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Proceedings of
15th Annual Congress on

KIDNEY: NEPHROLOGY & THERAPEUTICS

August 28-30, 2017 | Philadelphia, USA

Conference Series - America
One Commerce Center-1201, Orange St. #600, Wilmington, Zip 19899, Delaware, USA
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Scientific Program

Kidney & Nephrology 2017

Day 1 August 28, 2017

08:30-09:10 Registrations

Independence B

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

Keynote Forum

09:30-10:10 **Title: Update on management issues in patients with advanced renal disease**
breast disease: Diagnostic and clinical implications
Michael F Michelis, Lenox Hill Hospital, USA

10:10-10:50 **Title: Dialysis patient requiring combination therapy during dialysis**
Ghodrat A Siami, Vanderbilt School of Medicine, USA

Panel Discussion

Group Photo

Networking & Refreshment Break 10:50-11:10 @ Foyer

Sessions:
Kidney | Diabetes-Diabetic Kidney Disease | Translational-Clinical Nephrology | Acute Kidney Injury (AKI) Chronic Kidney Disease (CKD)

Session Chair: Michael F Michelis, Lenox Hill Hospital, USA
Session Co-chair: Ghodrat A Siami, Vanderbilt School of Medicine, USA

Session Introduction

11:10-11:40 **Title: Hypophosphatemia in users of cannabis**
Peter Edward Cadman, University of California, USA

11:40-12:10 **Title: Bariatric surgery for obese live kidney donors: An analysis of risks and benefits**
Jorge Ortiz, University of Toledo, USA

12:10-12:40 **Title: Cannulation technique influences arteriovenous fistula and graft survival**
Maria-Teresa Parisotto, Fresenius Medical Care, Germany

12:40-13:10 **Title: Graft survival following deceased donor kidney transplantation with ratg Vs basiliximab (bas) induction therapy in recipients at risk of delayed graft function and/or acute rejection**
Edward Drea, Sanofi Cambridge, USA

Panel Discussion

Lunch Break 13:10-14:10 @ Benjamin's Restaurant

14:10-14:40 **Title: Role of retrograde intra renal surgery in management of large renal stones**
Rajinder Yadav, Fortis Superspeciality Hospital, India

14:40-15:10 **Title: Q fever and renal disease**
Ana Raquel Fernandes, Centro Hospitalar de Setubal, Portugal

15:10-15:40 **Title: Access to the kidney during percutaneous nephrolithotomy**
Morshed Salah, Al Wakra Hospital, Qatar

15:40-16:10 **Title: Acute intoxication treatment, efficacy of haemoperfusion with macro adsorbent resin**
Dario Jimenez Acosta, Universidad Central del Ecuador, Ecuador

Panel Discussion

Networking & Refreshment Break 16:10-16:30 @ Foyer

16:30-17:00 **Title: Evaluation of arterial hypertension in chronic kidney patients on hemodialysis and peritoneal dialysis**
Rodrigo de Oliveira Pierami, Pontifical Catholic University of Sao Paulo, Brazil

17:00-17:30 **Title: A rare case of association between fabry's nephropathy and membranous glomerulonephritis: New perspectives on pathophysiology and follow-up of fabry's disease**
Daniel Santos Rocha Sobral Filho, Federal University of Piaui, Brazil

17:30-18:00 **Title: Medicare telehealth service and nephrology: Policies for eligibility and payment**
Stephanie Frilling, Social & Scientific Systems Inc., USA

18:00-18:30	**Title: Endovascular management of immature fistulas by interventional nephrologists in Algeria** **Mohamed Amne Rahil,** Bachir Ben Nacer Hospital, Algeria

Panel Discussion

Day 2 August 29, 2017

Independence B

Keynote Forum

	Introduction
09:30-10:10	**Title: A systematic literature review of sodium concentrations of body fluids: Clinical application** **Elaine M Kaptein,** University of Southern California, USA
10:10-10:50	**Title: Pediatric kidney transplantation** **Veeraswamy Tamilarasi,** Christian Medical College Vellore, India

Panel Discussion

Networking & Refreshment Break 10:50-11:10 @ Foyer

Sessions:

Kidney Cancer | Dialysis and Renal Care | Kidney Transplantation | Pediatric Nephrology

Session Chair: Elaine Kaptein, University of Southern California, USA

Session Co-chair: Veeraswamy Tamilarasi, Christian Medical College Vellore, India

