virology & Antiviral Research	2324-8955

Physics

Astrophysics & Aerospace Technology	2329-6542
Research & Reviews: Journal of Pure and Applied Physics	2320-2459
Vortex Science and Technology	2090-8369

Social & Political Sciences

Anthropology	2332-0915
Arts and Social Sciences Journal	2151-6200
Civil & Legal Sciences	2169-0170
Forensic Anthropology	-
Global Media Journal	1550-7521
Intellectual Property Rights: Open Access	2375-4516
Mass Communication & Journalism	2165-7912
Political Science & Public Affairs	2332-0761
Research & Reviews: Journal of Educational Studies	-
Research & Reviews: Journal of Social Sciences	-
Socialomics	2167-0358
Sociology & Criminology	2375-4435

Veterinary Sciences

Animal Nutrition	-
Primatology	2167-6801
Research & Reviews: Journal of Veterinary Sciences	-
Research & Reviews: Journal of Zoological Sciences	2321-6190
Veterinary Science & Medical Diagnosis	2325-9590
Veterinary Science & Technology	2157-7579

Impact Factors* (IF)

Journal Name	Pubmed Short Name	Impact Factor
Biological Systems: Open Access	Biol Syst Open Access	0.76
Journal of Biotechnology & Biomaterials	J Biotechnol Biomater	1.94
Journal of Psychology & Psychotherapy	J Psychol Psychother	1.3
Advanced Techniques in Biology & Medicine	Adv Tech Biol Med	1.08
AIDS & Clinical Research	J AIDS Clin Res	2.7
Autism Open Access	Autism Open Access	3.52
Biochemistry & Physiology: Open Access	Biochem Physiol	1.03
Diversity Equality in Health & Care	Divers Equal Health Care	2.49
Drug Designing: Open Access	Drug Des	6
Fungal Genomics & Biology	Fungal Genom Biol	1.15
International Journal of Genomic Medicine	Int J Genomic Med	0.67
Journal of Addiction Research & Therapy	J Addict Res Ther	2.86
Journal of Alzheimers Disease & Parkinsonism	J Alzheimers Dis Parkinsonism	1.18
Journal of Fertilization: In Vitro	JFIV Reprod Med Genet	1
Journal of Genetic Syndromes & Gene therapy	J Genet Syndr Gene Ther	2.34
Journal of Microbial & Biochemical Technology	J Microb Biochem Technol	2.5
Journal of Nursing & Care	J Nurs Care	1.6
Journal of Osteoporosis and Physical Activity	J Osteopor Phys Act	0.66
Journal of Yoga & Physical Therapy	J Yoga Phys Ther	1.17
Molecular Biology	Mol Biol	1.85
Neurology & Neurophysiology	J Neurol Neurophysiol	0.77
Primary health care	Prim Health Care	1
Quality in Primary Care	Qual Prim Care	3.88
Tissue Science & Engineering	J Tissue Sci Eng	2.72
Biochemistry & Analytical Biochemistry	Biochem Anal Biochem	2.6
Molecular and Genetic Medicine	J Mol Genet Med	2.89
Advancements in Genetic Engineering	Adv Genet Eng	1
Enzyme Engineering	Enz Eng	2.3
Depression and Anxiety	J Depress Anxiety	1
Human Genetics & Embryology	Human Genet Embryol	1.2
Current Synthetic and Systems Biology	Curr Synthetic Sys Biol	0.8
Hereditary Genetics: Current Research	Hereditary Genet	1.2
International Journal of Emergency Mental Health and Human Resilience	Int J Emerg Ment Health	6.5
Spine	J Spine	1.9
Cloning & Transgenesis	Clon Transgen	1.5
Journal of Medical Microbiology & Diagnosis	J Med Microb Diagn	1.9
Biosensors Journal	Biosens J	0.33
Defense Management	J Def Manag	0.5
Review of Public Administration and Management	Review Pub Administration Manag	0.2
Single cell biology	Single Cell Biol	1
Gerontology & Geriatric Research	J Gerontol Geriatr Res	1
Neuroinfectious Diseases	J Neuroinfect Dis	2.4
Cell Science & Therapy	J Cell Sci Ther	1.37
Molecular Biomarkers & Diagnosis	J Mol Biomark Diagn	2.1
Brain Disorders & Therapy	Brain Disord Ther	1.6
Clinical Case Reports	J Clin Case Rep	1.2
Gene Technology	Gene Technol	0.83
Socialomics	J Socialomics	2.3
Journal of Trauma and Treatment	J Trauma Treat	0.6
Translational Biomedicine	Transl Biomed	1.06
Journal of Neurology and Neuroscience	J Neurol Neurosci	0.88
Research & Reviews: Journal of Botanical Sciences	J Bot Sci	0.33
Journal of Psychiatry	J Psychiatry	2.32
Anaplastology	Anaplastology	0.73
Tropical Medicine & Surgery	Trop Med Surg	0.4
Orthopedic & Muscular System: Current Research	Orthop Muscular Syst	0.32
Pediatrics & Therapeutics	Pediat Therapeut	1.32
Sports Medicine & Doping Studies	J Sports Med Doping Stud	1.45
Journal of Oral Hygiene & Health	J Oral Hyg Health	0.52
Emergency Medicine	Emerg Med (Los Angel)	0.875
Journal of Transplantation Technologies & Research	J Transplant Technol Res	1.39
Journal of Hypertension: Open Access	J Hypertens (Los Angel)	0.92
International Journal of Waste Resources	Int J Waste Resour	1.95
Surgery: Current research	Surgery Curr Re	0.587
Oral Health and Dental Management	Oral Health Dent Manag	1.23
International Journal of Advancement technology	Int J Adv Tech	5.08
Translational Medicine	Transl Med (Sunnyvale)	1.312
Air and Water Borne Diseases	Air Water Borne Diseases	0.6
Journal of Coastal Zone Management	J Coast Zone Manag	0.54
Biology and Medicine	Biol Med (Aligarh)	3.07
Journal of Bioterrorism and Biodefense	J Bioterror Biodef	0.38
Journal of Tropical Diseases & Public Health	J Trop Dis	0.83
Journal of Surgery	Journal of Surgery [Jurnalul de chirurgie]	0.08
Nephrology & Therapeutics	J Nephrol Ther	0.318
Journal of Fundamentals of Renewable Energy and Applications	J Fundam Renewable Energy Appl	1.41
Advances in Pharmacoepidemiology & Drug Safety	Adv Pharmacoepidemiol Drug Saf	1.37
Bioanalysis & Biomedicine	J Bioanal Biomed	1.67
Biochemistry & Pharmacology: Open Access	Biochem Pharmacol (Los Angel)	2.09
Bioequivalence & Bioavailability	J Bioequiv Availab	1.88
Biomolecular Research & Therapeutics	J Biomol Res Ther	1.67
Cardiovascular Pharmacology: Open Access	Cardiol Pharmacol	1.77
Clinical & Experimental Pharmacology	Clin Exp Pharmacol	1.83
Clinical Pharmacology & Biopharmaceutics	Clin Pharmacol Biopharm	1.69
Data Mining in Genomics & Proteomics	J Data Mining Genomics Proteomics	2
Drug Metabolism & Toxicology	J Drug Metab Toxicol	1.37
Ergonomics	J Ergonomics	1.38
Glycomics & Lipidomics	J Glycomics Lipidomics	1.82
Health & Medical Informatics	J Health Med Inform	1.98
Metabolomics: Open Access	Metabolomics (Los Angel)	3.03
Nanomedicine & Biotherapeutic Discovery	J Nanomedine Biotherapeutic Discov	2.69
OMICS Journal of Radiology	OMICS J Radiol	0.54
Pharmaceutica Analytica Acta	Pharm Anal Acta	1.83
Pharmaceutical Regulatory Affairs: Open Access	Pharm Regul Aff	1.88
Pharmacogenomics & Pharmacoproteomics	J Pharmacogenomics Pharmacoproteomics	1.69
Pharmacovigilance	J Pharmacovigil	2.65
Phylogenetics & Evolutionary Biology	J Phylogenetics Evol Biol	2.76
Proteomics & Bioinformatics	J Proteomics Bioinform	2.55
Advances in Automobile Engineering	Adv Automob Eng	1.750
Advances in Robotics & Automation	Adv Robot Autom	0.813
Arts and Social Sciences Journal	Arts Social Sci J	1.231
Bioceramics Developments and Applications	Bioceram Dev Appl	0.958
Business & Financial Affairs	J Bus & Fin Aff	2.000
Generalized Lie Theory and Applications	J Generalized Lie Theory Appl	1.750
Irrigation & Drainage Systems Engineering	Irrigat Drainage Sys Eng	4.286
Industrial Engineering & Management	Ind Eng Manage	0.474
Aeronautics & Aerospace Engineering	J Aeronaut Aerospace Eng	1.407
Applied & Computational Mathematics	J Appl Computat Math	0.581
Architectural Engineering Technology	J Archit Eng Tech	1.071
Accounting & Marketing	J Account Mark	0.500
Aquaculture Research & Development	J Aquac Res Development	1.272
Bioengineering & Biomedical Science	J Bioeng Biomed Sci	1.235
Biometrics & Biostatistics	J Biomet Biostat	1.272
Biosensors & Bioelectronics	J Biosens Bioelectron	2.137
Civil & Environmental Engineering	J Civil Environ Eng	1.294
Cytology & Histology	J Cytol Histol	0.569
Civil & Legal Sciences	J Civil Legal Sci	0.286
Ecosystem & Ecography	J Ecosyst Ecogr	1.806
Electrical & Electronic Systems	J Elec Electron Syst	0.533
Earth Science & Climatic Change	J Earth Sci Clim Change	2.082
Geography & Natural Disasters	J Geogr Nat Disast	0.800
Hotel & Business Management	J Hotel Bus Manage	1.600
Information Technology & Software Engineering	J Inform Tech Soft Engg	2.789
Molecular Imaging & Dynamics	J Mol Imaging Dynam	2.091

Earth Science & Climatic Change	J Earth Sci Clim Change	2.082
Geography & Natural Disasters	J Geogr Nat Disast	0.800
Hotel & Business Management	J Hotel Bus Manage	1.600
Information Technology & Software Engineering	J Inform Tech Soft Engg	2.789
Molecular Imaging & Dynamics	J Mol Imaging Dynam	2.091
Petroleum & Environmental Engineering	J Pet Environ Biotechnol	2.839
Stock & Forex Trading	J Stock Forex Trad	0.300
Textile Science & Engineering	J Textile Sci Eng	0.667
Tourism & Hospitality	J Tourism Hospit	1.190
Telecommunications System & Management	J Telecommun Syst Manage	0.800
Physical Mathematics	J Phys Math	4.500
Nanomedicine & Nanotechnology	J Nanomed Nanotechnol	4.68
Arabian Journal of Business and Management Review	Arab J Bus Manage Rev	1.42
Research and Reviews: Journal of Engineering and Technology	Engineering and Technology	0.14
Journal of Material Sciences & Engineering	J Material Sci Eng	1.31
Journal of Mass Communication & Journalism	J Mass Communicat Journalism	0.62
Journal of Powder Metallurgy & Mining	J Powder Metall Min	0.71
Journal of Applied Mechanical Engineering	J Appl Mech Eng	1.65
Archives of Clinical Microbiology		0.35
Dentistry	Dentistry	1.22
Journal of Diabetes & Metabolism	J Diabetes Metab	1.77
Otolaryngology: Current Research	Otolaryngol (Sunnyvale)	0.22
Journal of Metabolic Syndrome	J Metabolic Synd	1.27
Journal of Primatology	J Primatol	0.53
Journal of Thyroid Disorders & Therapy	Thyroid Disorders Ther	0.43
Jounal of Novel Physiotherapies	J Nov Physiother	1.24
Journal of Stem Cell Research & Therapy	J Stem Cell Res Ther	2.78
Anatomy & Physiology: Current Research	Anat Physiol	1
Pancreatic Disorders & Therapy	Pancreat Disord Ther	0.54
Journal of Cancer Science & Therapy	J Cancer Sci Ther	4.203
Journal of Biomedical Sciences		0.2
Journal of Nutritional Disorders & Therapy	J Nutr Disord Ther	1.46
Medical & Surgical Urology	Med Surg Urol	0.3
Journal of Biochips & Tissue Chips	J Biochip Tissue Chip	1.7
Journal of Liver	J Liver	0.08
Journal of Family Medicine and Medical Research	Fam Med Med Sci Res	0.78
Gynecology & Obstetrics	Gynecol Obstet (Sunnyvale)	0.52
Journal of Integrative Oncology	J Integr Oncol	1.67
Journal of Neonatal Biology	J Neonatal Biol	0.55
Journal of Glycobiology	J Glycobiology	0.8
Journal of Blood & Lymph	J Blood Lymph	0.12
Journal of Arthritis	J Arthritis	1.87
Journal of Membrane Science & Technology	J Membra Sci Technol	1.18
Medicinal Chemistry	Med Chem (Los Angeles)	2.64
Journal of Physical Chemistry & Biophysics	J Phys Chem Biophys	0.75
Organic Chemistry: Current Research	Organic Chem Curr Res	1.94
Journal of Bioprocessing & Biotechniques	J Bioprocess Biotech	1.74
Journal of Environmental & Analytical Toxicology	J Environ Anal Toxicol	2.58
Journal of Chemical Engineering & Process Technology	J Chem Eng Process Technol	1.21
Journal of Computer Science & Systems Biology	J Comput Sci Syst Biol	1.62
Journal of Analytical & Bioanalytical Techniques	J Anal Bioanal Tech	2.16
Journal of Plant Biochemistry & Physiology	J Plant Biochem Physiol	2.28
Journal of Chromatography & Separation Techniques	J Chromatogr Sep Tech	1.78
Journal of Thermodynamics & Catalysis		0.91
Community Medicine & Health Education	J Community Med Health Educ	1.27
Epidemiology: Open Access	Epidemiology (Sunnyvale)	1.35
Obesity & Weight Loss Therapy	J Obes Weight Loss Ther	0.94
Pain & Relief	J Pain Relief	1.14
Palliative Care & Medicine	J Palliat Care Med	0.88
Steroids & Hormonal Science	J Steroids Horm Sci	0.65
Gastrointestinal & Digestive System	J Gastrointest Dig Syst	0.43
Hair: Therapy & Transplantation		0.6
Andrology	Andrology (Los Angel)	1.16
Endocrinology & Metabolic Syndrome	Endocrinol Metab Syndr	1.12
Internal Medicine		2.48
Sleep Disorders & Therapy	J Sleep Disord Ther	0.5
Nuclear Medicine & Radiation Therapy	J Nucl Med Radiat Ther	0.88
Alternative & Integrative Medicine	Altern Integr Med	1.11
Pulmonary & Respiratory Medicine	J Pulm Respir Med	1.01
Occupational Medicine Health Affairs	Occup Med Health Aff	0.85
Reproductive System & Sexual Disorders	Reprod Syst Sex Disord	1.25
Medical Diagnostic Methods		0.29
Blood Disorders & Transfusion	J Blood Disord Transfus	0.5
General Medicine	Gen Med (Los Angel)	0.86
Bioenergetics: Open Access	Bioenergetics	3.1
Chemotherapy: Open Access	Chemotherapy (Los Angel)	1.8
Clinical & Experimental Pathology	J Clin Exp Pathol	1.54
Carcinogenesis & Mutagenesis	J Carcinog Mutagen	1.9
Clinical Research & Bioethics	J Clinic Res Bioeth	0.95
Vaccines & Vaccination	J Vaccines Vaccin	1.8
Immunome Research	Immunome Res	7.1
Clinical & Experimental Ophthalmology	J Clin Exp Ophthalmol	1.11
Clinical & Experimental Dermotology Research	J Clin Exp Dermatol Res	0.5
Clinical & Experimental Cardiology	J Clin Exp Cardiolog	1.33
Clinical Microbiology: Open Access	Clin Microbiol	0.7
Anesthesia & Clinical research	J Anesth Clin Res	0.7
Mycobacterial Diseases	Mycobact Dis	0.9
Clinical Toxicology	J Clin Toxicol	1.39
Clinical Trials & Research	J Clin Trials	1.33
Antivirals & Antiretrovirals	J Antivir Antiretrovir	1.27
Fermentation Technology	Ferment Technol	3.44
Clinical & Cellular immunology	J Clin Cell Immunol	2.019
Allergy & Therapy	J Allergy Ther	0.762
Bacteriology & Parasitology	J Bacteriol Parasitol	2.025
Rheumatology: Current Research	Rheumatology (Sunnyvale)	1.522
Virology & Mycology	Virol Mycol	0.69
Clinics in Mother and Child Health	Clinics Mother Child Health	0.432
Womens Health Care	J Womens Health Care	0.79
Marine Science: Research & Development	J Marine Sci Res Dev	0.45
Plant Pathology & Microbiology	J Plant Pathol Microbiol	1.75
Geology & Geophysics	J Geol Geophys	0.91
FisheriesSciences	J Fisheries Sci	0.51
Fisheries and Aquaculture Journal	Fish Aquac J	0.69
Bioremediation & Biodegradation	J Bioremediat Biodegrad	2.1
Advances in Crop Science and Technology	Adv Crop Sci Tech	0.39
Journal of Remote Sensing & GIS	J Geophys Remote Sens	0.77
Biofertilizers & Biopesticides	J Biofertil Biopestic.	1.19
Hydrology: Current Research	Hydrol Current Res	1.12
Probiotics & Health	J Prob Health	0.69
Veterinary Science & Technology	J Veterinar Sci Technolo	2.5
Medicinal & Aromatic Plants	Med Aromat Plants	2.02
Forest Research	Forest Res	1.69
International Journal of Sensor Networks and Data Communications	Sensor Netw Data Commun	1.66
Innovative Energy Policies	Innov Energ Policies	0.88
Biodiversity & Endangered Species	J Biodivers Endanger Species	0.25
Biosafety	Biosafety	0.49
Agrotechnology	Agrotechnol	0.69
Journal of Traditional Medicine and Clinical Naturopathy	J Tradition Med Clin Naturopth	0.49
Nutrition & Food Sciences	J Nutr Food Sci	1.14
Entomology, Ornithology & Herpetology	Entomol Ornithol Herpetol	1.26

Impact Factor Calculation:

Impact Factor was established by dividing the number of articles published in 2012 and 2013 with the number of times they are cited in 2014 based on Google search and the Scholar Citation Index database. If 'X' is the total number of articles published in 2012 and 2013, and 'Y' is the number of times these articles were cited in indexed journals during 2014 than, impact factor = Y/X

Nephrologists 2018







19th Global

Nephrologists Annual Meeting

May 14-15, 2018 | Rome, Italy

Supporting Journals

Nephrologists 2018

Supporting Journals

Journal of Nephrology & Therapeutics
https://www.omicsonline.org/editorialboard-nephrology-therapeutics-open-access.php

Journal of Hypertension: Open Access
https://www.omicsgroup.org/journals/editorialboard-hypertension-open-access.php

Journal of Kidney
https://www.omicsonline.org/kidney.php



Agri, Food, Aqua & Veterinary





21st Euro-Global Summit on Food and Beverages
March 08-10, 2018 Berlin, Germany
E: eurofood@foodtechconferences.com
W: food.global-summit.com/europe

10th Euro-Global Summit on Aquaculture & Fisheries
May 28-29, 2018 London, UK
E: aquaeurope@aquaconferences.com
W: aquaculture-fisheries.conferenceseries.com/europe

8th International Conference on
Food Safety & Regulatory Measures
June 11-12, 2018 Barcelona, Spain
foodsafety@foodtechconferences.com
W: foodsafety-hygiene.conferenceseries.com

11th International Veterinary Congress
July 02-03, 2018 Berlin, Germany
E: veterinary@veterinaryseries.com
W: veterinary.conferenceseries.com

3rd International Conference on
Food and Beverage Packaging
July 16-18, 2018 Rome, Italy
E: foodpackaging@foodtechconferences.com
W: foodpackaging.conferenceseries.com

5th Annual Congress on
Plant & Soil Science
August 16-17, 2018 London, UK
E: plant-soil@plantscienceconferences.com
W: plantscience-biology.agriconferences.com

13th International Conference on
Agriculture & Horticulture
September 10-12, 2018 Zurich, Switzerland
E: agri@foodtechconferences.com
W: agriculture-horticulture.conferenceseries.com

21st International Conference on
Food Technology & Processing
October 02-04, 2018 London, UK
E: foodtechnology@foodtechconferences.com
W: foodtechnology.conferenceseries.com

22nd International Conference on
Food Processing & Analysis
October 11-13, 2018 Moscow, Russia
E: eurofoodprocessing@foodtechconferences.com
W: foodprocessing.foodtechconferences.org

6th Global Summit on Plant Science
October 29-30, 2018 Valencia, Spain
E: plantscience@plantscienceconferences.com
W: plantscience.global-summit.com

9th European Food Safety & Standards Conference
November 29-30, 2018 Dublin, Ireland
E: eurofoodsafety@foodtechconferences.com
W: foodsafety-hygiene.conferenceseries.com/europe

3rd International Conference on Food Microbiology
November 26-28, 2018 Dublin, Ireland
E: foodmicrobiology@foodtechconferences.com
W: foodmicrobiology.conferenceseries.com

Alternative Healthcare





9th International Conference and Exhibition on
Chinese Medicine, Ayurveda & Acupuncture
March 12-13, 2018 Barcelona, Spain
E: chinesemedicine@healthconferences.org
W: chinesemedicine.conferenceseries.com

5th International Conference and Exhibition on
Herbal and Traditional Medicine
June 14-15, 2018 Rome, Italy
E: herbalmedicine@annualconferences.org
W: herbalconference.annualcongress.com

8th International Conference & Exhibition on
Traditional & Alternative Medicine
November 01-03, 2018 Valencia, Spain
E: traditionalmedicine@healthconferences.org
W: traditionalmedicine.conferenceseries.com






Biochemistry





3rd International Conference on
Enzymology and Molecular Biology
March 05-06, 2018 London, UK
E: enzymology@annualconferences.org
W: enzymology.conferenceseries.com

13th International Conference on
Metabolomics and Systems Biology
June 11-12, 2018 London, UK
E: eurometabolomics@annualconferences.org
W: europe.metabolomicsconference.com

4th International Conference on
Lipid Science & Technology
July 23-24, 2018 Birmingham, UK
E: lipids@biochemconferences.org
W: lipids.conferenceseries.com

4th Glycobiology World Congress
September 17-19, 2018 Rome, Italy
E: glycobiology@annualconferences.org
W: glycobiology.conferenceseries.com

14th International Conference on Structural Biology
September 24-26, 2018 Berlin, Germany
E: structuralbiology@biochemconferences.org
W: structuralbiology.conferenceseries.com

12th International Conference on
Advancements in Bioinformatics and Drug Discovery
November 29-30, 2018 Dublin, Ireland
E: bioinformatics@annualconferences.org
W: bioinformatics.conferenceseries.com

12th International Conference and Expo on
Proteomics and Molecular Medicine
November 26-28, 2018 Dublin, Ireland
E: proteomics@annualconferences.org
W: www.proteomicsconference.com

Cardiology





24th Annual Cardiologists Conference
June 11-13, 2018 Barcelona, Spain
E: cardiologists@cardiologyconference.org
W: annualmeeting.conferenceseries.com/cardiologists

26th Annual Conference on
Clinical & Medical Case Reports in Cardiology
July 05-06, 2018 Berlin, Germany
E: cardiologycasereports@annualconferences.org
W: casereports.cardiologymeeting.com

3rd International Conference on
Cardiovascular Medicine and Cardiac Surgery
July 05-06, 2018 Berlin, Germany
E: cardiovascular@cardiologyconference.org
W: cardiovascular.conferenceseries.com

4th International Conference on
Hypertension & Healthcare
September 10-11, 2018 Zurich, Switzerland
E: hypertension@cardiologymeetings.com
W: hypertension.conferenceseries.com

27th European Cardiology Conference
October 22-24, 2018 Rome, Italy
E: eurocardiology@cardiologyconference.org
W: cardiology.conferenceseries.com/europe

29th World Cardiology Conference
November 19-20, 2018 Edinburg, Scotland
E: worldcardiology@annualconferences.org
W: worldcardiology.conferenceseries.com






Chemical Engineering





8th International Conference on
Petroleum Engineering
May 17-18, 2018 Rome, Italy
E: petroleumengineering@chemseries.com
W: petroleumengineering.conferenceseries.com

8th World Congress on
Biopolymers
June 28-30, 2018 Berlin, Germany
E: biopolymercongress@chemseries.com
W: biopolymers.conferenceseries.com

11th World Bioenergy Congress and Expo
July 02-04, 2018 Berlin, Germany
E: bioenergy@chemseries.com
W: bioenergy.conferenceseries.com

12th Global Summit and Expo on
Biomass and Bioenergy
September 04-05, 2018 Zurich, Switzerland
E: eurobiomass@chemseries.com
W: materials.conferenceseries.com

13th World Congress on
Biofuels and Bioenergy
September 04-06, 2018 Zurich, Switzerland
E: biofuelscongress@chemseries.com
W: biofuels-bioenergy.conferenceseries.com/europe

5th International Conference on
Advances in Chemical Engineering & Technology
October 04-05, 2018 London, UK
E: eurochemengineering@chemseries.com
W: chemicalengineering.conferenceseries.com/europe

Chemistry





4th European Organic Chemistry Congress
March 01-03, 2018 London, UK
E: euroorganicchemistry@chemistryconference.org
W: organicchemistry.conferenceseries.com/europe

6th International Conference and Exhibition on
Materials Science and Chemistry
May 17-18, 2018 Rome, Italy
E: materialschemistry@chemistryconference.org
W: materialschemistry.conferenceseries.com

4th International Conference on
Electrochemistry
June 11-12, 2018 Rome, Italy
E: electrochemistry@chemistryconference.org
W: electrochemistry.conferenceseries.com

10th World Congress on
Medicinal Chemistry and Drug Design
June 14-15, 2018 Barcelona, Spain
E: medicinalchemistry@chemistryconference.org
W: medicinalchemistry.pharmaceuticalconferences.com/europe

7th World Congress on
Mass Spectrometry
June 20-22, 2018 Rome, Italy
E: euromassspectrometry@chemistryconference.org
W: massspectra.com/europe

8th European Chemistry Congress
June 21-23, 2018 Paris, France
E: eurochemistry@conferenceseries.net
W: chemistry.conferenceseries.com/europe

6th International Conference and Exhibition on
Advances in Chromatography & HPLC Techniques
August 02-03, 2018 Barcelona, Spain
E: hplc@chemistryconference.org
W: hplc.conferenceseries.com






7th International Conference and Exhibition on
Pain Research and Management
September 04-05, 2018 Zurich, Switzerland
E: painmanagement@chemistryconference.org
W: painmanagement.conferenceseries.com

9th International Conference and Expo on
Separation Techniques
September 13-14, 2018 Zurich, Switzerland
E: separationtechniques@chemistryconference.org
W: separationtechniques.conferenceseries.com

8th International Conference on
Environmental Chemistry and Engineering
September 20-22, 2018 Berlin, Germany
E: environmentalchemistry@chemistryconference.org
W: environmentalchemistry.conferenceseries.com

5th International Conference on
Physical and Theoretical Chemistry
October 11-13, 2018 Edinburgh, Scotland
E: physicalchemistry@chemistryconference.org
W: physicalchemistry.conferenceseries.com

3rd International Conference on
Pharmaceutical Chemistry
October 29-31, 2018 Brussels, Belgium
E: pharmaceuticalchemistry@pharmaceuticalconferences.org
W: pharmaceuticalchemistry.conferenceseries.com

Dentistry





21st Annual World Denal Summit
February 26-28, 2018 Paris, France
E: dentalworld@dentalcongress.com
W: worlddental.conferenceseries.com

25th International Conference on
Dental Education
April 9-10,2018 Amsterdam, Netherlands
E: dentaleducation@annualconferences.org
W: dentaleducation.dentalcongress.com

24th Global Dentists and Pediatric Dentistry Annual Meeting
June 11-12, 2018 London, UK
E: dentists@dentalcongress.com
W: annualmeeting.conferenceseries.com/dentists/

25th World Congress on
Dentistry and Oral Health
July 09-10, 2018 Berlin, Germany
E: dentistrycongress@dentistryconferences.com
W: dentalevent.conferenceseries.com

23rd International Conference on
Dentistry and Dental Materials
July 19-20, 2018 Rome, Italy
E: dentalmaterials@dentalcongress.com
W: dentalmaterials.dentistryconferences.com

4th International Conference on
Dental and Clinical Dentistry
September 10-11, 2018 Copenhagen, Denmark
E: clinicaldentistry@dentistryconferences.com
W: clinicaldentistry.dentistryconferences.com

3rd International Conference on
Advanced Dental Education
November 15-16, 2018 Edinburgh, Scotland
E: advdentaleducation@annualconferences.org
W: advanced-dental-education.dentistryconferences.com

26th Euro Congress and Expo on
Dental and Oral Health
December 10-11, 2018 Rome, Italy
E: eurodentalcongress@dentistryconferences.com
W: www.dentalcongress.com/europe

Dermatology





17th European Dermatology Congress
March 01-03, 2018 Paris, France
E: dermatologycongress@dermatologyconference.org
d W: ermatology.conferenceseries.com/europe






13th Global Dermatologists Congress
July 23-24, 2018 Moscow, Russia
E: dermatologists@dermatologyconference.org
W: annualmeeting.conferenceseries.com/dermatologists

14th International Conference and Exhibition on
Cosmetic Dermatology and Hair Care
August 13-14, 2018 Madrid, Spain
E: cosmeticdermatology@dermatologyconference.org
W: cosmeticdermatology.conferenceseries.com

Diabetes







17th Global Diabetes Conference & Nursing Care
March 08-09, 2018 Paris, France
E: globaldiabetes@conferenceseries.net
W: globaldiabetes.conferenceseries.com

27th European Diabetes Congress
June 20-21, 2018 Rome, Italy
E: eurodiabetes@endocrineconferences.com
W: www.diabetesexpo.com/europe

3rd International Conference on
Metabolic Syndrome & Clinical Management
June 18-19 , 2018 Dublin, Ireland
E: metabolicsyndrome@endocrineconferences.com
W: metabolicsyndromes.conferenceseries.com

29th International Congress on
Prevention of Diabetes and Complications
September 27-28, 2018 Berlin, Germany
E: diabetesmeeting@endocrineconferences.org
W: diabetesmeeting.conferenceseries.com

13th European Diabetes and Endocrinology Congress
November 26-27, 2018 Dublin, Ireland
E: euroendocrinology@endocrineconferences.com
W: europe.endocrineconferences.com

Engineering





2nd International Conference on
3D Printing Technology and Innovations
March 19-20, 2018 London, UK
E: 3dprinting@conferenceseries.net
W: 3dprinting.conferenceseries.com

4th International Conference and Business Expo on
Wireless, Telecommunication & IoT
May 28-29 2018 London, UK
E: wireless@enggconferences.com
W: wirelesscommunication.conferenceseries.com

2nd World Congress on
Wind and Renewable Energy
June 14-15, 2018 London, UK
E: windenergy@enggconferences.com
W: winenergy.conferenceseries.com

3rd International Conference on
Power and Energy Engineering
June 18-19, 2018 Rome, Italy
E: powerengineering@annualconferences.org
W: power-energy.conferenceseries.com

4th International Conference and Exhibition on
Satellite & Space Missions
June 18-20, 2018 Rome, Italy
E: satellite@annualconferences.org
W: satellite.conferenceseries.com

5th International Conference on
Big Data Analysis and Data Mining
June 20-21, 2018 Rome, Italy
E: bigdata@enggconferences.com
W: datamining.conferenceseries.com

4th Global Summit and Expo on
Multimedia & Artificial Intelligence
July 19-21,2018 Rome, Italy
E: multimedia@enggconferences.com
W: multimedia.global-summit.com






International Conference on
Aerospace and Aerodynamics
August 02-03, 2018 Barcelona, Spain
E: aerospace@annualconferences.org
W: aerospace-engineering.conferenceseries.com

9th Euro Biosensors and Bioelectronics conference
September 13-14, 2018 London, UK
E: eurobiosensors@conferenceseries.net
W: biosensors.conferenceseries.com/europe

5th International Conference and Exhibition on
Automobile Engineering
September 20-21, 2018 Rome, Italy
E: automobile@enggconferences.com
W: automobile.conferenceseries.com/europe

International Conference on
Cloud Computing and Data Analysis
September 06-07, 2018 London, UK
E: cloudcomputing@annualconferences.org
W: cloud-computing.conferenceseries.com

3rd International Conference on
Battery and Fuel Cell Technology
September 10-11, 2018 London, UK
E: batterytech@enggconferences.com
W: batterytech.conferenceseries.com

2nd International Conference on
Membrane Science and Technology
September 13-14, 2018 London, UK
E: membranescience@annualconferences.org
W: membranescience.conferenceseries.com

2nd International Conference on
Mechatronics, Automation and Control Systems
September, 17-18, 2018 Berlin, Germany
E: mechatronics@enggconferences.com
W: mechatronics.conferenceseries.com

3rd International Conference on
Fluid Dynamics & Aerodynamics
October 25-26, 2018 Berlin, Germany
E: fluiddynamics@enggconferences.com
W: fluid-aerodynamics.global-summit.com

International Conference on
Agricultural Engineering and Food Security
November 12-13,2018 Frankfurt, Germany
E: foodsecurity@annualconferences.com
W: agri-foodsecurity.agriconferences.com

3rd International Conference on
Design and Production Engineering
December 03-04, Valencia, Spain
E: productionengineering@annualconferences.org
W: design-production.conferenceseries.com

Environmental Sciences





World Conference on Ecology
March 19-20, 2018 Berlin, Germany
E: ecology@annualconferences.org
W: ecology.conferenceseries.com

8th World Congress and Expo on
Recycling
June 25-26, 2018 Berlin, Germany
E: recyclingexpo@conferenceseries.net
W: recycling.conferenceseries.com

5th World Congress and Expo on
Green Energy
June 14-16 ,2018 London, UK
E: greenenergycongress@earthscienceconferences.com
W: greenenergy.conferenceseries.com/europe

4th International Conference on
Pollution Control and Sustainable Environment
July 26-28, 2018 Rome, Italy
E: pollutioncontrol@conferenceseries.net
W: pollutioncontrol.conferenceseries.com

5th World Conference on
Climate Change
October 04-06, 2018 London, UK
E: climatechange@annualconferences.org
W: climatechange.conferenceseries.com






Gastroenterology





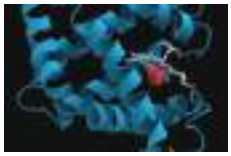
12th Global Gastroenterologists Meeting
March 15-16, 2018 Barcelona, Spain
E: gastro@gastroconferences.org
W: gastro.conferenceseries.com

6th World Congress on
Hepatitis & Liver Diseases
June 18-20, 2018 Dublin, Ireland
E: hepatitis@gastroconferences.com
W: hepatitis.conferenceseries.com

13th Euro-Global Gastroenterology Conference
August 20-21, 2018 Rome, Italy
E: gastrocongress@gastroconferences.com
W: gastroenterology.conferenceseries.com/europe

3rd International conference on
Digestive Diseases
October 22-24, 2018 Berlin, Germany
E: digestivediseases@gastroconferences.com
W: digestivediseases.conferenceseries.com

Genetics and Molecular Biology


7th International Conference and Exhibition on
Cell and Gene Therapy
March 15-17, 2018 London,UK
E: celltherapy@conferenceseries.net
W: cellgenetherapy.conferenceseries.com

20th Global Congress on
Biotechnology
March 05-07, 2018 London, UK
E: biotechcongress@geneticconferences.com
W: biotechnology.conferenceseries.com

6th International Conference on
Integrative Biology
May 21-23, 2018 Barcelona, Spain
E: integrativebiology@conferenceseries.net
W: integrativebiology.conferenceseries.com

10th International Conference on
Genomics and Molecular Biology
May 21-23, 2018 Barcelona, Spain
E: genomics@conferenceseries.net |
W: genomics.conferenceseries.com

4th International Conference on
Synthetic Biology and Tissue Engineering
June 11-12, 2018 Rome, Italy
E: syntheticbiology@conferenceseries.net
W: syntheticbiology.conferenceseries.com

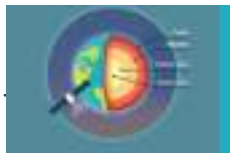
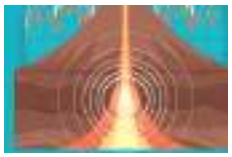
4th International Conference on
Bioscience
July 02-03, 2018 Vienna, Austria
E: bioscience@conferenceseries.net
W: bioscience.conferenceseries.com

10th Annual Conference on
Stem Cell and Regenerative Medicine
August 13-14, 2018 London, UK
E: stemcellcongress@conferenceseries.net
W: stemcell-regenerativemedicine.conferenceseries.com

21st Euro Biotechnology Congress
October 11-12, 2018 Moscow, Russia
E: eurobiotechnology@geneticconferences.com
W: www.biotechnologycongress.com/europe

11th International Conference on
Tissue Engineering & Regenerative Medicine
October 18-20, 2018 Rome, Italy
E: regenerativemedicine@geneticconferences.com
W: tissuescience-regenerativemedicine

Geology and Earth Sciences


2nd Annual Congress on
Soil and Water Sciences
June 14-15, 2018 Dublin, Ireland
E: soilscience@annualconferences.org
W: soilscience.conferenceseries.com






4th International Conference on
GIS and Remote Sensing
September 27-28, 2018 Berlin, Germany
E: giscongress@earthscienceconferences.com
W: gis-remotesensing.conferenceseries.com/europe

Healthcare





3rd World Congress on
Public Health & Nutrition
February 26-28, 2018 London, UK
E: publichealthcongress@healthconferences.org
W: publichealth.global-summit.com

3rd World Congress on
Health Economics & Patient Safety
April 12-13, 2018 Amsterdam, Netherlands
E: healtheconomics@healthconferences.org
W: healtheconomics.global-summit.com