Session Introduction

11:10-11:40	**Title: Use of C4d biomarker as a diagnostic tool to classify membranoproliferative glomerulonephritis** **Nirupama Gupta,** University of Florida, USA
11:40-12:10	**Title: Comparison of topical Chlorhexidine and Mupirocin for the prevention of exit-site infection in incident peritoneal dialysis patients** **Htay Htay,** Singapore General Hospital, Singapore
12:10-12:40	**Title: Nutritional status assessment in dialysis patients** **Ravi Shankar Bonu,** Manipal Hospital, India
12:40-13:10	**Title: Nonconvulsive status epilepticus due to fentanyl intoxication in hemodialysed patients: Two case reports and review of the literature** **Daniela Pogliani,** ASST Valle Olona UO Nefrologia e Dialisi, Italy

Panel Discussion

Lunch Break 13:10-14:10 @ Benjamin's Restaurant

14:10-14:40	**Title: Successful cyclosporin A therapy for diffuse mesangial sclerosis associated with WT1 mutations** **Koji Nagatani,** Uwajima City Hospital, Japan
14:40-15:10	**Title: Ulinastatin: Is it a new therapeutic option for AKI?** **Sonia Gupta,** Kidney Care Hospital & Research Centre Udaipur, India
15:10-15:40	**Title: Retrograde intrarenal surgery for urinary stone disease in patients with solitary kidney: A retrospective analysis of the efficacy and safety** **Shinnosuke Kuroda,** Yokohama City University Medical Center, Japan
15:40-16:10	**Title: The impact of a multidisciplinary self-care management program on quality of life, self-care, adherence to anti-hypertensive therapy, glycemic control, and renal function in diabetic kidney disease: A Cross-over Study** **Nancy Helou,** Haute Ecole de Sante Vaud, Switzerland

Panel Discussion

Networking & Refreshment Break 16:10-16:30 @ Foyer

Poster Presentations 16:30-17:00 @ Foyer

Poster Judge: Michael F Michelis, Lenox Hill Hospital, USA

17:00-17:30	**Title: Estimated glomerular filtration in obese patients** **Pehuen Fernandez,** Hospital Privado de Cordoba, Argentina

17:30-18:00	**Title: Podocyte injury: The role of proteinuria, urinary plasminogen and oxidative stress** **Leopoldo Raij,** University of Miami Health System, USA
18:00-18:30	**Title: Simvastatin attenuates chromium-induced nephrotoxicity in rats** **Massumeh Ahmadizadeh,** Ahvaz Jundishapur University of Medical Sciences, Iran

Panel Discussion

Day 3 August 30, 2017

Independence B

Keynote Forum

09:30-10:10	**Title: Kidney involvement in micro-angiopathic disease – A case analysis** **Roy Michael Culpepper,** University of South Alabama College of Medicine, USA
10:10-10:50	**Title: Why don't you use a very effective herbal medicine, Shao-yao-gan-cao-tang (Japanese name: Shakuyaku-kanzo-to), for muscle cramp in patients on hemodialysis?** **Fumihiko Hinoshita,** National Center for Global Health and Medicine, Japan

Panel Discussion

Networking & Refreshment Break 10:50-11:10 @ Foyer

Sessions:
Hypertension and Kidney Disease | Cardiovascular Impacts of Kidney Disease | Glomerular-Tubulointerstitial Disorders | Kidney and Bladder stones

Session Chair: Roy Michael Culpepper, University of South Alabama College of Medicine, USA
Session Co-chair: Fumihiko Hinoshita, National Center for Global Health and Medicine, Japan

Session Introduction

11:10-11:40	**Title: Hypertension after kidney transplantation: Multifactorial etiologies and transplant outcomes** **Ekamol Tantisattamo,** Oakland University William Beaumont School of Medicine, USA
11:40-12:10	**Title: Recent topics of autosomal dominant polycystic kidney disease (ADPKD)** **Kenjiro Honda,** University of Tokyo graduate school of medicine, Japan
12:10-12:40	**Title: Vitamin D repletion after kidney transplantation** **Kyra Borchhardt,** Medical University of Vienna, Austria
12:40-13:10	**Title: Management of kidney trauma in Saiful Anwar Hospital (SAH) Malang, Indonesia: A retrospective study** **Besut Daryanto,** Saiful Anwar General Hospital, Indonesia

Panel Discussion

Lunch Break 13:10-14:10 @ Benjamin's Restaurant

14:10-14:40	**Title: Advanced retroperitoneoscopic surgery in renal stones** **Rajinder Yadav,** Fortis Superspeciality Hospital, India
14:40-15:10	**Title: Renal transplantation in sub-Saharan Africa: A case of Tanzania** **Onesmo A Kisanga,** Muhimbili National Hospital, Tanzania