5th International Conference on
Tropical Medicine & Infectious Diseases
May 21-22, 2018 Barcelona, Spain
E: tropicalmedicine@healthconferences.org
W: tropicalmedicine.annualcongress.com

13th World Congress on
Healthcare & Technologies
June 14-15, 2018 Dublin, Ireland
E: healthcaresummit@healthconferences.org
W: healthcare.global-summit.com/europe

2nd International Conference on
Social Sciences & Interdisciplinary Studies
June 18-19, 2018 Rome, Italy
E: socialsciences@healthconferences.org
W: socialsciences.conferenceseries.com

6th International Conference on
Medical Informatics & Telemedicine
July 05-06, 2018 Berlin, Germany
E: medicalinformatics@healthconferences.org
W: medicalinformatics.conferenceseries.com

8th International Conference on
Geriatrics Gerontology & Palliative Nursing
July 30-31, 2018 Barcelona, Spain
E: geriatrics@healthconferences.org
W: geriatrics-gerontology.conferenceseries.com

3rd Internationl Conference on
General Practice & Primary Care
August 16-17, 2018 Madrid, Spain
E: generalpractice@healthconferences.org
W: generalpractice.conferenceseries.com

4th World Congress on Health Economics, Health Policy and Healthcare Management
September 13-14, 2018 Zurich, Switzerland
E: health-economics@healthconferences.org
W: healtheconomics.healthconferences.org

7th International Conference on
Epidemiology & Public Health
September 17-19, 2018 Rome, Italy
E: epidemiology@healthconferences.org
W: epidemiology.conferenceseries.com

3rd International Conference on
Environmental Health & Preventive Medicine
October 15-16, 2018 Warsaw, Poland
E: environmentalhealth@healthconferences.org
W: environmentalhealth.conferenceseries.com

3rd International Conference on
Advances in Skin, Wound Care and Tissue Science
October 18-19, 2018 Rome, Itlay
E: woundcongress@healthcarevents.com
W: woundcare.conferenceseries.com/europe

3rd International Conference on
Healthcare & Hospital Management
October 25-26, 2018 Athens, Greece
E: hospitalmanagement@healthcareevents.com
W: hospitalmanagement.conferenceseries.com

7th International Conference on
Medical & Nursing Education
October 29-30, 2018 Brussels, Belgium
E: medicaleducation@healthconferences.org
W: medicaleducation.conferenceseries.com



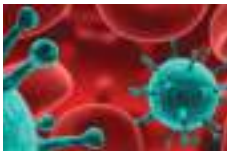
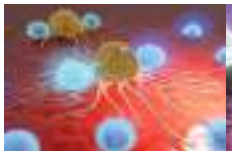



5th International Conference on
Healthcare and Hospital Management
December 03-05, 2018 Rome, Italy
E: hospitalmanagement@healthconferences.org
W: hospital-management.healthconferences.org

3rd International Conference on
Autoimmunity
November 26-27, 2018 Dublin, Ireland
E: autoimmunity@immunologyconferences.org
W: autoimmunity.conferenceseries.com

Immunology

Infectious Diseases




9th Molecular Immunology & Immunogenetics Congress
March 08-09, 2018 London, UK
E: molecularimmunology@immunologyconferences.org
W: molecularimmunology.conferenceseries.com

5th International Congress on
Infectious Diseases
March 01-02, 2018 Berlin, Germany
E: infectioncongress@infectiousconferences.com
W: infectioncongress.conferenceseries.com

9th European Immunology Conference
June 14-16, 2018 Rome, Italy
E: euroimmunology@conferenceseries.net
W: immunology.conferenceseries.com/europe

4th World Congress on
Rare Diseases and Orphan Drugs
June 11-12, 2018 Dublin, Ireland
E: rarediseasecongress@infectiousconferences.com
W: rarediseases.conferenceseries.com/europe

5th International Conference on
Parasitology
July 12-13, 2018 Paris, France
E: parasitology@immunologyconferences.org
W: parasitology.conferenceseries.com

4th International Conference on
Influenza and Zoonotic Diseases
July 02-03, 2018 Vienna, Austria
E: influenza@infectiousconferences.com
W: influenza.conferenceseries.com

10th International Conference on
Clinical and Cellular Immunology
August 06-07, 2018 Madrid, Spain
E: immunologyworld@annualconferences.org
W: immunology.immunologyconferences.org

9th International Conference on
Emerging Infectious Diseases
August 27-28, 2018 Zurich, Switzerland
E: emerginginfections@annualconferences.org
W: emerging-diseases.infectiousconferences.com

11th Annual Congress on
Immunology & Immunotechnology
September 13-14, 2018 Zurich, Swtizerland
E: immunologycongress@annualconferences.org
W: immunologycongress.immunologyconferences.org

6th World Congress on
Control and Prevention of HIV/AIDS, STDs & STIs
August 27-29, 2018 Zurich, Switzerland
E: std@infectiousconferences.com
W: globalhiv-aids-std.infectiousconferences.com

12th International Conference on
Allergy, Asthma & Clinical Immunology
October 01-02, 2018 Moscow, Russia
E: allergy@immunologyconferences.org
W: allergy.conferenceseries.com

10th Euro-Global Conference on Infectious Diseases
September 27-29, 2018 Rome, Italy
E: europe@infectiousconferences.com
W: infection.conferenceseries.com/europe






13th World Congress on
Infection Prevention and Control
October 11-12, 2018 Moscow, Russia
E: ipcc@infectiousconferences.com
W: infectionprevention.conferenceseries.com

7th International Chronic Obstructive
Pulmonary Disease Conference
October 22-23, 2018 Rome, Italy
E: copdconferences@annualconferences.org
W: copd.conferenceseries.com/europe

Materials Science





3rd Annual Conference and Expo on
Biomaterials
March 05-06, 2018 Berlin, Germany
E: biomaterials@materialsconferences.org
W: biomaterials.conferenceseries.com

16th International Conference on
Emerging Materials and Nanotechnology
March 22-23, 2018 London, UK
E: emergingmaterialscongress@materialsconferences.org
W: emergingmaterials.materialsconferences.com

4th International Conference and Expo on
Ceramics and Composite Materials
May 14-15, 2018 Rome, Italy
E: ceramics@materialsconferences.org
W: ceramics.conferenceseries.com

19th World Congress on
Materials Science and Engineering
June 11-13, 2018 Barcelona, Spain
E: materialscongress@materialsconferences.org
W: materialsscience.conferenceseries.com/europe

7th International conference on
Smart Materials and Structures
July 02-03, 2018 Vienna, Austria
E: smartmaterialscongress@annualconferences.org
W: smartmaterials.materialsconferences.com

20th International Conference on
Advanced Energy Materials and research
August 13-14, 2018 Dublin, Ireland
E: advancedenergymaterials@annualconferences.org
W: energymaterials.materialsconferences.com

21st International Conference on
Advanced Materials & Nanotechnology
September 04-06, 2018 Zurich, Switzerland
E: materials@materialsconferences.org
W: materials.conferenceseries.com

International Conference on
Advanced Materials and Simulations
September 11-12, 2018 University of Derby, UK
E: materialssimulation@materialsconferences.org
W: advanced-materials-simulation.materialsconferences.com

3rd International Conference on
Graphene, Carbon Nanotubes, and Nanostructures
September 17-18, 2018 Berlin, Germany
E: carboncongress@materialsconferences.org
W: carbon.materialsconferences.com

Microbiology





16th International Pharmaceutical Microbiology and
Biotechnology Conference
May 21-23, 2018 Vienna, Austria
E: pharmaceutical@microbiologyconferences.org
W: pharmaceuticalmicrobiology.conferenceseries.com/europe

10th International Virology Congress and Expo
July 02-04, 2018 Vienna, Austria
E: eurovirology@microbiologyconferences.org
W: virology.conferenceseries.com/europe

13th International Congress on
Microbial Interactions and Microbial Ecology
July 19-20, 2018 Rome, Italy
E: microbialinteraction@microbiologyconferences.org
W: microbialinteraction.conferenceseries.com

47th World Congress on Microbiology
September 10-11, 2018 London, UK
E: microbiology@microbiologyconferences.org
W: microbiology.conferenceseries.com/europe

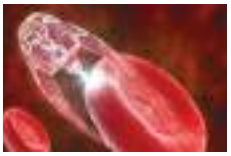





9th international summit on
Clinical Microbiology
October 08-09, 2018 Zurich, Switzerland
E: microbiologysummit@microbiologyconferences.org
W: clinicalmicrobiology.conferenceseries.com/europe

5th World Congress and Expo on
Applied Microbiology
November 15-16, 2018 Frankfurt, Germany
E: appliedmicrobiology@microbiologyconferences.org
W: microbiology.conferenceseries.com

Nanotechnology


23rd International Conference on
Nanomaterials and Nanotechnology
March 15-16, 2018 London, UK
E: nanomaterials@nanotechconferences.org
W: nanomaterials.conferenceseries.com

24th World Nano Conference
May 07-08 | 2018 Rome, Italy
E: nano@nanotechconferences.org
W: nano.conferenceseries.com

25th Nano Congress for Future Advancements
August 16-17, 2018 Dublin, Ireland
E: nanocongress@nanotechconferences.org
W: nanocongress.conferenceseries.com

26th International Conference on
Advanced Nanotechnology
October 04-05, 2018 Moscow Russia
E: advancednano@nanotechconferences.org
W: advancednano.nanotechconferences.org

3rd World Congress and Expo on
Graphene and 2D Materials
November 26-28, 2018 Barcelona, Spain
E: graphene@nanotechconferences.org
W: graphene.conferenceseries.com/europe

28th International Conference on
Nanosciences and Nanotechnology
November 26-28, 2018 Barcelona, Spain
E: nanoscience@nanotechconferences.org
W: nanotechnology.conferenceseries.com

Nephrology





17th International Conference on
Nephrology & Urology
March 12-13, 2018 London, UK
E: nephrology-urology@annualconferences.org
W: nephrology-urology.nephroconferences.com

19th Global Nephrologists Annual Meeting
May 14-15, 2018 Rome, Italy
E: nephrologists@nephroconferences.com
W: annualmeeting.conferenceseries.com/nephrologists/

22nd European Nephrology Conference
October 15-16, 2018 Warsaw, Poland
E: euronephrology@nephroconferences.com
W: nephrology.conferenceseries.com/europe

Neuroscience





21st World Congress on Neurology and Therapeutics
March 15-17, 2018 London, UK
E: neurology@neuroconferences.com
W: neurologyconference.com






22nd International Conference on
Neurology & Neurophysiology
April 23-24, 2018 Rome, Italy
E: neurophysiology@neuroconferences.com
W: neurophysiology.conferenceseries.com

23rd International Conference on
Neurology and Neurosurgery
April 23-24, 2018 Rome, Italy
E: neurosurgery@neuroconferences.org
W: neurosurgery.conferenceseries.com

24th International Conference on
Neuroscience and Neurochemistry
May 21-22, 2018 Birmingham, UK
E: neurochemistry@neuroconferences.com
W: neurochemistry.conferenceseries.com

11th International Conference on
Alzheimers Disease & Dementia
May 24-25, 2018 Vienna, Austria
E: dementiacongress@neuroconferences.com
W: alzheimers-dementia.neurologyconference.com

3rd International Conference on Spine and Spinal Disorders
June 11-12, 2018 London, UK
E: spine@neuroconferences.com
W: spine.conferenceseries.com

25th World Congress on Neurology & Neuroscience
June 18-19, 2018 Dublin, Ireland
E: neurosciencecongress@neuroconferences.com
W: neuroscience.neurologyconference.com

27th Euro-Global Neurologists Meeting
July 23-25, 2018 Moscow, Russia
E: neurologistsconference@neuroconferences.com
W: neurologists.neurologyconference.com

11th International Conference on Vascular Dementia
July 23-25, 2018 Moscow, Russia
E: vasculardementiacongress@neuroconferences.com
W: vasculardementia.neurologyconference.com

7th World Congress on
Addictive Disorders & Addiction Therapy
July 16-18, 2018 London, UK
E: addiction@neuroconferences.com
W: addictiontherapy.conferenceseries.com/europe

26th European Neurology Congress
August 6-8, 2018 Madrid, Spain
E: neurologycongress@neuroconferences.com
W: neurologyconference.com/europe

4th International Conference on Epilepsy & Treatment
August 29-30, 2018 Zurich, Swtizerland
E: epilepsy@neuroconferences.com
W: epilepsytreatment.conferenceseries.com

4th World Congress on Parkinsons & Huntington Disease
August 29-30, 2018 Zurich, Swtizerland
E: parkinson@neuroconferences.com
W: parkinsons.neurologyconference.com

6th International Conference on
Brain Disorders and Therapeutics
September13-15, 2018 Copenhagen, Denmark
E: braindisorders@neuroconferences.com
W: braindisorders.conferenceseries.com

7th International Conference on Neurological Disorders & Stroke
September 20-21, 2018 Rome, Italy
E: strokecongress@neuroconferences.com
W: stroke.neurologyconference.com

27th International Conference on
Neurology and Cognitive Neuroscience
October 18-19, 2018 Warsaw, Poland
E: neurocognitive@neuroconferences.com
W: neurocognitivedisorders.conferenceseries.com

12th International Conference on
Alzheimer's Disease & Dementia
October 29-31, 2018 Valencia, Spain
E: dementia@neuroconferences.com
W: alzheimers-dementia.conferenceseries.com

4th International Conference on Spine Surgery
November 1-2, 2018 Brussels, Belgium
E: spinesurgeryconference@neuroconferences.com
W: spinalsurgery.neurologyconference.com

28th Global Neurologists Annual Meeting on
Neurology and Neurosurgery
November 1-3, 2018 Brussels, Belgium
E: neurologists@neuroconferences.com
W: annualmeeting.conferenceseries.com/neurologists






4th International Conference on Spine and Spinal Disorders
November 12-13, 2018 Frankfurt, Germany
E: spinecongress@neuroconferences.com
W: spine.conferenceseries.com/europe

4th International Conference on
Central Nervous System Disorders & Therapeutics
November 12-14, 2018 Edinburgh, Scotland
E: cns@neuroconferences.com
W: cns.conferenceseries.com

Nursing





47th Global Nursing & Healthcare Conference
March 01-03, 2018 London, UK
E: nursingglobal@nursingconference.com
W: global.nursingconference.com/europe

7th World Congress on Breast Cancer
May 10-11, 2018 Frankfurt, Germany
E: breastcancer@conferenceseries.net
W: breastcancer.conferenceseries.com

3rd International Conference on
Reproductive Health and Medicine
May 21-22, 2018 Vienna, Austria
E: reproductivemedicine@healthconferences.org
W: reproductivehealth.conferenceseries.com/europe

48th World Congress on
Advanced Nursing Research
June 14-15, 2018 Dublin, Ireland
E: nursingresearch@annualconferences.org
W: nursingresearch.nursingmeetings.com

2nd World Congress on
Patient Safety & Quality Healthcare
June 21-22, 2018 Dublin, Ireland
E: patientsafety@healthconferences.org
W: patientsafety.conferenceseries.com

49th International Congress on
Nursing Care Plan and Health
16 -18 July 2018 Rome, Italy
E: nursingcareplan@annualconferences.org
W: nursingcareplan.nursingmeetings.com

50th World Congress On Men in Nursing
July 16-17, 2018 Rome, Italy
mennursing@annualconferences.org
W: men.nursingmeetings.com

5th Annual Congress on
Emergency Nursing & Critical Care
July 16-17, 2018 London, UK
E: emergencynursing@annualconferences.org
W: emergency.nursingmeetings.com

26th Cancer Nursing & Nurse Practitioners Conference
July 16-17, 2018 London, UK
E: cancernursing@nursingconference.com
W: cancernursing.nursingconference.com

31st World Congress on
Advanced Nursing Practice
August 16-18, 2018 Madrid, Spain
E: nursingpractice@nursingconference.com
W: nursingpractice.nursingconference.com

29th International Conference on
Pediatric Nursing & Healthcare
August 16-17, 2018 Madrid, Spain
E: pediatricnursing@nursingconference.com
W: pediatric.nursingconference.com

17th World Congress on
Clinical Nursing and Practice
August 29-30, 2018 Zurich, Swtizerland
E: clinicalnursing@annualconferences.org
W: clinical.nursingmeetings.com

5th World Congress on
Midwifery & Women's Health
September 13-14, 2018 Frankfurt, Germany
E: euromidwifery@nursingconference.com
W: midwifery.conferenceseries.com/europe

24th World Nursing and Healthcare Conference
September 13-15, 2018 Copenhagen, Denmark
E: worldnursing@annualconferences.org
W: world.nursingconference.com






51st World Nursing Leadership & Management Conference
October 04-05, 2018 Moscow, Russia
E: nursingleadership@annualconferences.org
W: nursingleadership.nursingmeetings.com

5th International Conference on
Gynecology and Obstetrics
October 8-10, 2018- Zurich, Switzerland
E: gynecology@nursingconference.com
W: gynecology.conferenceseries.com

33rd Euro Nursing & Medicare Summit
October 8-10, 2018 Edinburgh, Scotland
E: euronursing@nursingconference.com
W: europe.nursingconference.com

27th World Nursing Education Conference
November 12-14, 2018 Frankfurt, Germany
E: nursingeducation@nursingconference.com
W: nursingeducation.nursingconference.com

Nutrition





15th International Conference on Clinical Nutrition
May 24-26, 2018 Vienna, Austria
E: clinicalnutrition@nutritionalconference.com
W: clinicalnutrition.conferenceseries.com

21st European Nutrition and Dietetics Conference
June 11-13, 2018 Dublin, Ireland
E: nutritioncongress@nutritionalconference.com
W: nutritionalconference.com/europe

14th International Congress on Advances in Natural Medicines, Nutraceuticals & Neurocognition
July 19-20, 2018 London, UK
E: nutraceuticals@nutritionalconference.com
W: nutraceuticals.pharmaceuticalconferences.com

6th International Conference on
Sports Nutrition & Fitness
August 16-17, 2018 Dublin, Ireland
E: sports-nutrition@annualconferences.org
W: sportsnutrition.nutritionalconference.com

17th World Congress on
Nutrition and Food Chemistry
September 13-15, 2018 London, UK
E: nutri-foodchemistry@nutritionalconference.com
W: nutrition-foodchemistry.conferenceseries.com

22nd European Nutritional Science Congress
November 26-27, 2018 Barcelona, Spain
E: nutritionalscience@nutritionalconference.com
W: nutritionalscience.nutritionalconference.com

Obesity





11th International Conference on
Childhood Obesity and Nutrition
March 15-16, 2018 Barcelona, Spain
E: childhoodobesity@annualconferences.org
W: childhoodobesity.conferenceseries.com

14th Euro Obesity and Endocrinology Congress
September 13-14, 2018 London, UK
E: euroobesity@obesityconference.org
W: obesity.nutritionalconference.com

Oncology & Cancer





12th World Hematologists Congress
March 15-16, 2018 London, UK
E: hematologists@oncologymeet.com
W: hematology.conferenceseries.com/europe

6th International Congress on
Gynecology & Gynecologic Oncology
July 23-24, 2018 Rome, Italy
E: gynecologyconference@annualconferences.org
W: gynecologyconference.annualcongress.com