Video Presentation

15:10-15:40	**Title: A simple renal cyst is really an innocent problem?!** **Manuela Stoicescu,** University of Oradea, Romania

Panel Discussion

Networking & Refreshment Break 15:40-16:30 @ Foyer

Award Ceremony

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Advances in Dairy Research	2329-888X
Agrotechnology	2168-9881
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International Journal of Economics and Management Science	2162-6359
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Medical Diagnostic Methods	2168-9784
Medical Toxicology and Clinical Forensic Medicine	-
Melanoma and Skin Diseases	-
Mental Health in Family Medicine	2327-4972
Mental Illness and Treatment	-
Metabolic Syndrome	2167-0943
Molecular & Medical Histology	-
Molecular Medicine & Therapeutics	2324-8769
Neonatal Biology	2167-0897
Neonatal Studies	-
Neonatal Medicine	-
Neoplasm	-
Nephrology & Therapeutics	2161-0959
Neurobiotechnology	-
Neuroinfectious Diseases	2314-7326
Neurooncology: Open Access	-
Neurosurgery & Cardiac Surgery	-
Novel Physiotherapies	2165-7025
Nuclear Medicine & Radiation Therapy	2155-9619
Nutritional Disorders & Therapy	2161-0509
Obesity & Eating Disorders	-
Obesity & Weight Loss Therapy	2165-7904
Occupational Medicine Health Affairs	2329-6879
Omics Journal of Radiology	2167-7964
Oncology & Cancer Case Reports	-
Oncology Translational Research	-
Oral Health and Dental Management	2247-2452
Oral Health Case Reports	-
Oral Hygiene & Health	2332-0702
Orthodontics & Endodontics	-
Orthopedic & Muscular System: Current Research	2161-0533
Orthopedic Oncology	-
Osteoporosis & Physical Activity	2329-9509
Otolaryngology:Open Access	2161-119X
Otology & Rhinology	2324-8785
Pain & Relief	2167-0846
Pain Management & Medicine	-
Palliative Care & Medicine	2165-7386
Pancreatic Disorders & Therapy	2165-7092
Pediatric Care	-
Pediatric Dental Care	-
Pediatric Emergency Care and Medicine- Open Access	-
Pediatric Nephrology Practice	-
Pediatric Neurology and Medicine	-
Pediatric Nursing: Open Access	-
Pediatric Oncology: Open Access	-
Pediatric Physiotherapy	-
Pediatric Psychology and Psychiatry	-
Pediatrics & Therapeutics	2161-0665
Periodontics and Prosthodontics: Open Access	-
Pigmentary Disorders	2376-0427
Prevention Infection Control: Open Access	-
Preventive Medicine	-
Primary & Acquired Immunodeficiency Research	2324-853X
Prostate Cancer	-
Psoriasis & Rosacea Open Access	-
Psychiatry	2378-5756
Psychological Abnormalities in Children	2329-9525
Psychology & Psychotherapy	2161-0487
Pulmonary & Respiratory Medicine	2161-105x
Rare Disorders & Diseases	-
Regenerative Medicine	2325-9620
Reproductive Endocrinology & Infertility	-
Reproductive System & Sexual Disorders	2161-038x
Research & Reviews: Journal of Dental Sciences	2320-7949
Research & Reviews: Journal of Medical and Health Sciences	2319-9865
Research Journal of Biology	2322-0066
Sleep Disorders & Therapy	2167-0277
Sleep Disorders : Treatment & Care	2325-9639
Spine	2165-7939
Spine & Neurosurgery	2325-9701
Spine Research	-
Sports Medicine & Doping Studies	2161-0673
Sports Nutrition and Therapy	-
Steroids & Hormonal Science	2157-7536
Stroke Research & Therapy	-
Journal of Surgery [Jurnalul de Chirurgie]	1584-9341
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

Kidney & Nephrology 2017





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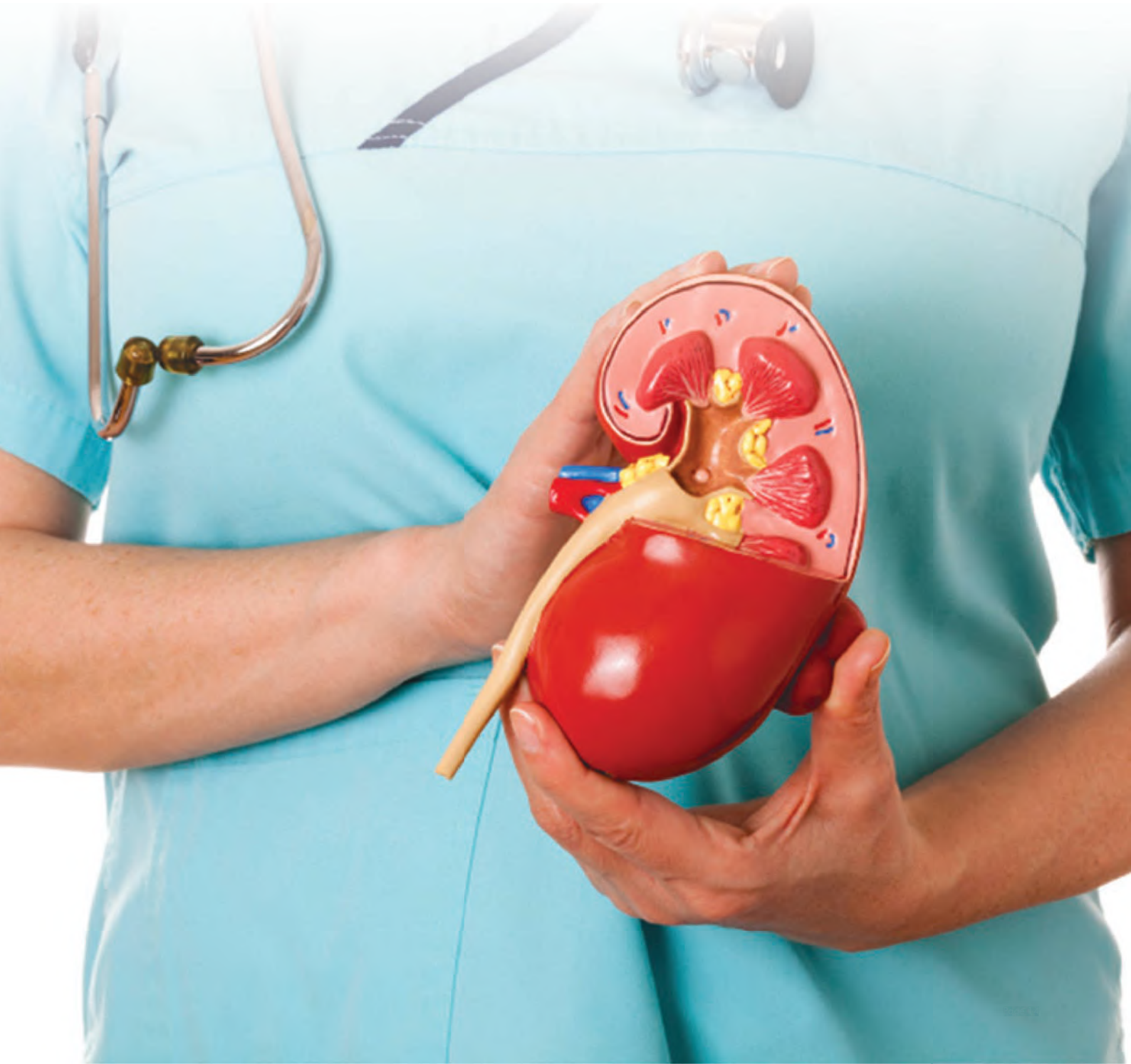
Supporting Journals

Supporting Journals

Journal of Kidney

Journal of Nephrology & Therapeutics

Journal of Clinical & Experimental Nephrology



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AGRI, FOOD & AQUA

18th Global Summit on
Food & Beverages
Oct 02-04, 2017 Chicago, USA

8th International Conference on
Fisheries & Aquaculture
Oct 02-04, 2017 Toronto, Canada

9th Global Food Safety Conference
Dec 04-06, 2017 Atlanta, USA

20th Global Food Processing & Technology Summit
Dec 11-13 , 2017 Philadelphia, USA

7th European Food Safety & Standards Conference
Sep 25-26, 2017 Vienna, Austria

10th International Conference on
Agriculture & Horticulture
Oct 02-04, 2017 London, UK

7th International Conference on
Aquaculture & Fisheries
Oct 19-21, 2017 Madrid, Spain

19th International Conference on
Food Processing & Technology
Oct 23-25, 2017 Paris, France

2nd International Conference on
Food Microbiology
Nov 09-11, 2017 Madrid, Spain

World Aqua Congress
Oct 23-24, 2017 Dubai, UAE

5th International Food Safety, Quality & Policy Conference
Nov 27-28, 2017 Dubai, UAE