29th Euro-Global Summit on
Cancer Therapy & Radiation Oncology
July 23-25, 2018 Rome, Italy
E: eurocancer@oncologyseries.com
W: cancer-radiationoncology.conferenceseries.com

28th Euro Congress on Cancer Science & Therapy
August 09-10, 2018 Madrid, Spain
E: cancerscience@oncologyseries.com
W: cancerscience.conferenceseries.com

4th World Congress on
Medical Imaging and Clinical Research
September 03-04, 2018 London, UK
E: medicalimaging@oncologyseries.com
W: clinical-medicalimaging.conferenceseries.com

4th International Congress on
Epigenetics and Chromatin
September 03-04, 2018 London, UK
E: epigenetics@oncologyseries.com
W: epigenetics.conferenceseries.com

3rd Cancer Diagnostics Conference & Expo
September 20-21, 2018 Berlin, Germany
E: cancerdiagnotics@oncologyseries.com
W: cancerdiagnostics.conferenceseries.com

36th World Cancer Conference
October 11-13, 2018 Zurich, Switzerland
E: worldcancer@annualconferences.org
W: cancer.global-summit.com

13th World Biomarkers Congress
November 29-30, 2018 Dublin, Ireland
E: worldbiomarkers@oncologyseries.com
W: molecular-cancer-biomarkers.conferenceseries.com

Ophthalmology





19th Ophthalmology Summit
Feb 26-27, 2018 Berlin Germany
E: ophthalmologysummit@ophthalmologyconferences.com
W: ophthalmologysummit.conferenceseries.com

3rd Global Pediatric Ophthalmology Congress
March 22-23, 2018 London, UK
E: pediatricophthalmology@ophthalmologyconferences.com
W: pediatricophthalmology.conferenceseries.com

2nd International Conference on
Cataract and Advanced Eye Care
June 14-16, 2018 Rome, Italy
E: cataract@ophthalmologyconferences.com
W: cataract.conferenceseries.com

2nd Global Meeting and Expo on
Vision Science & Eye
August 29-30, 2018 Zurich, Swizeland
E: visionscience@ophthalmologyconferences.com
W: visionscience.conferenceseries.com

3rd International Conference and Expo on
Optometry and Vision Science
October 8-9, 2018 Edinburg, Scotland
E: optometry@ophthalmologyconferences.com
W: optometry.conferenceseries.com

17th International Conference on
Clinical & Experimental Ophthalmology
October 1-3, 2018 Moscow, Russia
E: ophthalmology@ophthalmologyconferences.org
W: ophthalmology.conferenceseries.com

28th European Ophthalmology Congress
November 26-28, 2018 Dublin, Ireland
E: ophthalmologycongress@ophthalmologyconferences.com
W: ophthalmology.conferenceseries.com/europe

Pathology





13th International Conference on
Laboratory Medicine and Pathology
June 25-26, 2018 Berlin, Germany
E: laboratorymedicine@pathologyconferences.org
W: laboratorymedicine.conferenceseries.com

14th International Conference on
Surgical Pathology & Cancer Diagnosis
May 17-18, 2018 Rome, Italy
E: surgicalpathology@annualconferences.org
W: surgicalpathology.conferenceseries.com






8th European Conference on Predictive, Preventive, Personalized Medicine & Molecular Diagnostics
August 20-21, 2018 Rome, Italy
E: europersonalizedmedicine@conferneceseries.net
W: personalizedmedicine.conferenceseries.com/europe

Pediatrics





3rd International Conference on Pediatric Surgery
May 7-8, 2018 Frankfurt, Germany
E: pediatricsurgery@annualconferences.org
W: pediatricsurgery.conferenceseries.com

17th International Conference on Clinical Pediatrics
June 14-16, 2018 Rome, Italy
E: clinicalpediatrics@pediatricsconferences.org
W: clinicalpediatrics.conferenceseries.com

Advances in Neonatal and Pediatric Nutrition
July 19-21, 2018 London, UK
E: neonatalnutrition@annualconferences.org
W: pediatricnutrition.pediatricsconference.com

20th International Conference on
Pediatrics Primary Care
September 03-04 2018 Zurich, Switzerland
E: pediatricprimarycare@annualconferences.org
W: primarycare.pediatricsconferences.com

18th International Conference on
Pediatrics Health
August 06-07, 2018 Madrid, Spain
E: pediatricshealth@annualconferences.org
W: health.pediatricsconferences.com

24th European Pediatrics Conference
September 10-12, 2018 Copenhagen, Denmark
E: europediatrics@pediatricsconferences.org
W: pediatrics.conferenceseries.com/europe

24th World Pediatrics Conference
October 18-20, 2018 Warsaw, Poland
E: worldpediatrics@annualconferences.org
W: worldpediatrics.pediatricsconferences.org




26th International Conference on
Neonatology and Perinatology
November 15-17 2018 Edinburgh, Scotland
E: neonatology@pediatricsconferences.com
W: neonatology.conferenceseries.com

Petroleum





9th International Conference and Expo on
Oil and Gas
August 9-10, 2018 Madrid, Spain
E: petroleum@oilgasconferences.org
W: oil-gas.conferenceseries.com

Physical Therapy & Rehabilitation

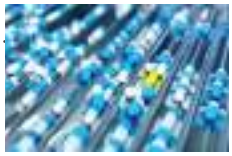




5th International Conference and Expo on
Novel Physiotherapies
March 19-20, 2018 Berlin, Germany
E: novelphysiotherapies@annualconferences.org
W: novelphysiotherapies.conferenceseries.com

6th International Conference & Exhibition on
Physiotherapy & Physical Rehabilitation
August 13-14, 2018 London, UK
E: physiotherapy@annualconferences.org
W: physiotherapy.annualcongress.com

Pharma





12th World Congress on
Pharmaceutical Sciences and Innovations in Pharma Industry
February 26- 27, 2018 London, UK
E: pharmaindustry@pharmaceuticalconferences.org
W: industry.pharmaceuticalconferences.com




16th International Conference and Exhibition on
Pharmaceutics & Novel Drug Delivery Systems
March 19-21, 2018 Berlin, Germany
E: pharmaceutica@pharmaceuticalconferences.org
W: novel-drugdelivery-systems.pharmaceuticalconferences.com

11th European Biosimilars Congress
April 26-27, 2018 Rome, Italy
E: eurobiosimilars@pharmaceuticalconferences.org
W: biosimilars-biologics.pharmaceuticalconferences.com/europe

15th Annual European Pharma Congress
May 07-09, 2018 Frankfurt, Germany
E: pharmaeurope@pharmaceuticalconferences.org
W: europe.pharmaceuticalconferences.com

4th World Congress and Exhibition on
Antibiotics and Antibiotic Resistance
June 14-15, 2018 Barcelona, Spain
E: antibiotics@pharmaceuticalconferences.org
W: antibiotics.pharmaceuticalconferences.com

9th International Conference and Exhibition on
Pharmacovigilance
June 21-22, 2018 London, UK
E: pharmacovigilance@pharmaceuticalconferences.org
W: pharmacovigilance.pharmaceuticalconferences.com

4th International Conference and Exhibition on
Natural Products, Medicinal Plants & Marine Drugs
June 11-12, 2018 Rome, Italy
E: naturalproducts@pharmaceuticalconferences.org
W: naturalproducts.pharmaceuticalconferences.com

16th International Conference and Exhibition on
Pharmaceutical Formulations
July 26-27, 2018 Rome, Italy
E: formulations@pharmaceuticalconferences.org
W: formulation.pharmaceuticalconferences.com

10th World Congress on Pharmacology
July 30-Aug 01, 2018 Barcelona, Spain
E: pharmacology@pharmaceuticalconferences.org
W: pharmacology.pharmaceuticalconferences.com

4th International Conference and Expo on
Drug Discovery, Designing & Development
September 06-07, 2018 London, UK
E: drugdiscovery@pharmaceuticalconferences.org
W: drug-discovery.pharmaceuticalconferences.com

6th International Conference on
Advanced Clinical Research and Clinical Trials
September 10-11, 2018 Zurich, Switzerland
E: clinicalresearch@pharmaceuticalconferences.org
W: clinicalresearch.pharmaceuticalconferences.com

18th World Pharma Congress
October 18-19, 2018 Warsaw, Poland
E: pharmacongress@pharmaceuticalconferences.org
W: world.pharmaceuticalconferences.com

18th Annual Pharmaceutical and Chemical Analysis Congress
November 05-06, 2018 Madrid, Spain
E: analysis@pharmaceuticalconferences.org
W: analysis.pharmaceuticalconferences.com

3rd International Conference on
Generics Drugs and Biosimilars
November 15-17, 2018 Frankfurt, Germany
E: genericpharma@pharmaceuticalconferences.org
W: generic-market.pharmaceuticalconferences.com

9th Global Experts Meeting on
Neuropharmacology
November 15-16, 2018 Frankfurt, Germany
E: neuro@pharmaceuticalconferences.org
W: neuro.pharmaceuticalconferences.com

23rd International Conference on
Pharmaceutical Biotechnology
December 10-11, 2018 Rome, Italy
E: pharmabiotech@pharmaceuticalconferences.org
W: biotech.pharmaceuticalconferences.com

Physics






3rd International Conference on Nuclear and Plasma Physics
June 07-08, 2018 London, UK
E: plasmaphysics@annualconferences.org
W: plasmaphysics.physicsmeeting.com

5th International Conference on
Theoretical and Applied Physics
July 02-03, 2018 Vienna, Austria
E: appliedphysics@annualconferences.org
W: appliedphysics.physicsmeeting.com






9th International Conference on
Optics, Photonics & Lasers
July 02-04, 2018 Berlin, Germany
E: eurooptics@annualconferences.org
W: optics.physicsmeeting.com

4th International Conference on
Condensed Matter and Materials Physics
August 16-17, 2018 London, UK
E: materialsphysics@annualconferences.org
W: materialsphysics.physicsmeeting.com

3rd International Conference on
Quantum Optics and Quantum Computing
September 10-11, 2018 London, UK
E: quantumoptics@annualconferences.org
W: quantumoptics.physicsmeeting.com

4th International Conference on Physics
September 17-18, 2018 Berlin, Germany
E: physics@physicsconferences.org
W: physics.conferenceseries.com

4th International Conference on
Quantum Physics and Quantum Technology
October 18-19, 2018 Rome, Italy
E: quantumphysics@physicsconferences.org
W: quantumphysics.conferenceseries.com

3rd International Conference on
Astronomy and Space Science
October 18-19, 2018 Rome, Italy
E: astrospace@physicsconferences.org
W: astronomy-space.physicsmeeting.com

3rd International Conference on
Magnetism and Magnetic Materials
October 22-23, 2018 Rome, Italy
E: magneticmaterials@annualconferences.org
W: magneticmaterials.physicsmeeting.com

4th International Conference on
High Energy & Particle Physics
December 03-04, 2018 Valencia, Spain
E: highenergy@physicsconferences.org
W: highenergyphysics.conferenceseries.com

Psychiatry



4th International Conference on
Mental Health & Human Resilience
April 26-27, 2018 Rome, Italy
E: mentalhealth@conferenceseries.net
W: mentalhealth.conferenceseries.com

4th International Conference on
Depression, Anxiety and Stress Management
May 10-11, 2018 Frankfurt, Germany
E: stress@psychiatrycongress.com
W: stressmanagement.global-summit.com

27th World Congress on
Psychiatry & Psychological Syndromes
June 21-23, 2018 London, UK
E: psychiatrycongress.com

28th Euro Congress on
Psychiatrists and Psychologists
July 05-06, 2018 Vienna, Austria
E: europsychiatry@psychiatrycongress.com
W: psychiatry.global-summit.com/europe

29th International Conference on
Psychiatry & Psychology Health
July 09-10, 2018 Paris, France
E: psychologyhealth@annualconferences.org
W: psychologyhealth.conferenceseries.com

33rd International Conference on
Adolescent Medicine & Child Psychology
Sep 04-05, 2018 Zurich, Switzerland
E: childpsychology@conferenceseries.net
W: childpsychology.conferenceseries.com

3rd International Congress on
Forensic Science and Psychology
October 22-23, 2018 Athens, Greece
E: forensiccongress@psychiatrycongress.com
W: forensic.conferenceseries.com



35th International Conference on
Psychiatry & Psychosomatic Medicine
November 01-03, 2018 Brussels, Belgium
E: psychosomaticmedicine@psychiatrycongress.com
W: psychosomatic.conferenceseries.com

Surgery





3rd International Conference on
Metabolic and Bariatric Surgery
March 15-16, 2018 Barcelona, Spain
E: bariatricsurgery@annualconferences.org
W: bariatricsurgery.conferenceseries.com

7th International Conference and Exhibition on Surgery
June 21-23, 2018 Dublin, Ireland
E: surgery@surgeryconferences.org
W: sugery.conferenceseries.com

3rd International Conference on Anesthesia
June 21-22, 2018 Dublin, Ireland
E: anesthesia@annualconferences.org
W: anesthesia.conferenceseries.com

13th International Conference on
Arthroplasty and Orthopedics
August 08-09, 2018 Rome, Italy
E: arthroplasty@annualconferences.org
W: orthopedics.surgeryconferences.com

8th International Conference and Expo on
Cosmetology, Trichology & Aesthetic Practices
August 13-14, 2018 Madrid, Spain
E: cosmetologycongress@surgeryconferences.org
W: cosmetology.surgeryconferences.com

World Congress on
Neurology and Neuromuscular Disorders
September 13-14, 2018 Frankfurt, Germany
E: neuromuscular@annualconferences.org
W: neuromuscular.neuroconferences.com

3rd European Otolaryngology-ENT Surgery Conference
October 08-10, 2018 London, UK
E: ent@surgeryconferences.org
W: ent.conferenceseries.com

2nd International Conference on
Craniofacial Surgery
October 08-09, 2018 London, UK
E: craniofacial@annualconferences.org
W: craniofacial.surgeryconferences.com

9th European Congress of Rheumatology,
Autoimmunity and Orthopedics
October 16-17, 2018 Warsaw, Poland
E: rheumatology@annualconferences.org
W: rheumatology.conferenceseries.com

Toxicology





15th Euro-Global Summit on
Toxicology and Applied Pharmacology
July 02-04, 2018 Berlin, Germany
E: eurotoxicology@annualconferences.org
W: toxicology.global-summit.com/europe

16th Annual Meeting on
Environmental Toxicology and Life Sciences
August 13-14, 2018 London, UK
E: euroenvitox@annualconferences.org
W: environmentaltoxicology.toxicologyconferences.com

Vaccines





29th International Conference on
Vaccines and Immunization
March 19-20, 2018 London, UK
E: vaccinessummit@immunologyconferences.org
W: vaccines-immunization.conferenceseries.com

31st Euro Global Summit and Expo on
Vaccines & Vaccination
June 14-16, 2018 Barcelona, Spain
E: eurovaccines@vaccineconference.com
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Nephrologists 2018







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CARDINALclincaltrial.com

For more information or to make a referral, please contact:

Hanh Nguyen
CARDINAL Patient Navigator

Hanh.Nguyen@reatapharma.com
www.CARDINALclinicaltrial.com

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Reata Pharmaceuticals

REATA PHARMACEUTICALS

This study is being sponsored by Reata Pharmaceuticals.
www.clinicaltrials.gov (NCT03019185)
VERSION 2.0 – 03 AUGUST 2017

PHYSICIAN USE ONLY

A CLINICAL TRIAL FOR PATIENTS
WITH ALPORT SYNDROME

CARDINAL

FOR PATIENTS WITH ALPORT SYNDROME

REATA PHARMACEUTICALS

NOW ENROLLING

Patients with a genetic diagnosis of Alport syndrome are needed for a Phase 3 clinical trial, CARDINAL. CARDINAL is an international,multi-center, group sequential trial examining the safety, tolerability, and efficacy of bardoxolone methyl in patients with Alport syndrome. The primary study objective in CARDINAL is to evaluate the effect of bardoxolone methyl on estimated glomerular filtration rate (eGFR) in patients with Alport syndrome.

ABOUT BARDOXOLONE METHYL

Bardoxolone methyl is an experimental, oral, once-daily antioxidant inflammation modulator that activates molecular pathways that promote the resolution of inflammation by restoring mitochondrial function, reducing oxidative stress, and inhibiting pro-inflammatory signaling. Bardoxolone methyl activates Nrf2, a transcription factor that promotes normal mitochondrial function, increases production of antioxidant and detoxification enzymes, reduces oxidative stress, and reduces pro-inflammatory signaling.

Bardoxolone methyl has been studied in multiple clinical trials, including seven CKD studies enrolling approximately 2,600 patients with type 2 diabetes. Improvements in renal function, including inulin clearance, creatinine clearance, and eGFR, have been observed in clinical studies with bardoxolone methyl treatment in CKD patients, but it has not been studied previously in patients with Alport syndrome.

Bardoxolone methyl has generally been well-tolerated in most patient populations studied to date. In one previous study, a small subset of Stage 4 CKD patients with type 2 diabetes demonstrated a risk for developing fluid overload adverse events. These patients were subsequently determined to have defined risk factors, including a medical history of heart failure, and an elevated BNP level, indicating the presence of fluid retention prior to the study. The increased risk of fluid overload has not been observed in subsequent studies in patients with diabetic CKD or pulmonary hypertension that excluded at-risk patients and carefully monitored their fluid status.

Bardoxolone methyl's mechanism of action targets inflammatory pathways that promote loss of kidney function in Alport syndrome patients, which ultimately leads to the need for dialysis or kidney transplant. Data from studies in CKD patients suggest that bardoxolone methyl could produce a durable increase in kidney function. If a similar effect is observed in Alport patients, this could ultimately prevent or delay end-stage renal disease. Consequently, CARDINAL is being conducted to examine the safety, tolerability, and efficacy of bardoxolone methyl in patients with Alport syndrome.

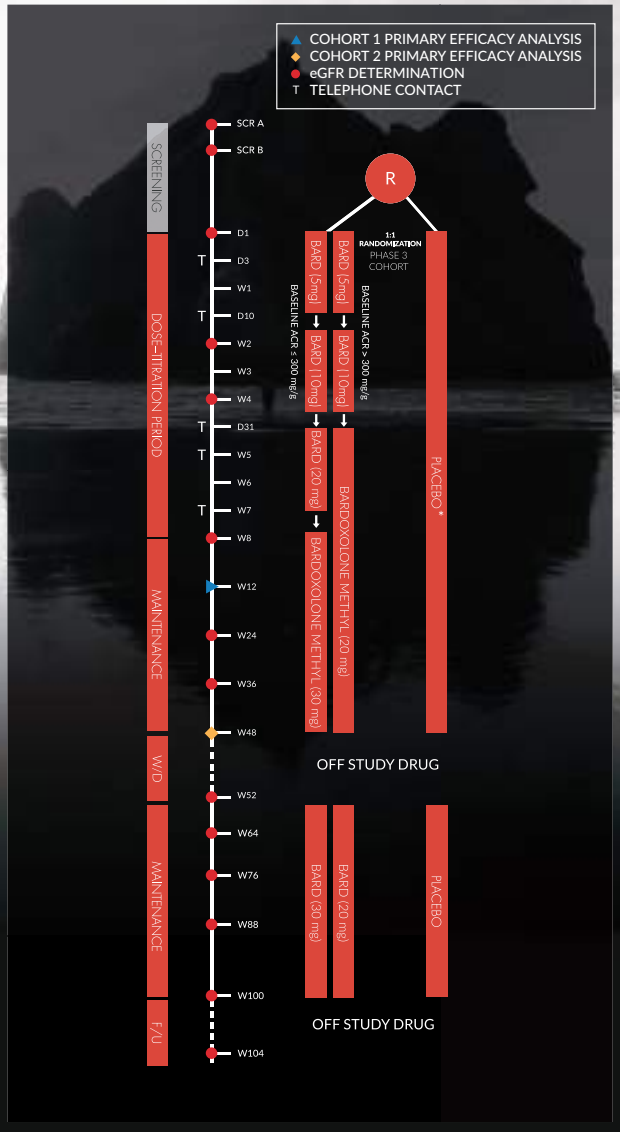
STUDY DESIGN

Approximately 180 patients will be enrolled in the study. The Phase 2 portion of the trial will be open-label and enroll up to 30 patients. The Phase 3 portion of the trial will be double-blind, randomized, placebo-controlled and will enroll up to 150 patients. Patients in the Phase 2 cohort will receive bardoxolone methyl throughout the study. Patients in the Phase 3 cohort will be randomized 1:1 to either bardoxolone methyl or placebo. Patients randomized to placebo will remain on placebo throughout the study.

STUDY DURATION

This study consists of four periods:

- A screening period
- A dose-titration and 2 maintenance periods of 100 weeks consisting of 15 study visits and 6 scheduled telephone contacts
- An off drug period of four weeks between the two maintenance periods
- A follow-up visit to assess safety, performed 4 weeks after the patient's last dose of study drug



Nephrologists 2018







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Keynote Forum

Day 1

Norris Stanely Nahman, J Nephrol Ther 2018, Volume 8
DOI: 10.4172/2161-0959-C2-053

19th Global

Nephrologists Annual Meeting

May 14-15, 2018 | Rome, Italy



Norris Stanely Nahman

Medical College of Georgia-Augusta University, USA

The regulation of indoleamine 2, 3 dioxygenase and its role in a porcine model of acute kidney allograft rejection

In kidney transplantation acute rejection is the most common cause of late allograft loss. Changes in indoleamine 2, 3 dioxygenase (IDO) activity, which catabolizes the degradation of tryptophan to kynurenine, may predict rejection. However, when used therapeutically, IDO is immunosuppressive in rodent kidney transplantation. Thus, the increase in IDO activity observed in acute allograft rejection is insufficient to prevent rejection. To address this question, we assessed the regulation of IDO and its role in acute rejection in a porcine model of kidney transplant. In tissue samples form rejecting kidney allografts we showed a 13 fold increase in IDO gene transcription, and 20 fold increase in IDO enzyme activity when compared to autotransplanted kidneys. Allografts also demonstrated an over 4-fold increase in tissue IFN-☐, with marked increases in TNF-☐, TNF-☐ and IL1-☐. Rejecting allografts also showed down regulation of kynurenine 3-monooxygenase (KMO) gene transcription and protein levels. KMO generates the immunosuppressive kynurenine 3-hydroxykynurenine (3-HK) from kynurenine. The results of these studies demonstrate a clear association between rejection and increased allograft IDO expression, likely driven in part by IFN-☐ and facilitated by other cytokines of the allogeneic response. Moreover, the loss of downstream enzymatic activity in the IDO metabolic pathway may suggest novel mechanisms for the perpetuation of rejection in the early transplant period.

Biography

Norris Stanely Nahman joined the Faculty of Medicine at Ohio State University College of Medicine after completing his fellowship at the Ohio State University College of Medicine in 1987. In 2004, he became Director of Nephrology division of University of Florida Jacksonville. In 2010, he joined Nephrology division at Medical College of Georgia, where he has directed the Department of Medicine Translational Research Program since 2013, leads a USRDS data mining group, and is PI of a basic research lab studying the tolerogenic properties of enzyme IDO. In 2017, he became Co-chair of American Society of Nephrology in-training exam question writing group.

nnahman@augusta.edu

Xiaonan Wang, J Nephrol Ther 2018, Volume 8
DOI: 10.4172/2161-0959-C2-053

19th Global

Nephrologists Annual Meeting

May 14-15, 2018 | Rome, Italy



Xiaonan Wang

Emory University, USA

Zhongda Hospital, Southeast University, China

Muscle-derived miR-26a mediate cardiac fibrosis through exosomes in chronic kidney disease mice

Uremic cardiomyopathy and muscle atrophy contribute to CKD-induced morbidity and mortality. Exosomes, natural carriers of many signal molecules including microRNA (miR), mediate organ-to-organ communication. We hypothesized that miR-26 would benefit both CKD-induced muscle wasting and cardiomyopathy through exosome-mediated muscle-heart crosstalk. We used an engineered exosome vector, which contains an exosomal membrane protein gene Lamp2b fused with muscle specific surface peptide for targeting delivery. Exosome encapsulated miR-26a precursor RNA (Exo/miR26) were injected into the tibialis anterior (TA) muscle of CKD mice (5/6 subtotal nephrectomy) for 10 weeks. miR-26a was decreased in skeletal muscle and heart of CKD mice. Uremic serum enhanced secretion of miR-26a exosomes in cultured C2C12 skeletal and H9C2 cardiac muscle cells. The intervention of Exo/miR26a increased the expression of miR-26a in skeletal muscle and heart, as well as increased muscle cross-section area and decreased CKD-induced up-regulation of atrogin-1 and MuRF1. Curiously, cardiac fibrosis lesion was partially depressed, and FoxO1, α-SMA, connect tissue growth factor (CTGF), fibronectin and collagen1α were decreased in CKD mice with intramuscular injection of Exo/miR-26a. Echocardiography showed that the percentage of ejection fraction was increased in CKD mice treated with Exo/miR26a. Using fluorescence dye labeled Exo/miR26a; we found that the fluorescence intensity in heart was correlated with skeletal muscle, examined by linear regression. We found that miR-26a directly inhibits FoxO1 and CTGF, which provided mechanism for inhibition of muscle atrophy and cardiac fibrosis by Exo/miR26a. Overexpression of miR-26a in muscle prevents CKD-induced muscle loss and attenuates cardiac fibrosis via exosome-mediated muscle-heart crosstalk.

Biography

Xiaonan Wang gained his MD in 1982 from Peking Union Medical College, Beijing, China. She finished her post-doc training in 1991 in the University of Colorado HSC, Denver, CO and in 1997 in Emory University, Atlanta, GA, USA. Currently, Wang is an Assistant Professor of Renal Division, Department of medicine. She has published 50 papers in peer review journal. Since 1997, Wang has focused on investigation of the molecular/cellular mechanisms that lead to protein malnutrition in, diabetes, chronic kidney disease and aging in order to develop therapeutic strategies for treatment. Wang uses transgenic mice, virus (adenovirus, adeno-associated virus (AAV) and lentivirus) mediated gene transfer and cell culture systems to test her hypotheses.

xwang03@emory.edu

Notes:

Maria Hernandez-Fuentes, J Nephrol Ther 2018, Volume 8
DOI: 10.4172/2161-0959-C2-053



Maria Hernandez-Fuentes

UCB Celltech, UK

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Biomarkers of tolerance in kidney transplantation: When predicting tolerance adjustment for confounding factors is imperative

We and others have previously described signatures of tolerance in kidney transplantation showing differential-expression of B-cell related genes and relative expansions of B-cell subsets. However, in all of these studies, the index groups namely the tolerant recipients were not receiving immunosuppressive (IS) treatment unlike the rest of the comparator groups. The work will demonstrate that the expression of the previously reported signature was biased by IS regimens, which also influenced transitional B-cells. We have defined and validated a new gene-expression signature that was independent of drug effects and also differentiated tolerant patients from healthy controls and have validated this signature in a number of cohorts. We will demonstrate how adjustment for IS-drug intake does not obliterate the contribution of genes to tolerance, when this exists; but it does indeed remove the effects ascribable to pharmacological immunosuppression and, thus, reveals underlying tolerance characteristics. Consequently, we would argue that IS regimens do affect the expression of many genes (although not all) and require adequate investigation. When IS are, indeed, altering the expression of signature genes, investigators should adjust for IS-drug intake. Only a similar approach will make the conduct of pilot clinical trials for IS-minimization safe, and hence allow critical improvements in kidney post-transplant management.

Biography

Maria Hernandez-Fuentes studied Medicine at Universidad Complutense and then completed PhD in Immunology at Universidad de Alcalá, both in Madrid, Spain. She then moved to the UK, Imperial College London, working on alloimmune responses. In 2005, the research group moved to King's College London and since then she led the biomarker research group of the MRC Centre for Transplantation. She has a long standing interest in understanding and quantifying alloimmune responses and immune monitoring in kidney transplantation; particularly looking at obtaining evidence of tolerance.

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Notes:







19th Global

Nephrologists Annual Meeting

May 14-15, 2018 | Rome, Italy

Scientific Tracks & Abstracts

Day 1

Sessions:

Nephrology | Kidney Transplantation | Glomerular Disorders | Renal Pathology-Immunology Kidney Diseases

Session Chair
Norris Stanley Nahman
Medical College of Georgia-Augusta University, USA

Session Co-Chair
Maria Hernandez-Fuentes
UCB Celltech, UK

Session Introduction

Title: **Muscle-derived exosome/miR-29 attenuates kidney fibrosis in UUO mice**
Zhen Su, Wenzhou Medical University, China

Title: **Correcting acidosis during hemodialysis: Current limitations and potential solution**
David Tovbin, Emek Medical Center, Israel

Title: **Renal function preservation following high grade blunt renal trauma: A major trauma centre experience**
Banan Abbas Mustafa Osman, Bristol Urological Institute, UK

Title: **Evaluation of sclerostin serum level and bone density status in children on regular haemodialysis**
Manal Abd Elsalam, AL-Azhar University, Egypt

Title: **Huge retroperitoneal epithelioid angiomyolipoma: A case report**
Han-Yu Tsai, Chang Gung Memorial Hospital, Taiwan

Title: **Ultrastructural alterations of renal tissue in a male patient with fabry's disease**
Amir Abbas Farshid, Urmia University, Iran

Zhen Su et al., J Nephrol Ther 2018, Volume 8
DOI: 10.4172/2161-0959-C2-054

Muscle-derived exosome/miR-29 attenuates kidney fibrosis in UUO mice

Zhen Su[1, 2] and **Xiaonan Wang**[1]
[1]Emory University, USA
[2]Wenzhou Medical University, China

We hypothesized that intramuscular injection of exosome encapsulated miR-29 would counteract unilateral ureteral obstruction (UUO)-induced muscle wasting and renal fibrosis via exosome-mediated muscle-kidney crosstalk. Exosomes containing miR-29 (Exo/miR29) were prepared from the satellite cells and injected into the tibialis anterior muscle of UUO mice for one to four weeks. The expression of miR-29 was decreased in skeletal muscle and kidney of UUO mice. Serum from UUO mice enhanced secretion of exosome-encapsulated miR-29 from cultured C2C12 skeletal muscle and HEK293 renal cells. The intervention of Exo/miR29 increased muscle cross-section area and decreased UUO-induced upregulation of TRIM63/MuRF1 and FBXO32/atrogin-1. Curiously, BUN was decreased in the mice treated with Exo/miR29. In addition, renal fibrosis was partially depressed in the UUO mice with intramuscular injection of Exo/miR29. This was confirmed by decreased TGFβ, alpha-smooth muscle actin (αSMA), fibronectin, collagen 1A1 and 4A1 in the kidney of UUO mice by muscle-derived miR-29. When we used fluorescence-labeled Exo/miR-29 to trace the Exo/miR route in-vivo we found that fluorescence was significantly visible in both injected and un-injected muscle and in kidneys. The fluorescence intensity in kidney correlated with skeletal muscle. We found that miR-29 directly inhibits TGF-β3 in cultured kidney cells. We conclude that exosomes play a critical role in muscle-kidney crosstalk. Muscle-derived Exo/miR29 not only ameliorates skeletal metabolism, but also attenuates UUO-induced kidney fibrosis by down-regulating TGF-β pathway proteins and extracellular matrix components.

Biography

Zhen Su has completed her MD from Wenzhou Medical University; PhD from Second Military Medical University, and; Post-doctoral studies from Emory University School of Medicine. She is the Vice-Principle Investigator of renal division in the First Affiliated Hospital of Wenzhou Medical University. She has published more than 40 papers in reputed journals and had oral presentation in ASN 2005 (American Society of Nephrology) meeting and WCN 2007 (ISN World Congress of Nephrology) meeting.

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David Tovbin, J Nephrol Ther 2018, Volume 8
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Correcting acidosis during hemodialysis: Current limitations and a potential solution

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The deleterious catabolic and pro-inflammatory effects of acidosis in hemodialysis (HD) patients and the importance of its correction for limiting mineral bone disorder (MBD), are well known. Although oral base therapy could be a solution for correcting acidosis in HD patients, it increases their already enormous medication load. Thus, this approach is not commonly used. Therefore, we need to rely more on correcting acidosis during the HD procedure. This is difficult to achieve because HD is an intermittent therapy that tries to correct in few hours processes that occurred in few days. In addition, most the acid load accumulates in the extensive extra-plasma compartments while the initial changes during HD are induced through the relatively restricted plasma compartment. Thus, the currently used fixed dialysate bicarbonate concentrations are associated with pre-HD acidosis and intra-dialytic alkalosis. Recently, large scale studies have demonstrated that using higher dialysate bicarbonate concentration and intradialytic alkalosis are deleterious. Decreasing dialysate bicarbonate concentration from an initially high concentration may be a means of correcting acidosis with limited intradialytic alkalosis. Caution may be required with changes in potassium and ionic calcium levels. Some evidence, as well as theoretical considerations, supports such an approach.

Biography

David Tovbin has completed his MD at Hebrew University School of Medicine, Jerusalem, Israel and his Nephrology Fellowship at Southwestern Medical Center at Dallas, USA. He is currently Head of Nephrology at Emek Medical Center, Afula, Israel and Assistant Clinical Professor at Faculty of Health Sciences, Technion, Institute of Technology, Haifa, Israel for the last seven years. He serves as Head of Hemodialysis Forum of Israeli Society of Nephrology and Hypertension. His main research interests include "Acid-base status and anemia and iron deficiency correction in hemodialysis patients".

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Banan Abbas Mustafa Osman, J Nephrol Ther 2018, Volume 8
DOI: 10.4172/2161-0959-C2-054

Renal function preservation following high grade blunt renal trauma: A major trauma centre experience

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Kidneys are the most common genitourinary organ injured following trauma. 90-95% of renal injures are secondary to blunt aetiology. Conservative management of renal trauma has brought the question of long term complications and renal function preservation. This study evaluates renal function preservation following high grade blunt renal trauma in a level 1 trauma centre in the United Kingdom between January 2012 and December 2015. Trauma Audit & Research Network (TARN) data base, patient's electronic records and radiology scans were reviewed and results were analysed. 4611 patients with major trauma admitted into the hospital, of which 1.8% (83/4611) patients were identified with urological blunt trauma. The mean age of population was 44 years; range 12-90.5 years with a male predominance (82%). Renal injury counted for 51.8% of urological blunt trauma patients with (26) 45% grade I, (9) 15% grade II, (4) 7% grade III, (15) 26% grade VI, (4) 7% grade V. Conservative management was successful in patients with grade IV renal trauma with 6.7% morbidity with long-term hypertension. None of grade IV developed any renal function deterioration. Over all, long term follow up (four years average) of patients, revealed 95% of patients preserved their pre trauma renal function. This study reveals preserved renal function in over 95% of patients with blunt renal trauma. We therefore promote conservative approach of high grade renal injury with the objective of renal function preservation; however, certain situations still require intervention.

Biography

Banan Abbas Mustafa Osman is a British urology trainee joined University of Medical Science and Technology. She is an Honorary Clinical Tutor for the Severn School of Surgery. She is also a teaching faculty member at Royal College of Surgeons England. She was appointed annually over three years as a Surgical and Urology trainee representative in Junior's Doctor's Forum in the Royal Marsden NHS foundation Trust & North Bristol NHS Trust. She was a Clinical Investigator in VORTEX Clinical Trial. She held a position of Assistant Director of training in SMA International Training School.

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Manal Abd Elsalam, J Nephrol Ther 2018, Volume 8
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Evaluation of sclerostin serum level and bone density status in children on regular haemodialysis

Manal Abd Elsalam
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Bone disease is frequently observed in chronic kidney disease (CKD) and increases a patient's risk for fracture. Sclerostin is an osteocyte-derived negative regulator of bone formation. Aim of this study is to assess sclerostin serum level as a bone marker in children with CKD on regular hemodialysis and detect the association between sclerostin serum level and bone density status. The study conducted on 25 children with CKD on regular HD and 25 age- and sex-matched healthy children as controls, complete blood picture, BUN, serum creatinine, parathyroid hormone, alkaline phosphatase, calcium, phosphorous and sclerostin serum level, also DEXA scan were measured in both groups. There was significant increase in sclerostin serum level in patients compared to controls with nine patients (36%) have low bone mineral density (BMD) with z score under -2.0, 8 of them have low BMD in both the neck of femur and lumber spines and one of the patients only have low BMD in the lumber spines. There is significant increase in sclerostin serum level in patients group with low BMD compared with patients with normal bone density. There is significant positive correlation between sclerostin serum level and (ALK phosphatase, PTH) while there is significant negative correlation and serum Ca. Sclerostin is 100% specific and sensitive as a marker of bone disease in children of regular hemodialysis. Elevated sclerostin levels are consistent with low bone density and appear to be independent predictor of reduced bone mineral density in CKD children on regular hemodialysis.

Biography

Manal Abd Elsalam completed her MBBCh and, then Residency of Pediatrics at AL-Azhar University, Cairo, Egypt. She is an Assistant Professor of Pediatrics at Al-Azhar University, Cairo, Egypt.

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Han-Yu Tsai, J Nephrol Ther 2018, Volume 8
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Huge retroperitoneal epithelioid angiomyolipoma: A case report

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Angiomyolipoma (AML) is a type of tumor in the perivascular epithelioid cell neoplasm (PEComa) family and is the most common benign solid renal neoplasm. Epithelioid angiomyolipoma (EAML), having malignant potential, is considered a rare variant of angiomyolipoma. The most common site of EAMLs is kidney, and extra-renal EAMLs are very uncommon. To our acknowledgment, only six cases of retroperitoneal EAML were reported in the English literature. Presented here is a 46-year-old female with a giant (20 cm×15 cmx15 cm) retroperitoneal epithelioid angiomyolipoma. On pre-OP CT, the tumor was encapsulated with soft tissue and displacing the left kidney upwards and compressing abdominal aorta. The cystic mass was decompressed for 1300 ml of blood and was dissected carefully from the left kidney. Pathology revealed tumor composed largely of polygonal epithelioid cells with abundant eosinophilic cytoplasm, marked nuclear pleomorphism and hyperchromasia, and occasional bizarre tumor giant cells. There were no identifiable renal tissues seen. Hence, the tumor is most likely arising from the renal capsule. Follow-up CT urography and creatinine after three years revealed no evidence of recurrence or metastasis.