ALTERNATIVE HEALTHCARE

13th International Conference on
Connective Tissue Diseases, Systemic Conditions, Treatment & Therapies
Sep 27-28, 2017 Chicago, USA

8th International Conference on
Traditional & Alternative Medicine
Sep 04-06, 2017 Paris, France

8th International Conference and Exhibition on
Natural & Alternative Medicine
Sep 25-27, 2017 Dubai, UAE

23rd International Conference on
Herbal and Alternative Remedies for Diabetes and Endocrine Disorders
Nov 02-04, 2017 Thailand, Bangkok

BIOCHEMISTRY

10th International Conference and Exhibition on
Metabolomics & Systems Biology
Oct 16-17, 2017 Baltimore, USA

3rd International Conference on
Genetic and Protein Engineering
Nov 08-09, 2017 Las Vegas, USA

9th International Conference on
Structural Biology
Sep 18-19, 2017 Zurich, Switzerland

9th International Conference and Expo on
Proteomics
Oct 23-25, 2017 Paris, France

9th International Conference on
Bioinformatics
Oct 23-24, 2017 Paris, France

3rd International Conference on
Lipid Science & Technology
Dec 11-12, 2017 Madrid, Spain

3rd International Conference on
Transcriptomics
Oct 30- Nov 01, 2017 Thailand, Bangkok

CARDIOLOGY

21st International Conference on
Clinical & Experimental Cardiology
Nov 06-07, 2017 Las Vegas, USA

2nd International Conference on
Hypertension & Healthcare
Sep 11-13, 2017 Amsterdam, Netherlands

2nd International Conference on
Echocardiography
Sep 11-12, 2017 Amsterdam, Netherlands

20th European Cardiology Conference
Oct 16-18, 2017 Budapest, Hungery

22nd World Cardiology Conference
Dec 11-12, 2017 Madrid, Spain

16th World Cardiology Congress
December 08-10, 2017 Dubai, UAE

3rd Global Summit on
Heart Diseases
Nov 02-04, 2017 Thailand, Bangkok

CHEMICAL ENGINEERING

7th International Congress and Expo on
Biofuels & Bioenergy
Oct 02-04, 2017 Toronto, Canada

3rd International Conference on
Chemical Engineering
Oct 02-04, 2017 Chicago, USA

7th International Conference and Exhibition on
Biopolymers and Bioplastics
Oct 19-21, 2017 San Francisco, USA

7th World Congress on
Petrochemistry and Chemical Engineering
Nov13-15, 2017 Atlanta, USA

2nd World Biodiesel Congress & Expo
Dec 04-05, 2017 Atlanta, USA

6th International Congress and Expo on
Biofuels, Bioenergy & Bioeconomy
Dec 04-06, 2017 Sao Paulo, Brazil

6th World Congress on
Biofuels and Bioenergy
Sep 05-06, 2017 London, UK

6th World Congress on
Biopolymers
Sep 07-09, 2017 Paris, France

2nd Euro Global Summit and Expo on
Biomass
Sep 21-22, 2017 Madrid, Spain

International Conference on
Renewable Energy and Resources
Oct 05-07, 2017 Kuala Lumpur, Malaysia

CHEMISTRY

3rd World Chemistry Conference
Sep 11-12, 2017 Dallas, USA

5th International Conference on
Current Trends in Mass Spectrometry
Sep 25-27, 2017 Atlanta, USA

9th International Conference and Exhibition on
Analytical & Bioanalytical Techniques
Sep 28-29, 2017 Atlanta, USA

2nd International Conference on
Clinical Chemistry and Laboratory Medicine
Sep 28-29, 2017 Atlanta, USA

4th International Conference on
Past and Present Research Systems of Green Chemistry
Oct 16-18, 2017 Atlanta, USA

7th International Conference on
Medicinal Chemistry & Computer Aided Drug Designing
Nov 02-04, 2017 San Antonio, USA

2nd International Conference on
Nuclear Chemistry
Nov 06-07, 2017 Las Vegas, USA

2nd International Conference and Exhibition on
Polymer Chemistry
Nov 06-08, 2017 Las Vegas, USA

5th International Conference and Exhibition on
Pain Research & Management
Sep 04-05, 2017 London, UK

5th Global Chemistry Congress
Sep 04-06, 2017 London, UK

International Conference on
Physical and Theoretical Chemistry
Sep 18-19, 2017 Dublin, Ireland