Biography

Han-Yu Tsai has completed his MD degree in medicine from Chang Gung University, Taiwan. He is currently a resident doctor in the division of urology, department of surgery, Chang Gung Memorial Hospital. He has published one case report and has been a speaker in the 2017 American Urological Association about researches in epithelioid angiomyolipoma.

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Amir Abbas Farshid et al., J Nephrol Ther 2018, Volume 8
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Ultrastructural alterations of renal tissue in a male patient with fabry's disease

Amir Abbas Farshid[1], **Farahnaz Noroozinia**[2] and **Khadijah Makhdoomi**[2]
[1]Urmia University, Iran
[2]Urmia University of Medical Sciences, Iran

Fabry disease is an X-linked lipid storage disorder due to deficient lysosomal alpha galactosidase A. Kidney biopsy was done on a 19 year old male patient with complaint of acroparesthesia, maculopapular skin lesions and cornea verticillata. Kidney biopsy tissue was processed and examined by electron microscopy. Changes were inclusion bodies in the cytoplasm of the renal cells. These inclusions were osmophilic with concentric lamellation of clear and dark layers, showing onion skin appearance. The podocytes were mostly affected and some of the foot processes were fused. Cross-sections of collagen fibers were also evident, indicating fibrosis. The ultra-structure of the kidney clearly showed the intracytoplasmic glycosphingolipid accumulation in renal cells, responsible for progressive decline in renal function which could lead to kidney failure. The final diagnosis of Fabry disease was confirmed. In the present case-study, electron microscopy proved to be a valuable diagnostic aid.

Biography

Amir Abbas Farshid is a Professor of Veterinary Pathology, Faculty of Veterinary Medicine, as well as Head of Electron Microscope Center, Urmia University, Urmia, Iran, with more than 85 research papers published in reputed journals.

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Notes:







19th Global

Nephrologists Annual Meeting

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Keynote Forum

Day 2

Zhen Su, J Nephrol Ther 2018, Volume 8
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19th Global

Nephrologists Annual Meeting

May 14-15, 2018 | Rome, Italy



Zhen Su

Wenzhou Medical University, China

Risk factors of progressive IgA nephropathy which progress to end stage renal disease within ten years

Background & Aim: There were few related studies aiming to severe IgA nephropathy (IgAN) which could progress rapidly to end stage renal disease (ESRD) within ten years. To find valuable clinical or pathological factors and promising precautions is essential.

Method: A single center case-control study was performed. 50 ESRD patients with the primary cause of IgAN and a short renal survival time of less than ten years after diagnose were enrolled in the case group. 100 IgAN patients with a renal survival time of more than ten years were enrolled in the control group. IgA Oxford classification scores, clinical data at baseline and during the follow-up were collected. Multivariate logistic regression was used to investigate factors associated with the development of ESRD.

Results: There were significant differences in baseline clinical data between these two groups, as well as the constituent ratio of Oxford MEST-score. Distinct differences were observed in time-average uric acid (TA-UA), time-average hemoglobin (TA-Hb), time-average albumin (TA-Alb), time-average total cholesterol (TA-TC) and time-average urinary protein (TA-P) during the follow-up. In multivariate logistic models, IgA oxford score M1 (OR=5.10, P=0.018) and eGFR (OR=0.97, P=0.039) at biopsy, TA-UA (OR=2.06, P=0.026) and TA-Hb (OR=0.53, P=0.022) during the follow-up were identified independent factors for developing ESRD.

Conclusion: IgAN patients with pathological assessment of M1, low baseline eGFR, TA-Hb and high TA-UA were more likely to progress to ESRD, and should be paid more attention. Appropriate regulations of UA, Hb and urine protein after diagnose may be a promising treatment.

Biography

Zhen Su has completed her MD from Wenzhou Medical University; PhD from Second Military Medical University and; Post-doctoral studies from Emory University School of Medicine. She is the Vice-Director of Renal Division at First Affiliated Hospital of Wenzhou Medical University. She has published more than 40 papers in reputed journals and had oral presentation in ASN 2005 (American Society of Nephrology) meeting and WCN 2007 (ISN World Congress of Nephrology) meeting.

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19th Global

Nephrologists Annual Meeting

May 14-15, 2018 | Rome, Italy



Surjit Tarafdar

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Atypical familial hyperaldosteronism in a family

Defect of CYP11B1, or 11-beta-hydroxylase 1(11β-OH 1) deficiency causes 5% of congenital adrenal hyperplasia (CAH). A 27-year-old male with history of hypertension from the age of 21 and non-compliance was found to have hypokalaemia with metabolic alkalosis. Investigations revealed he had primary aldosteronism with an aldosterone/renin ratio of more than 200 (normal <30). CT imaging of the adrenal glands showed hyperplastic right adrenal gland. Given the young age and strong family history of early onset hypertension patient had genetic tests which revealed a large deletion in CYP11B1. No evidence of hyperandrogenism was found. Subsequently patient's 52 year old father who had been hypertensive since his twenties was investigated and found to have primary hyperaldosteronism with the same genetic defect. Both father and son responded very well to spironolactone. 11β-OH1 associated CAH is characterized by hyperandrogenism along with accumulation of 11-deoxycortisol and 11-deoxycorticosterone. 11-deoxycorticosterone (which has intrinsic mineralocorticoid activity) causes hypokalemic hypertension and suppressed aldosterone production. However, our patient family has a significantly elevated aldosterone to renin ratio suggesting that blockage of the cortisol pathway caused activation of the mineralocorticoid pathway rather than the androgen pathway. This is the first documented case of a deletion in gene CYP11B1 presenting with hypertension and primary aldosteronism rather than hyperandrogenism and hypertension with hypoaldosteronism. This group of patients should be recognized as a new subset of familial hyperaldosteronism rather than CAH.

Biography

Surjit Tarafdar is a Nephrologist working at Blacktown Hospital in Sydney since 2014 and has additional position of Conjoint Lecturer at Western Sydney University Medical School since March 2014. He had conceptualized and eventually co-written "*Passing the FRACP Written Examination-Questions and Answers*" published by Wiley-Blackwell in 2013. He has started the annual "Revise Nephrology", a weekend nephrology refresher programme for trainees with the aim of helping them to understand nephrology better and pass the FRACP theory examination. In 2017, 182 doctors attended Revise Nephrology. He is currently editing a nephrology book entitled "*Lecture Notes in Nephrology*" which is due to be published by Wiley-Blackwell publishing house in April 2018.

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Notes:

Nephrologists 2018







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Scientific Tracks & Abstracts

Day 2

Nephrologists 2018

Sessions:

Chronic Kidney Disease | Kidney Cancer | Hypertensive Associated Kidney Diseases | Dialysis Urinary Tract Infections

Session Chair
Vladimirs Strazdins
Medical Society Gailezers, Ltd., Latvia

Session Co-Chair
Nadica Ristoska-Bojkovska
Clinical Hospital Acibadem-Sistina, Macedonia

Session Introduction

Title: **Medical expulsive therapy for ureteric stones: Analysing the evidence from systematic reviews and meta-analysis of powered double-blinded randomised controlled trials**
Banan Abbas Mustafa Osman, Bristol Urological Institute, UK

Title: **Recurrent urinary tract Infections in adults in Latvia: Additional findings from 2014 study**
Vladimirs Strazdins, Medical Society Gailezers, Ltd., Latvia

Title: **Congenital anomalies of the kidneys and urinary tract**
Nadica Ristoska-Bojkovska, Clinical Hospital Acibadem-Sistina, Macedonia

Title: **The impact of peritoneal glucose load on blood pressure in peritoneal dialysis patients**
Kamal Hassan, Galilee Medical Center, Israel

Title: **Mixed epithelial stromal tumor of the kidney: The male case and literature review**
Pai-Yen Pan, Chang Gung Memorial Hospital, Taiwan

Title: **Genetic mutation in Egyptian children with steroid-resistant nephrotic syndrome**
Manal M Thomas, National Research Centre, Egypt

Banan Abbas Mustafa Osman, J Nephrol Ther 2018, Volume 8
DOI: 10.4172/2161-0959-C2-054

Medical expulsive therapy for ureteric stones: Analyzing the evidence from systematic reviews and meta-analysis of powered double-blinded randomised controlled trials

Banan Abbas Mustafa Osman
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Severn Major Trauma Network, UK

Urinary tract stones affect 1–15% of the general population and the incidence is on the rise. Annual costs for stone disease have rapidly increased over the years and most patients with ureteral colic or other symptoms seek medical care. This has led to a plethora of research into the field aiming at finding a medication that will increase stone passage, shorten time to passage, and alleviate pain. The role of medical expulsive therapy (MET) is debatable with studies showing benefit for medical expulsive therapy (MET), whilst others reported no benefit. However, despite the multitude of trials published, the debate remains, as most of the research is riddled with bias and confounding factors. We therefore conducted a Cochrane style systematic review and a pooled meta-analysis on published literature from 1990 to 2016, to include low risk of bias (RoB) randomised controlled trials (RCTs) and a power calculation to investigate the efficacy and safety of medical expulsive therapy (MET). Pooled analysis of powered RCTs with low RoB would suggest, MET with the use of an a-blocker does increase stone expulsion rates (a-blockers 78% vs. 71% control) (P<0.001). Furthermore, their role is more significant for larger (>5 mm) stones (a-blockers 75% vs. 61% control) (P=0.02) and stones in the lower ureter (a-blockers 83% vs. 72% control) (P<0.001). However, MET was associated with side-effects, albeit not severe.

Biography

Banan Abbas Mustafa Osman is a British urology trainee joined University of Medical Science and Technology. She is an Honorary Clinical Tutor for the Severn School of Surgery. She is also a teaching faculty member at Royal College of Surgeons England. She was appointed annually over three years as a Surgical and Urology trainee representative in Junior's Doctor's Forum in the Royal Marsden NHS Foundation Trust & North Bristol NHS Trust. She was a Clinical Investigator in VORTEX Clinical Trial. She held a position of Assistant Director of training in SMA International Training School.

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Vladimirs Strazdins et al., J Nephrol Ther 2018, Volume 8
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Recurrent urinary tract infections in adults in Latvia: Additional findings from 2014 study

Vladimirs Strazdins[1] and **Harijs Cernevskis**[2]
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[2]Pauls Stradiš Clinical University Hospital, Latvia

Antimicrobial resistance is a growing worldwide problem. Urinary tract infection (UTI) is not an exception. Furthermore, the recent trends may prohibit the further use of fluoroquinolones in UTI treatment. Therefore, it is crucial to regularly update the bacterial flora spectrum data and the efficacy of the recommended empiric treatment to make timely and appropriate amendments where necessary. This observational study was comprised in July-November 2014, when family physicians across Latvia submitted the anonymous patient data on recurrent UTI treatment in their practice. Bacterial flora spectrum in Latvian adult recurrent UTI population was fairly consistent with data from other European countries, with prevalent Escherichia coli cultures. The soluble nitrofuran derivate (NFD) - in Latvia Furamags ® in particular was clinically effective in all patients, even in culture-negative or NFD-resistant patients. There was not a single case without any improvement in controlled parameters – Furamags ® was clinically effective in all cases, including pyelonephritis. This confirms unique multifactorial antibacterial activities of NFDs, which simultaneously inhibit protein synthesis, aerobic energy metabolism, DNA synthesis, RNA synthesis and cell-wall synthesis, thus ensuring antibacterial activity even against the seemingly resistant flora. The current first-choice empiric treatment of recurrent UTI by NFDs may stay unchanged. Particular NFD used in Latvia (Furamags ®) is safe, well-tolerated and effective first-line UTI (including pyelonephritis) treatment choice.

Biography

Vladimirs Strazdins completed his Graduation from Riga Stradins University in 1977 and dedicated his further carrier to nephrology and pediatric nephrology. From 1992 till 2009, he worked as a Head of Nephrology at University Hospital for Children in Riga. From 2004 till 2012, he was a member of European Pediatric Dialysis working group, participating in creation of European guidelines on the subject. In 1999, he was awarded with Special Recognition Award for developing the pediatric ESRD treatment program in Latvia and Lithuania; in 2013 awarded with Honor Medal Tempus Hominis 2nd degree for outstanding achievements in medicine.

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Nadica Ristoska-Bojkovska, J Nephrol Ther 2018, Volume 8
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Congenital anomalies of the kidneys and urinary tract

Nadica Ristoska-Bojkovska
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Congenital anomalies of the kidneys and urinary tract (CAKUT) are found in 3-6 out of 1000 of the newborns or according to some statistics they are represented in 0.5% of all pregnancies. Congenital abnormalities of the kidneys and urinary tract present a family of diseases of various anatomic spectrums, including renal anomalies, and anomalies of the bladder and urethra. This paper is motivated from the awareness that so far in Macedonia there has been no major or serious study prepared in relation to congenital kidney and urinary tract anomalies. The study was retrospective – prospective which means that it included newly diagnosed patients suffering from CAKUT, as well as those patients with already diagnosed and well defined CAKUT on the basis of imaging studies which have been processed according to the protocol for this study. A series of 749 pediatric patients with diagnosed congenital anomaly of the kidneys and urinary tract (CAKUT) has been analyzed at the Pediatric Clinic in the period from 2010 until 2015. In 25% CAKUT has been detected by prenatal ultrasound screening. The molecular diagnosis of patients with renal hypo dysplasia and renal agenesis can be achieved with copy number variation analysis in 10% of the patients. With this study we created a database of patients with syndromic and non-syndromic CAKUT, identified an unambiguous existence of the genetic factor through the familial ultrasound screening and existence of extra-renal abnormalities, thus enabling participation in future multicentric studies.

Biography

Nadica Ristoska-Bojkovska has completed Specialization in Pediatrics; Sub-specialization in Nephrology in 1989 at Saints Cyril and Methodius University of Skopje, Skopje and she was employed at University Children's Hospital in Skopje 1990. She works at Clinical Hospital Acibadem-Sistina in Skopje from 2015. She started Pediatric specialization and passed the final specialization exam in 1996. She completed her Master Degree thesis in 2004 and; PhD in 2015 at Saints Cyril and Methodius University of Skopje, Skopje. She published many papers of scientific work and had fellowship at Charite Hospital, Berlin; Children's Hospital in Hanover and; Max-Dellbruck Center for Molecular Medicine in Berlin-Buch.

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Notes:

Kamal Hassan et al., J Nephrol Ther 2018, Volume 8
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The impact of peritoneal glucose load on blood pressure in peritoneal dialysis patients

Kamal Hassan[1, 2] and **Rana Barhom**[1]
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Background: Hypertension is considered well-known independent risk factors for cardiovascular morbidity and mortality in peritoneal dialysis (PD) patients. Cardiovascular complications are the main cause of morbidity and mortality in patients with end-stage renal disease and dialysis patients. Peritoneal glucose load (PGL) contributes to the development of cumulative peritoneal membrane damage and increased permeability, leading to fluid accumulation and elevated blood pressure. The effects of PGL on hydration status, systemic inflammation, left ventricular mass, depression and male sexual dysfunction among PD patients was evaluated in our peritoneal unit in several prospective cross sectional studies conducted in the last five years (2014-2018). The relationship between PGL and blood pressure was not investigated before. Based on the data obtained from the mentioned studies and additional data that received from the usual maintenance follow up visits, we evaluated retrospectively the influence of PGL on blood pressure in patients on maintenance PD.

Methods: Office blood pressure measurements were used. If white coat hypertension is suspected, a 24 hour blood pressure study was performed to assess the patient's overall blood pressure profile using Mobil-O-Graph device for 24-hour ambulatory blood pressure monitoring (Manufacture: Industrielle Entwicklung Medizintechnik GmbH, D-52222 Stolberg, Germany). The hydration status was assessed by a whole-body bio-impedance technique (BIS) using a Fresenius Medical Care Body Composition Monitor (BCM) device (Fresenius Medical Care, Bad Homburg, Germany). The PGL was assessed by PGL index (PGLI), which refers to the net glucose content (monohydrated or un-hydrated) (g) in the PD solutions administered in the daily PD prescription divided by the dry body weight (kg) assessed by BIS:

Results: 159 medical records of stable PD patients were evaluated retrospectively. Significant positive correlations were found between PGLI and mean arterial pressure (MAP), extracellular water (ECW)/intracellular water (ICW) ratio and HbA1c. MAP, ECW/ICW ratio and HbA1c were significantly higher in patients with PGLI>3 g/kg/day compared with those with PGLI≤3 g/kg/day.

Conclusions: PGL may be associated with higher blood pressure, over-hydration and poor glycemic control in PD patients. PGLI could be applied in managing PD patients as a practical tool for the quantitative assessment of the PGL. PGLI values below 3 g/kg/day should be targeted.

Biography

Kamal Hassan is a Specialist in Internal Medicine, Nephrology and Hypertension. He is Head of Peritoneal Dialysis Unit and In-patient Nephrology and Hypertension Department at Galilee Medical Center, Naharyia, Israel. Also, he is Clinical Lecturer Faculty of Medicine. His main research interest includes Peritoneal Dialysis and Clinical Nephrology.

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Pai-Yen Pan, J Nephrol Ther 2018, Volume 8
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Mixed epithelial stromal tumor of the kidney: The male case and literature review

Pai-Yen Pan
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Mixed epithelial stromal tumor of the kidney (MESTK) is a rare genitourinary tract tumor. It was first presented by Michal and Syrucek in 1998. This tumor is characterized by its composition of both stromal solid areas and epithelial elements. Previous reports showed that MESTK attacks mostly middle-aged peri-menopausal women with estrogen therapy history, which indicates a correlation between MESTK and estrogen. However, rare cases were also reported in men and children. Even though malignant cases are rare, but they have also been reported for both genders. Since 2004, MESTK has been included in the World Health Organization renal tumor classification. We report a 44-year-old Taiwanese male, with no history of hormonal therapy, who was found with a left renal tumor by self-health examination. Abdominal computed tomography showed an 11x15 cm enhanced heterogeneous soft tissue mass with calcification and minimal fatty content. He subsequently received radical left nephrectomy. MESTK is a benign renal tumor with malignant potential. We should keep in mind that patients receiving hormonal therapy have a higher risk of developing cystic renal tumor, irrespective of their gender.

Biography

Pai-Yen Pan has completed his MD degree at Chang Gung University of Medicine. He is the Resident Doctor in the Division of Urology, Department of Surgery, Chang Gung Memorial Hospital. He has published a case report.

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Notes:

Manal M Thomas, J Nephrol Ther 2018, Volume 8
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Genetic mutation in Egyptian children with steroid-resistant nephrotic syndrome

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Nephrotic syndrome is the commonest etiology of proteinuria in children. Steroid-resistant nephrotic syndrome (SRNS) is defined by resistance to standard steroid therapy, and it continues to be one of the most intractable etiologies of renal failure. Molecular studies discovered specialized molecules in podocytes that play a role in proteinuria. Mutations in NPHS2 that encodes for podocin constitute a frequent cause of SRNS worldwide. This study aimed to screen for podocin mutations in SRNS Egyptian children and their parents. Our study included patients from 10 unrelated Egyptian families diagnosed with SRNS. Mutational analysis of the *NPHS2* gene was performed by polymerase chain reaction amplification of the whole coding region of the gene and direct sequencing. Positive consanguinity was detected in five cases, and four of them had a positive family history of SRNS in a family member. Mutational analysis of NPHS2 revealed pathogenic mutations in four cases (40%) including a novel missense in one patient (c.1A>T; p.M1L). Our study concluded that mutations of *NPHS2* gene are common among Egyptian children with SRNS. We support a model where ethnicity plays an important role in specific NPHS2 mutations, since a novel mutation was found in one patient in this study. Future study on a large number of Egyptian patients with SRNS is warranted to identify the actual genetic contribution of this gene in the development of SRNS in our population, which might help in patients' prognosis and management.

Biography

Manal M Thomas is an Assistant Professor in Clinical Genetics department - Human Genetics and Genome Research division - National Research Centre, Cairo, Egypt. She has completed Master degree in Pediatrics from Medical School of Cairo University and PhD degree from Ain Shams University. She is a member of National Society of Human Genetics. She has many publications in medical genetics.

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Wioletta Dziubek-Rogowska et al., J Nephrol Ther 2018, Volume 8
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Evaluation of the quality of life, physical efficiency and muscle function in dialysis patients participating in the exercise program

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Frequent dialysis and a number of comorbidities that accompany patients with chronic renal failure (CRF) causes a reduction in their overall fitness. A decrease in muscle mass and malnutrition not only increases the likelihood of injuries, but also limits the performance of everyday activities, reducing the quality of life of patients. Programming rehabilitation, considering the progressive process of skeletal myopathy in patients with CRF, it is directed to increase muscle strength and endurance, that is, factors conditioning physical exercise tolerance, and consequently also the quality of life and physical fitness in the patient's everyday life. That is why the importance of physical exercise is so important, not only in the period between dialysis, but also in non-dialysis days. The main aim of the research is to assess the impact of six-month training on muscle function, physical efficiency and the quality of life of patients undergoing dialysis. The dialysis patients were divided into three groups. Trainings with each of the three groups were conducted for six months, three times a week (1st and 2nd group) and twice a week (3rd group), 60 minutes. 90 people were qualified for the study; 45 patients aged 40 to 80, completed the training cycle. The average age of the respondents was 62.2 years. Patients were divided into three groups: group I – patients with endurance training (16 people); group II - patients with strength training (15 people); group III - patients who trained Tai Chi (14 people). At the beginning of the program and after six months, the patients were subjected to the following tests: Strength of the lower limbs in the statics and dynamics - isokinetic and isometric tests (multi joint 4 by Biodex); exercise stress test (VO2max) on the Cosmed K4b2 ergospirometer; assessment of the quality of life- KDQoL questionnaire. All tests were performed with the participation of a nephrologist and cardiologist. The research was carried out as part of a project from the National Science Center - grant no. 2011/03/B/NZ7/01764. As a result of six months of training in all groups of patients, the endurance parameters and muscle strength-speed parameters improved their quality of life and the cardiovascular system's performance improved. After six months of training, hemodialysis patients showed an increase in the strength-speed and spiroergometric parameters. In some cases these differences were statistically significant. There were no significant differences between group I (training on the rotor) and group II (resistance training) in strength-speed parameters. In group I there was a significant increase in the average values of all spiroergometric parameters after six-month training on the rotor. The peak torque at both speeds of movement correlated with the spiroergometric parameters. The age of subjects tested negatively correlated with all strength-speed parameters. Improvement in the quality of life has been observed in all groups studied.

Biography

Wioletta Dziubek-Rogowska completed her Master of Physiotherapy at University of Physical Education in Wroclaw in 1999 and PhD in Physical Education at University of Physical Education in Wroclaw in 2005. She is Scientist and Adjunct in the Department of Physiotherapy at University of Physical Education in Wroclaw from 2005. From 2007-2016, she was Senior Lecturer and from 2016 to present working as a Professor at Karkonosze College in Jelenia Gora, Faculty of Natural Science and Technology. From 2005-Present, he is Head of Laboratory of Functional Tests in Internal Diseases, Department of Physiotherapy, and University of Physical Education in Wroclaw. From 01.09.2016-present, she is Head of the Scientific Research Laboratory Department of Physiotherapy, University of Physical Education in Wroclaw. Her area of interest includes “End-stage renal disease, dialysis and kidney transplantation”.

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Noha Adel Ibrahim Mitwally, J Nephrol Ther 2018, Volume 8
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The anti-angiogenic effect of fluvastatin on diabetic nephropathy patients

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Diabetic nephropathy (DN) is the most common cause of end stage renal disease that is associated with high rates of morbidity and mortality. It is characterized by abnormal angiogenesis that results in new vessels, which are often immature and play a pathological role in nephropathy. The progression of nephropathy is related to vascular growth factor signaling through receptor tyrosine kinases, specifically the vascular endothelial growth factor (VEGF) and angiopoietin families. Novel therapies that target angiogenic factors such as VEGF-A and angiopoietins could be an appealing option to treat DN. One of them is statin which is mainly known to reduce low-density lipoprotein cholesterol level. Although, there are growing evidences suggesting that statins may offer renoprotective effects, many trials failed to demonstrate the angiogenic effect of statin on kidney. Our objective was to assess the effects of statin on renal outcomes in DN by evaluating the alteration of angiogenesis in DN patients and assessing its pleiotropic effect on VEGF-A and Angiopoietine-2. To reach these objectives, we evaluated the level of VEGF-A and Angiopoietin-2 in 50 diabetic patients with increased urinary albumin excretion rate before and after the administration of 80 mg fluvastatin for 14 weeks using Enzyme-Linked Immunosorbent Assay (ELISA). Our results demonstrated that VEGF-A and angiopoietin-2 are increased in type 2 diabetic nephropathy patients. Administration of high dose fluvastatin demonstrated significant reductions in serum levels of VEGF-A and angiopoietin-2. In conclusion, the use of fluvastatin should be considered for patients with DN particularly in the early stages of the disease.

Biography

Noha Adel Ibrahim Mitwally has completed her Master degree in Biochemistry and Molecular Biology from Medical Research Institute, Faculty of Pharmaceutical Sciences, Alexandria University, Egypt. She is an Assistant Lecturer and Clinical Research Coordinator at College of Medicine, Dar Al Uloom University, Riyadh, KSA. She has long experience in clinical research and participated in many clinical researches of reputed international pharmaceutical companies.

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Notes:

Inbar Bandach et al., J Nephrol Ther 2018, Volume 8
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The role of IL-1 in anemia of chronic kidney disease

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Anemia of chronic kidney disease (CKD) may be due to impaired renal erythropoietin (EPO) synthesis, EPO resistance and hepcidin mediated iron malabsorption. Interleukin (IL-1), an important pro-inflammatory cytokine, is normally controlled by a receptor antagonist (IL1Ra). IL1Ra-KO (RaKO) mice show arthritis and excessive inflammation. The aim of this study was to characterize the anemic state of RaKO mice with CKD. RaKO and wild type (WT) mice were divided into four groups: WT-C, WT-CKD, RaKO-C, RaKO-CKD. CKD or control states were induced by 5/6 nephrectomy or sham operations. Mice were sacrificed after 12 weeks from surgery. RaKO animals developed chronic arthritis, in association with increased levels of liver CRP and kidney IL6. Serum creatinine and urea levels were similar in the 2 CKD groups, but RaKO-CKD had higher degrees of renal inflammation and fibrosis vs. WT-CKD. Hematocrit levels were decreased only in RaKO-CKD (but not in WT-CKD). Serum iron levels were reduced in both RaKO groups and were even lower in RaKO-CKD vs. RaKO-C. Liver hepcidin mRNA levels were equally increased in both RaKO groups vs. WT-C, but were more increased in WT-CKD vs. RaKO. Renal HIF2 levels were not increased in RaKO CKD. Bone marrow EPO-R mRNA levels were significantly decreased in RaKO-CKD compared to all other groups. Thus, anemia appeared only in RaKO-CKD and not in WT-CKD. Systemic inflammation was higher in RaKO-CKD; leading to hepcidin mediated iron malabsorption, inhibited kidney HIF2 response and decreased bone marrow EPO-R. Reducing IL-1 effects may be an additional therapeutic strategy in CKD-associated anemia.

Biography

Inbar Bandach is a second year PhD student under the supervision of Prof. Segev and Prof. Landau in Department of Microbiology and Immunology at Ben-Gurion University of the Negev in Israel. In her master's thesis, she worked on “Anemia of chronic kidney disease and mainly focused on the role of IL-1 in anemia of CKD”.

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Banan Abbas Mustafa Osman, J Nephrol Ther 2018, Volume 8
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Long-term graft survival in underweight patients following renal transplantation: A single centre ten-year experience

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Kidney transplantation is the treatment of choice for end stage renal failure (ESRD). Several studies have investigated factors that may affect kidney function at one year. Low preoperative Body Mass Index (BMI) is considered a strong marker of poor nutritional status with inferior outcomes in such patients demonstrated across multiple surgical disciplines. There is a relative lack of evidence concerning the outcome of underweight recipients following renal transplantation. Aim of our study is to compare the long-term graft outcomes for underweight recipients with an age and sex matched cohort of patients with ideal BMI. A retrospective single centre paired analysis of 1095 consecutive kidney transplant recipients over 10 years in one transplant centre in England. All kidney transplant (KTx) patients with low BMI<18.5 kg/m2 were included (n=33). Those patients were age and sex matched with ideal weight (BMI 18.5–25 kg/m2) counterparts. Results showed 33 of 1095 (3.0%) patients were underweight of which 60.6% were females with mean age of 27.0. There was no difference in one-year graft or patient survival between the underweight and matched ideal weight groups (P=1.00). Kaplan-Meier analysis demonstrated no difference in dialysis free patient survival between the two groups (P=0.955). Graft outcomes for underweight patients undergoing renal transplantation in this study were comparable to a matched ideal weight cohort. There is no significant difference in one-year graft or patient survival between the groups. Therefore, low BMI in itself should not be a barrier to renal transplantation.

Biography

Banan Abbas Mustafa Osman is a British urology trainee joined University of Medical Science and Technology. She is an Honorary Clinical Tutor for the Severn School of Surgery. She is also a teaching faculty member at Royal College of Surgeons England. She was appointed annually over three years as a Surgical and Urology trainee representative in Junior's Doctor's Forum in the Royal Marsden NHS Foundation Trust & North Bristol NHS Trust. She was a Clinical Investigator in VORTEX Clinical Trial. She held a position of Assistant Director of training in SMA International Training School.

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Amir Abbas Farshid et al., J Nephrol Ther 2018, Volume 8
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Histopathological investigations on the effects of histidine and N-acetylcysteine on kidney lesions of rat induced by doxorubicin

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Male Wistar rats were divided into five groups of six rats each kept under standard experimental conditions. All the administrations were given intraperitoneally. Group I, received normal saline 1 ml/kg body weight for seven days. In group II, kidney lesions (congestion, hemorrhages and tubular degenerations and necrosis) induced by doxorubicin at the dose of 15 mg/kg body weight following normal saline administration for seven days. Rats in group III, given histidine 100 mg/Kg body weight for seven days followed by administration of doxorubicin and in group IV, N–acetylcysteine at the dose rate of 100 mg/Kg body weight given for seven days and followed by doxorubicin administration. In group V, both histidine and N-acetylcysteine were given for same period and the same dose levels prior to doxorubicin. The semi-quantitative histopathology results indicated that histidine and N-acetylcysteine when given alone could significantly only reduce the congestion but when given together had significant protective effects on all kidney lesions caused by doxorubicin.

Biography

Amir Abbas Farshid is a Professor of Veterinary Pathology, Faculty of Veterinary Medicine, as well as Head of Electron Microscope Center, Urmia University, Urmia, Iran, with more than 85 research papers published in reputed journals.

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Reconstruction of multiple renal arteries during simultaneous pancreas and kidney transplantation: A case report

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[3]Medical Centre of Postgraduate Education, Poland

Since 2004, there has been 200 pancreas transplantations performed at our clinic. SPK requires a vast experience in vascular surgery and microsurgery. In pancreas transplantation, it is necessary to create a common vascular trunk from: common iliac artery, spleen artery and celiac trunk, as well as to reconstruct portal vein with common iliac vein. At our center the most often vessel anastomosis is between reconstructed graft vessels and right external iliac artery and left common iliac vein of the recipient. During transplantation, we usually perform four arterial anastomoses and three venous. We demonstrate a case of SPK transplantation in which the kidney graft had two renal veins and six renal arteries. The recipient was male, aged 32, with diabetes diagnosed 25 years ago and renal replacement therapy from 2013. The donor organs required more anastomoses than in routine. We performed SPK transplantation. In the first step, we reconstructed renal vessels. The donor's aorta patch had 10 cm and had six renal arteries ostia. We divided arteries' patches and performed five side-to-side anastomoses, reconstructing the arterial patch. The renal veins reconstruction was done by creating a common trunk. In control ultrasonography the grafted kidney had regular and rich blood supply. The patient had proper renal and pancreas function, also after one year. Anatomy anomalies should not be contradiction for transplantation. The surgeon should consider that each additional vessel can be equivalent. Transplantation with multi vessels is challenging for the surgeons and is a test for knowledge and microsurgical abilities.

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A case of acute kidney injury caused by abdominal compartmental syndrome managed by paracentesis as a model for non-surgical management of abdominal compartmental syndrome complicating acute kidney injury

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65 year old Egyptian female diabetic, hypertensive, not known to be renal (baseline creatinine was 1.3 mg/dl one week before admission) presented by acute rapidly accumulating ascites and anuria. Initial clinical examination revealed massive ascites and bilateral pitting lower limb edema up to both knees, otherwise examination was normal and she was vitally stable. Her renal functions rapidly elevated and urgent hemodialysis session was done for hyperkalemia and metabolic acidosis measuring intra-abdominal pressure via intravesical pressure revealed very high pressure, so urgent tapping of ascites was done (about 12 liters over 3 days), with dramatic improvement of her renal functions which returned to normal within one week. Investigations: Elevated renal function, normal liver function tests. Investigations of ascites revealed malignant ascites which was secondary to cancer ovary. Differential Diagnosis: causes of acute kidney injury – causes of rapidly accumulating ascites. Abdominal compartmental syndrome (ACS) refers to markedly elevated intra-abdominal pressure (above 20 mmHg). Different etiological factors were identified like abdominal trauma, post-operative and massive intra-abdominal fluid accumulation. Definite pathophysiological mechanism of ACS still unclear but it may be related to renal venous pressure and vascular resistance. The gold standard method for measuring intra-abdominal pressure is intravesical (bladder) pressure measurement. Reducing intra-abdominal pressure via paracentesis, nasogastric suction or surgical decompression may occasionally improve renal function.

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Improvement of renal function after human umbilical cord mesenchymal stem cell treatment on chronic renal failure and thoracic spinal cord entrapment: A case report

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Chronic renal failure is an important clinical problem with significant socioeconomic impact worldwide. Thoracic spinal cord entrapment induced by a metabolic yield deposit in patients with renal failure results in intrusion of nervous tissue and consequently loss of motor and sensory function. Human umbilical cord mesenchymal stem cells are immune naïve and they are able to differentiate into other phenotypes, including the neural lineage. Over the past decade, advances in the field of regenerative medicine allowed development of cell therapies suitable for kidney repair. Mesenchymal stem cell studies in animal models of chronic renal failure have uncovered a unique potential of these cells for improving function and regenerating the damaged kidney. We report a case of a 62-year-old ethnic Indonesian woman previously diagnosed as having thoracic spinal cord entrapment with paraplegic condition and chronic renal failure on hemodialysis. She had diabetes mellitus that affected her kidneys and had chronic renal failure for two years, with creatinine level of 11 mg/dl, and no urinating since then. She was treated with human umbilical cord mesenchymal stem cell implantation protocol. This protocol consists of implantation of 16 million human umbilical cord mesenchymal stem cells intrathecally and 16 million human umbilical cord mesenchymal stem cells intravenously. Three weeks after first intrathecal and intravenous implantation, she could move her toes and her kidney improved. Her creatinine level decreased to 9 mg/dl. Now after eight months, she can raise her legs and her creatinine level is 2 mg/dl with normal urinating.

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JNJ39758979 prevents the progression of diabetic nephropathy in male DBA2/J mice

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The incidence of diabetes and the related morbidity of diabetic nephropathy requires the identification of new therapeutic strategies. In the last decades, new and growing evidence on the possible role of histamine in diabetes have been provided. In particular, the histamine receptor H4R is emerging as a new promising pharmacological target for diabetic nephropathy. The aim of this study was to evaluate the efficacy of H4R antagonism by JNJ39758979 on the prevention of diabetic nephropathy progression in a murine model of diabetes induced by streptozotocin injection. JNJ39758979 (25, 50, 100 mg/kg/day p.o.) was administered for 15 weeks starting from the onset of diabetes. JNJ39758979 did not significantly affect glycaemic status or body weight. The urine analysis indicated a dose-dependent inhibitory effect of JNJ39758979 on albumin-creatinine-ratio, the creatinine clearance, the 24 h urine volume and pH urine acidification ($P<0.05$). The beneficial effects of JNJ39758979 on renal function paralleled comparable effect on renal morphological integrity. These effects were sustained by a significant infiltration and fibrosis reduction. Notably, megalin and sodium-hydrogen-exchanger 3 expression was preserved. Our data suggest that H4R participate to diabetic nephropathy progression through both a direct effect on tubular reabsorption and an indirect action on renal tissue architecture via inflammatory cells recruitment. Therefore, H4R antagonism emerges as a possible therapeutic approach to counteract diabetic nephropathy development.

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Hepcidin, inflammation and iron supplementation in patients with chronic kidney diseases

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CAim: The inflammation interferes with iron (Fe) utilization through hepcidin in patients with chronic kidney diseases (CKD). To evaluate the influence of iron therapy on the inflammation and change of hepcidin levels in patients with CKD on conservative treatment (COT) or on hemodialysis (HD) we measured sFe, ferritin, TSAT, and some inflammatory markers in group 1 (HD pts., treated with i.v. iron), group 2 (HD pts. without iron therapy and, group 3 – patients with CKD on COT and group 4 - healthy controls.

Methods: 32 HD pts., treated with i.v. iron, 30 HD pts., without iron therapy, 35 patients with CKD, without iron therapy, on COT and, 50 healthy controls were tested for sFe, ferritin, TSAT, C-reactive protein (CRP), TNF-alfa, IL-6, albumin (Alb) and hepcidin. ANOVA statistical analysis was made for the comparative analysis.

Results: The both groups of HD patients had lower levels of Alb, and higher ferritin, TSAT, TNF-alfa, IL-6 and hepcidin than in the controls ($p<0.001$), but HD pts., supplied with i.v. iron showed significantly higher inflammatory markers than HD pts., without Fe supplementation ($p<0.01$). The CKD patients on COT had results different than of the controls and the HD patients on iron therapy but similar to HD patients without i.v. iron.