2nd International Conference on
Pharmaceutical Chemistry
Oct 02-04, 2017 Barcelona, Spain

5th International Conference and Expo on
Separation Techniques
Oct 23-25, 2017 Paris, France

10th Annual Chemistry Congress
Oct 18-19, 2017 Osaka, Japan

6th Global Congress on
Mass Spectrometry
Oct 18-19, 2017 Osaka, Japan

7th Global Mass Spectrometry Congress
Dec 14-16, 2017 Dubai, UAE

COMPUTER SCIENCE

5th International Conference on
Big Data Analysis
Sep 07-08, 2017 Toronto, Canada

DENTISTRY

24th World Congress on
Dentistry and Oral Health
Sep 01-02, 2017 London, UK

24th Euro Congress on
Dental & Oral Health
Oct 19-20, 2017 Budapest, Hungery

3rd International Conference on
Sports Medicine and Fitness
Sep 21-23, 2017 Barcelona, Spain

International Conference on
Dentistry & Dental Marketing
Oct 05-06, 2017 Las Vegas, USA

29th Annual World Congress on
Dental Medicine & Dentistry
Oct 16-18, 2017 NewYork, USA

37th Global Summit on
Dental Surgeons & Dental Materials
Nov 02-04, 2017 San Antonio, USA

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38th Annual Congress on
World Dentistry
Nov 06-08, 2017 San Antonio, USA

26th American Dental Congress
Dec 04-06, 2017 Atlanta, USA

39th World Dental Congress Summit
Dec 04-06, 2017 Sao Paulo, Brazil

30th Global Experts Meet on
Advanced Dentistry and Oral Health
Sep 21-22, 2017 Macau, Hong Kong

31st Annual Conference on
Dental Practice Management and Marketing
Sep 21-22, 2017 Macau, Hong Kong

37th Asia Pacific Dental and Oral Care Congress
Nov 20-22, 2017 Australia, Melbourne

9th Clinical Dermatology Congress
Oct 16-18, 2017 NewYork, USA

2nd International Conference on
Psoriasis and Skin Specialists Meeting
Sep 20- 21, 2017 Philadelphia, USA

12th Global Dermatologists Annual Meeting
Sep 01-02, 2017 London, UK

13th International Conference and Exhibition on
Cosmetic Dermatology and Hair care
Oct 26-27, 2017 Paris, France

23rd Asia Pacific Dermatology Conference
Oct 26-28, 2017 Osaka, Japan

International Conference on
Pigmentary Disorders
Sep 11-12, 2017 Dubai, UAE

17th World Dermatology Conference
Sep 11-12, 2017 Dubai, UAE

DIABETES AND ENDOCRINOLOGY

9th Annual Congress on
Endocrine Disorders and Therapies
Sep 11-12, 2017 Dallas, USA

International Conference on
Diabetes
Sep 20-22, 2017 Denever, USA

International Conference on
Diabetes, Metabolism & Obesity
Nov15-17, 2017 Las Vegas, USA

International Conference on
Diabetes and Endocrinology
Dec 06-08, 2017 Atlanta, USA

21th International Conference on
Diabetes
Oct 05-06, 2017 London, UK

International Conference on
Endocrinology and Diabetes Summit
Sep 13-14, 2017 Singapore

2nd International Conference on
Herbal and Alternative Remedies for Diabetes and Endocrine Disorders
Nov 02-04, 2017 Thailand, Bangkok

25th Global Diabetes and Medicare Expo
Dec 11-12, 2017 Dubai, UAE

ENVIRONMENTAL SCIENCES

International Conference on
Ecology and Ecosystems
Sep 18-20, 2017 Toronto, Canada

3rd Annual Congress on
Pollution and Global Warming
Oct 16-18, 2017 Atlanta, USA

4th International Conference on
GreenEnergy & Expo
Nov 06-08, 2017 Las Vegas, USA

5th International Conference on
Recycling: Reduce, Reuse and Recycle
Nov 06-08, 2017 Las Vegas, USA

3rd International Conference on
Green Energy and Expo
Sep 28-29, 2017 Berlin, Germany

2nd International Conference on
Pollution Control and Sustainable Environment
Oct 10-11, 2017 London, UK

4th World Conference on
Climate Change
Oct 19-21, 2017 Madrid, Spain

2nd World Congress on
Climate Change and Global Warming
Oct 16-17, 2017 Dubai, UAE

EEE & ENGINEERING

International Conference on
Agricultural Engineering
Sep 11-12, 2017 San Antonio, USA