Conclusions: The study suggests that CKD patients on COT or on HD have a chronic inflammatory status and application of i.v. iron even increases it. Surely that means an increased oxidative stress that must be further investigated and treated regularly.

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BK virus nephropathy in renal transplant recipient: A single centre experience

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Introduction: Reactivation of BK virus in the transplant kidney can lead to BK virus nephropathy (BKVN) in upto 10% of kidney transplant recipients. This is a single centre study looking at BK virus nephropathy rate and appropriateness of current screening and management approach.

Methods: Retrospective analyses of 185 consecutive renal transplant recipients in a single centre, 2010-2012. Data Source: prospectively managed electronic patient record. Exclusions: any of death, graft failure or transfer in the first year. BKVN, BK viruria and BK viraemia rates were assessed.

Results: 185 patients (69% male, 31% female) with mean age of 49 years +/- 4.3. 32 (17%) patients had BK viruria out of which 12 (6.5%) patients developed BK viraemia. There were two (1.1%) cases of biopsy proven BKVN leading to graft loss in one (0.54%) patient at 12 months post transplant. 244 urine and 156 serum samples were tested for BK virus PCR with positivity rates of 12.7% and 7.69% respectively. 20 patients had their IS reduced, eight of which on the basis of BK viruria.

Discussion: Prevalence of BKVN at 12-month post transplant (1.1%) was similar to published prevalence of 0.85-6.4%. However, in-consistencies were identified vis-à-vis use of single diagnostic method, screening protocol and decision making around IS reduction. Based on these findings, we have developed comprehensive guidelines to adopt a uniform approach for screening and management of BK virus re-activation in renal transplant recipients and to treat BK virus reactivation before it causes irreversible graft damage.

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Nephrotoxic mushroom poisonings: Epidemiology, toxidromes, treatments and outcomes

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Introduction: Mushroom poisonings are increasing worldwide today as adolescents mistake poisonous mushrooms for psychedelic ones and recent immigrants mistake poisonous mushrooms for edible ones in their native homelands.

Objectives: Since mushroom poisonings are increasing worldwide following ingestions of known, newly described, and even formerly edible species, the objectives of this review were to identify all known nephrotoxic mushroom species, to present a toxidromic approach to earlier diagnoses based on the onset of renal insufficiency, and to compare the efficacies and outcomes of renal replacement management strategies.

Methods: Internet search engines were queried with the key words to identify peer-reviewed scientific articles on nephrotoxic mushroom poisonings and their treatments during the search period, 1957-present. The key words included: mushrooms, poisonous, nephrotoxic, myotoxic; Amanita, poisonous; Cortinarius, poisonous; orellanus syndrome, orellanine; and rhabdomyolysis, mushroom-induced.

Results: Although the hepatotoxic amatoxin-containing mushrooms cause most mushroom poisonings and fatalities, nephrotoxic mushrooms, most commonly Cortinarius species can cause renal insufficiency and kidney failure. Recently, several new species and even formerly edible species of nephrotoxic mushrooms have been identified including Amanita proxima and Tricholoma equestre in Europe; Amanita smithiana in the United States and Canada; Amanita pseudoporphyria in Japan; Amanita punctata in Korea; and Russula subnigricans in China. Renal replacement therapies including temporary hemodialysis are often indicated in the management of nephrotoxic mushroom poisonings with renal transplantation reserved for extracorporeal treatment failures.

Conclusions: Unlike the outcomes of amatoxic mushroom poisonings, which are often fatal without liver transplantation, nephrotoxic mushroom poisonings that are diagnosed early and managed with temporary renal replacement therapies have uniformly good outcomes with full recovery of pre-existing renal function unless irreversible renal failure ensues. Renal transplantation should not be recommended too early as partial to complete recovery of normal renal function has occurred even after months of hemodialysis.

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Nephrotoxicity of first-line ARVs in HIV/AIDS patients at Essos Hospital Center, Yaoundé, Cameroon

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In Cameroon, antiretroviral treatments have improved the level and quality of life of infected patients having HIV/AIDS. However, some ART are often accompanied by side effects of renal toxicities. Our aim was to study the evolution of two biochemical markers, serum urea and creatinine, among HIV/AIDS patients under first-line antiretroviral therapy at a local hospital (Centre Hospitalier d'Essos) in order to verify the effect of five HAART on renal function in that locality. We had a total of 65 patients infected by HIV/AIDS under five different HAART treatments: AZT/3TC/NVP, AZT/NVP/TNF, 3TC/TNF/EMB, D4T30/3TC/EFV and D4T40/3TC/NVP. The ages were ranging as from 27 years to 75 years. In a general point of view, we noticed an increase in urea serum compared to initial values at the beginning of the treatment. Creatinemia on the other hand increased in all patients under D4T40/3TC/NVP (nine patients) and AZT/NVP/TNF (seven patients) treatments, which is explained by a significant decrease in creatinine clearance as observed in this study. In seven patients (78%) under D4T40/3TC/NVP treatment, and three (43%) under AZT/NVP/TNF the glomerular filtration rate even dropped below the threshold of 90 ml/min/1.73 m2 indicating early renal insufficiency. In four (44.5%) patients under D4T40/3TC/NVP treatment, the glomerular filtration rate even dropped below the critical threshold of 60 ml/min/1.73 m2 which indicates moderate renal insufficiency. The biochemical analyses were conducted from blood serums. The biochemical markers were determined retrospectively using the patient's files and prospectively using the patient's serum. In view of these results, HAART treatments by using the protocols D4T30/3TC/EFV and D4T40/3TC/NVP could lead to renal toxicity.

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Role of therapeutic plasma exchange in reducing ABO antibody titers in patients undergoing ABO incompatible live donor renal transplant

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Renal transplants across ABO blood groups have been made possible by the implementation of antibody titer reduction techniques. We conducted a study over three years on patients (O blood group: 17, other blood groups: 11) who underwent ABO incompatible renal transplant and were subjected to therapeutic plasma exchange of 1 plasma volume using 5% human albumin and fresh frozen plasma of AB blood group on haemonetics MCS+ cell separator. TPE procedures followed by low dose IVIG were continued on a daily basis till the target titer of ≤8 was reached. Following transplant, further TPE procedures were done in case of rising antibody titers (beyond eight) with or without graft dysfunction or in case of derangement of the renal profile in the form of increasing creatinine and/or decreased urine output. The baseline titers ranged from 16-512 (median=64) and the transplant day titer ranged from 1-8 (median=1). A total of 231 TPE procedures were done for these 34 patients out of which, 162 procedures (88 on O group donors, 74 on others) were done in the pre-transplant period (mean=4.8/patient) and 69 procedures (mean=2.1/patient) were done after the transplant. Post-transplant period, O blood group recipients had 21 and other blood group recipients had 48 procedures. The titer decreased by one serial dilution per TPE procedure for anti-A and 1.1 serial dilutions per TPE procedure for anti-B. With an average of 4-5 TPE procedures pre-transplant and 2-3 TPE procedures post-transplants, favorable outcomes can be achieved in majority of the patients.

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Therapeutic role of bone marrow derived mesenchymal stem cells and the protective effect of silymarin in cisplatin-induced acute renal failure in adult male albino rats

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Background: Cisplatin is a highly effective antitumor agent whose clinical application is limited by its nephrotoxicity which is associated with high mortality and morbidity rates. We aimed to study the protective role of silymarin and mesenchymal stem cells as a therapeutic tool of cisplatin nephrotoxicity.

Methods: We injected the rats with cisplatin in a dose of 5 mg/kg BW for five days to induced acute renal failure (ARF). Silymarin was administrated 6 hours before cisplatin injection and mesenchymal stem cells were injected 24 hours after cisplatin induced ARF.

Results: We assessed the ARF biochemically by elevation of kidney function tests and histopathologically by an alteration of the histological architecture of the renal cortex in form of shrinkage of glomeruli, lobulated tufts and glomerular hypertrophy with narrowing capsular space. The tubules showed extensive tubular degeneration with cellular hyaline materials and debris in the lumen of the renal tubules. The renal blood vessels appeared sclerotic with marked thickened walls. When silymarin was given in different doses before cisplatin, it decreased the toxic effect of cisplatin in the kidney but sclerotic blood vessels remained. Injection of mesenchymal stem cells in rats with ARF induced by cisplatin improved the histopathological effects of cisplatin in renal tissues and kidney function tests were significantly improved.

Conclusions: There was a significant improvement in kidney function tests and renal histopathology by using silymarin as protective mechanism in cisplatin-induced ARF and mesenchymal stem cells administration denoted more remarkable therapeutic effect in ARF.

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The challenge how to improve post dialysis arterio venous puncture sites haemostasis: Is mozaik© device new solution?

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Prolonged post dialysis bleeding (PPB) of fistula needling sites is a frequent problem, which increases the hemorrhagic risk, deteriorates the quality of life of hemodialysis patients and represents a risk of blood spurts for the care givers. The increasingly ageing poly-vascular dialyzed patients, with proximal brachial AVF have raised tendency to bleed, anti-platelets and oral anti vitamin K dependent anticoagulants are often prescribed increasing the risk of bleeding. Also heparin infusions during the dialysis session exacerbate prolonged post dialysis bleeding (PPB). The state of hydration of the dialyzed patients who are often in overload status thins the blood made it more hypocoagulable. Oral antivitamin K dependent anticoagulants are the largest providers of prolonged post dialysis bleeding because they fluidize blood more than the anti-platelets. Skin status also plays an important role, because cutaneous ageing allows the appearance of wrinkles by rarefaction of the cornea layer and by disappearance of the dermic elastin fibers promotes weak closure of the channel crossed by the needle after its removal. New era for compressive devices; author patented new device Mozaïk© to reduce significantly the time to clot of artério venous puncture sites. In recent non published prospective study Guerraoui et al. demonstrated superiority of Mozaïk to reduce by three time to clot versus conventional gauze and by half the time to clot versus calcium alginate. He also found high significant difference of re-bleeding episodes that happen in 33% of the patients with calcium alginate, 15% with conventional gauze and only 5% for Mozaïk. Moreover in this study authors reported high frequency of re-bleeding episodes with calcium alginate in comparison with Gauze or Mozaïk.

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Effect of pneumoperitoneum on renal resistive index in patients underwent laparoscopic living donor nephrectomy (LLDN): A pilot study

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Laparoscopic donor nephrectomy (LDN) in kidney transplantation has been widely used as a treatment modality for end-stage renal disease. However, though this method has a better outcome than open nephrectomy, several studies showed that many complication, including reduction of blood flow to the kidney due to pneumoperitoneum, shown by resistive index (RI). This study aims to find the use of RI measurement during LDN for monitoring organ function and donor's quality of life. This is a pilot study conducted at Cipto Mangunkusumo National Hospital, Indonesia. Patients were divided into two groups (pneumoperitoneum with 10 mmHg and 12 mmHg), then demographic and RI value was recorded. Measurement of RI was done in five different stages; before pneumoperitoneum insufflation, 1 hour post insufflation, 3 hours post insulation, after surgery and 24 hours post surgery. Statistical analysis was performed to know the comparison between variables. There was 45 samples predominantly male (62.2%), age 31 (21-58) years old. In comparison between 10 and 12 mmHg pneumoperitoneum, significant changes were observed only on 24-hours post operation. Moreover, in 12 mmHg pneumoperitoneum, there was a significant difference between 1 hour post insuflation and 24 hours post surgery with baseline RI value. Overall, the proportion of patients with RI>0.67 were higher in 12 mmHg group compared to 10 mmHg. There was an association between pneumoperitoneum pressure and RI value, at 24 hours post-surgery. However, further research is needed to know the fluid administration, hemodynamic outcome, post surgery follow-up time and clinical condition of the patients.

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Vascular calcifications in CKD and hemodialysis patients with HCV infection: Could it be reversible?

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Vascular calcification has emerged as an independent risk factor for cardiovascular morbidity and mortality, especially in chronic kidney disease. Vascular mineralization is a process in which mineral is pathologically deposited in blood vessels, mainly in large elastic and muscular arteries such as the aorta, coronaries, and carotid and peripheral arteries. In the general population, the amount of vascular calcification, as measured and quantified by multi-slice computed tomography, is an important predictor of all-cause mortality, vascular complications, and myocardial infarction. The prevalence of both cardiovascular mortality and vascular calcification is much higher in patients with chronic kidney disease (CKD) than in the general populations. Patients with CKD are arteriosclerosis, characterized by arterial stiffening and calcification, altered left ventricular diastolic function, and left ventricular hypertrophy. Atherosclerotic plaque formation often occurs later or in parallel with initial cardiovascular changes aggravated by CKD. For decades vascular calcification was regarded as a passive process, an inevitable consequence of aging and disease. Understanding the molecular mechanisms that lead to accelerated vascular calcification in patients with CKD is of great importance in limiting vascular calcification and subsequently mortality. Some two-thirds of patients with early stages of CKD have mild coronary calcification, whereas one-third has severe coronary calcification. The active inhibition process involves vascular smooth muscle cells and a number of proteins, including some that are vitamin K-dependent. Calciphylaxis is a rare complication in CKD patients. Cases of calciphylaxis have been reported as occurring in the absence of hyperparathyroidism. In the presented case a CKD patient with HCV infection is suffering from vascular calcifications and on warfarin, she developed calciphylaxis. With ongoing in the case, surprises occur after administration of vitamin K.

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Angioplasty with stent in renal artery stenosis: Our experience

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The aim of this study is to demonstrate the outcomes and efficacy of percutaneous treatment in patients with refractory or poorly controlled hypertension and renal insufficiency secondary to renal artery stenosis. Retrospective study included 16 patients treated by angioplasty and stent implantation. Blood pressure and renal function were evaluated in the first 24 hours, and at 6 months and 12 months follow-up. The mean systolic blood pressure decreased from 170 mm Hg to 145 mm Hg in the first 24 hrs, and to 138 mm Hg after 12 months of follow-up, with the diastolic pressure decreasing from 95 mm Hg to 77 mm Hg in the first 24 hrs and to 70 mm Hg after 12 months of follow-up. The renal function, according to the creatinine values remained stable.

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Dissecting the relationships of IgG subclasses and complements in membranous lupus nephritis and idiopathic membranous nephropathy

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Membranous lupus nephritis (MLN) and idiopathic membranous nephropathy (IMN) are kidney diseases with similar morphology, but distinct etiologies, both producing glomeruli with immune deposits. Immunoglobulins and complements, the main components of the deposits, can be detected by immunofluorescence (IF) microscopy semi-quantitatively. Previous researches characterized the immune deposits only individually, but not the interactions between them. Experiments to identify the interactions are too complex, time-consuming and costly. Computational approaches using data visualization, pattern recognition, and statistical inference can be good alternatives to physical experiments. To study these interactions, we analyzed an IF profile of IgG subclasses and complements (IgG1, IgG2, IgG3, IgG4, C3, C1q, and C4) in 53 and 95 cases of biopsy-confirmed MLNs and IMNs, respectively, mainly using information theory and Bayesian networks. We identified significant entropy differences between MLN and IMN for all markers except C3 and IgG1, but mutual information (a measure of mutual dependence) were not significantly different for all the pairs of markers. The entropy differences between MLN and IMN, therefore, were not attributable to the mutual information. These findings suggest that disease type directly and/or indirectly influences the glomerular deposits of most of IgG subclasses and complements, and that the interactions between any pair of the markers were similar between the two diseases. A Markov chain of IgG subclasses was derived from the mutual information about each pair of IgG subclass. Finally we developed an integrated disease model, consistent with the previous findings, describing the glomerular immune deposits of the IgG subclasses and complements based on a Bayesian network using the Markov chain of IgG subclasses as seed. The relationships between the markers were effectively explored by information theory and Bayesian network. Although deposits of IgG subclasses and complements dependent on both disease type and the other markers, the interaction between the markers appears conserved, independent from the disease type. The disease model provided an integrated and intuitive representation of the relationships of the IgG subclasses and complements in MLN and IMN.

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The relationship of residual renal function with cardiovascular morbidity in hemodialysis patients and the potential role of monocyte chemoattractant protein-1

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Background: Residual renal function (RRF) provides several benefits to patients in dialysis. Monocyte chemoattractant protein-1 (MCP-1) plays an important role on atherosclerotic lesions. We considered the relationship between residual renal function and cardiovascular morbidity and the significant role of MCP-1 serum concentrations in hemodiafiltration patients.

Methods: We enclosed 76 patients in on-line hemodiafiltration. RRF was defined by interdialytic urine output and we studied the patients in two groups according to the preservation or not of urine output. MCP-1 levels were measured using ELISA. Chi-square tests were applied for the association between RRF and left ventricular hypertrophy (LVH), coronary artery disease (CAD), peripheral arterial disease (PAD), systolic and diastolic cardiac dysfunction. We built an adjusted model using logistic regression analysis for the factors which could impact on the loss of urine output.

Results: Chi-square tests showed significant association between the loss of urine output and LVH, diastolic dysfunction and PAD (x2=7.4, p=0.007, x2=14.3, p=0.001, x2=4.2, p=0.03 respectively), although the association with CAD and systolic dysfunction was found non-significant. The patients without RRF had significantly higher MCP-1 and the urine volume was inversely associated with MCP-1 (r=-465, p=0.03). In the built adjusted model the elevated MCP-1 was found to be a significant predictor for the loss of residual renal function.

Conclusion: The loss of residual renal function was significantly associated with left ventricular hypertrophy, diastolic dysfunction and peripheral arterial disease in hemodiafiltration patients. The affected by the lack of urine increased MCP-1 may act as an additional underlying factor on this relationship reflecting a progressive inflammation/oxidative stress condition.

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Evaluation of the absorbed dose to the kidneys due to Tc99m (DTPA)/Tc99m (Mag3) and Tc99m (Dmsa)

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The estimated dose absorbed by the kidneys, during studies of renal function of adult patients can be done through the analysis of the bio-kinetics of radiopharmaceuticals used, which contain Tc99m (DTPA)/Tc99m (MAG3) or Tc99m (DMSA). The absorbed dose in the kidneys of adult patients has been assessed using the bio kinetics of radiopharmaceuticals containing Tc99m (DTPA)/Tc99m (Mag3) or Tc99m (Dmsa). The absorbed dose was calculated using the formalism MIRD and the Cristy-Eckerman representation for the kidneys. The absorbed dose to the kidneys due to Tc99m (DTPA)/Tc99m (Mag3), are given by 0.00466 mGy.MBq-1/0.00339 mGy.MBq-1. Approximately 21.2% of the absorbed dose is due to the bladder (content) and the remaining tissue, included in bio-kinetics of Tc99m (DTPA)/Tc99m (Mag3). The absorbed dose to the kidneys due to Tc99m (Dmsa) is 0.17881 mGy.MBq-1. Here, 1.7% of the absorbed dose is due to the bladder, spleen, liver and the remaining tissue, included in bio-kinetics of Tc99m (Dmsa). Using the MIRD methodology and the Cristy-Eckerman representation for kidneys of adult patients, it is shown that, during studies of renal function, the contributions dissymmetric organs, which are part of the bio kinetics (excluding the kidneys) of Tc99m (DPTA)/Tc-99m (DMSA), and Tc-99m (MAG3), are very significant in the estimated dose absorbed by the patient.

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