8th International Conference and Exhibition on
Biosensors and Bioelectronics Biosensors & Bioelectronics
Sep 27-28, 2017 Chicago, USA

2nd World Summit on
Bioengineering
Sep 27-28, 2017 Chicago, USA

5th International Conference and Exhibition on
Mechanical & Aerospace Engineering
Oct 02-04, 2017 Las Vegas, USA

4th World Congress and Exhibition on
Construction and Steel Structure
Oct 16-18, 2017 Atlanta, USA

7th International Conference on
Nuclear Engineering
Oct 16-18, 2017 Atlanta, USA

International Conference on
Applied Energy
Oct 23-24, 2017 Orlando USA

6th International Conference on
Biostatistics & Bioinformatics
Nov13-14, 2017 Atlanta, USA

4th International Conference on
BigData Analysis and Data Mining
Sep 07-08, 2017 Paris, France

4th International conference and Expo on
Computer Graphics & Animation
Sep 25-26, 2017 Berlin, Germany

3rd International Conference and Exhibition on
Automobile Engineering
Sep 28-29, 2017 Berlin, Germany

2nd Global Summit on
Fluid Dynamics & Aerodynamics
Oct 19-20, 2017 Madrid, Spain

International Conference on
Mechatronics, Automation and Intelligent Materials
Oct 23-25, 2017 Paris, France

International Conference on
Steel Structures
Sep 11-12, 2017 Singapore

International Conference on
Smart Grid Technologies
Sep 11-12, 2017 Singapore

Geotechnical and Water Resource Engineering Summit
Sep 18-19, 2017 Macau, Hong Kong

3rd World Congress on
Robotics and Artificial Intelligence
Oct 23-24, 2017 Osaka, Japan

GASTROENTEROLOGY

International Conference on
Pancreatic Disorders and Treatment
Sep 13-14, 2017 Dallas, USA

2nd International Conference on
Hepatology & Gastroenterology
Nov 13-14, 2017 Las Vegas, USA

12th Euro-Global Gastroenterology Conference
Sep 11-12, 2017 Paris, France

2nd International Conference on
Digestive Diseases
Oct 16-17, 2017 London, UK

10th International Conference on
Gastroenterology
Oct 30- Nov 01, 2017 Bangkok, Thailand

GENETICS & MOLECULAR BIOLOGY

3rd Annual Genomics and Toxicogenomics Conference
Sep 27-28, 2017 Chicago, USA

Annual Summit on
Cell Signaling and Cancer Therapy
Sep 27-28, 2017 Chicago, USA

Annual Summit on
Cell Therapy
Sep 27-28, 2017 Chicago, USA

13th World Biotechnology Congress
Oct 19-20, 2017 NewYork, USA

2nd World Biotechnology Congress
Dec 04-05, 2017 Sao Paulo, Brazil

13th International Conference on
Human Genetics
Sep 14-15, 2017 Edinburgh, Scotland

9th Annual Conference on
Stem Cell and Regenerative Medicine
Sep 25-26, 2017 Berlin, Germany

17th EuroBiotechnology Congress
Sep 25-27, 2017 Berlin, Germany

7th International Conference on
Tissue Engineering and Regenerative Medicine
Oct 02-04, 2017 Barcelona, Spain

8th International Conference on
Tissue Science and Regenarative Medicine
Sep 11-12, 2017 Singapore

10th International Convention on
Stem Cell and Biobanking
Oct 23-24, 2017 Osaka, Japan

GEOLOGY & EARTH SCIENCE

3rd World Congress on
GIS and Remote Sensing
Sept 20-21, 2017 Charlotte, USA

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2nd International Convention on
Geophysics and Geo technics
Nov 08-09, 2017 Las Vegas, USA

2nd International Convention on
Geosciences and Remote Sensing
Nov 08-09, 2017 Las Vegas, USA

Annual Congress on
Soil Sciences
Dec 04-05, 2017 Madrid, Spain

6th International Conference on
Earth Science and Climate change
Sep 18-19, 2017 Macau, Hong Kong

5th International Conference on
Oceanography and Marine Biology
Oct 16-17, 2017 Seoul, South Korea

HEALTHCARE MANAGEMENT

3rd International Conference on
Wound Care, Tissue Repair & Regenerative Medicine
Sep 11-12, 2017 Dallas, USA

13th International Conference on
Health & Medical Sociology
Sep 25-26, 2017 Atlanta, USA

2nd International Conference on
Environmental Health & Safety
Sep 07-08, 2017 Paris, France

2nd International Conference on
General Practice & General Medicine
Sep 18-20, 2017 Zurich, Switzerland

6th International Conference on
Epidemiology & Public Health
Oct 23-25, 2017 Paris, France

2nd International Conference on
Health & Hospital Management
Nov 06-07, 2017 Vienna, Austria

International Conference on
Medical Education
Nov 06-08, 2017 Vienna, Austria

12th World Congress on
Healthcare and Medical Tourism
Oct 16-17, 2017 Dubai, UAE

IMMUNOLOGY

3rd Antibodies and Bio Therapeutics Congress
Nov 08-09, 2017 Las Vegas, USA

5th International conference on
HIV/AIDS, STDS & STIS
Nov 13-14, 2017 Las Vegas, USA

9th World Congress and Expo on
Immunology
Nov 02-03, 2017 Atlanta, USA

3rd International Conference on
Immunity, Inflammation and Immunotherapies
Nov 02-03, 2017 Atlanta, USA

4th International Conference on
Parasitology
Sep 01-02, 2017 Prague, Czech Republic

2nd International Conference on
Autoimmunity
Nov 09-10, 2017 Madrid, Spain

World Immunology Congress
Dec 14-15, 2017 Dubai, UAE

INFECTIOUS DISEASES

9th Euro-Global Conference on
Infectious Diseases
Sep 07-09, 2017 Paris, France

13th World Congress on
Infection Prevention and Control
Oct 26-27, 2017 Milano, Italy

2nd International Conference on
Infection Control
Sep 25-26, 2017 Chicago, USA

3rd Annual Congress on
Rare Diseases and Orphan Drugs
Oct 30-Nov 01, 2017 San Antonio, USA

3rd International conference on
Flu & Emerging Infectious Diseases
Nov 06-07, 2017 Las Vegas, USA

6th Annual Bacteriology and Parasitology Meeting
Sep 13-14, 2017 Singapore

7th Asia Pacific STD and Infectious Diseases Congress
Oct 23-25, 2017 Osaka, Japan

MATERIALS SCIENCE

3rd International Conference on
Polymer Science and Engineering
Oct 02-04, 2017 Chicago, USA

2nd International Conference on
Applied Crystallography
Oct 16-18, 2017 Chicago, USA

13th International Conference and Exhibition on
Materials Science and Engineering
Nov13-15, 2017 Las Vegas, USA

14th International Conference on
Functional Energy Materials
Dec 06-07, 2017 Atlanta, USA

11th International Conference on
Advanced Materials and Processing
Sep 06-07 2017 Edinburgh, Scotland

12th Annual Congress on
Materials Science and Nanotechnology
Sep 25-26, 2017 Dubai, UAE

International Conference on
Advanced Materials and Nanotechnology
Oct 26-28, 2017 Osaka, Japan

MICROBIOLOGY

2nd International conference on
Environmental & Soil Microbiology
Sep 18-20, 2017 Toronto, Canada

7th International Conference on
Clinical Microbiology
Sep 25-26, 2017 Chicago, USA

2nd International conference on
Human Papillomavirus
Nov13-14, 2017 Las Vegas, USA

2nd International Congress on
Mycology
Sep 25-26, 2017 Chicago, USA

International Conference on
Infectious Diseases & Diagnostic Microbiology
Sep 13-14, 2017 Dallas, USA

3rd World Congress on
Beneficial Microbes: Food, Pharma, Aqua & Beverages Industry
Sep 18-20, 2017 Houston, USA

World Summit on
Microbial & Biochemical Technologies
Sep 18-20, 2017 Houston, USA

Global Veterinary Microbiology Summit & Expo
Oct 02-04, 2017 Las Vegas, USA

11th World Summit on
Medical Microbiology
Oct 02-04, 2017 Las Vegas, USA

World Summit on
Nosocomial and Healthcare Associated Infections
Oct 02-04, 2017 Las Vegas, USA

6th Annual Conference on
Microbiology
Oct 16-17, 2017 Baltimore, USA

11th World Congress on
Virology
Oct 16-17, 2017 Baltimore, USA

World Yeast Congress
Dec 06-07, 2017 Sao Paulo, Brazil

46th World Congress on Microbiology
Sep 18-19, 2017 Dublin, Ireland

6th Clinical Microbiology Conference
Oct 26-27, 2017 Paris, France

4th World Congress and Expo on
Applied Microbiology
Nov 09-11, 2017 Madrid, Spain

2nd International Conference and Summit on
Industrial and Pharmaceutical Microbiology
Oct 23-25, 2017 Osaka, Japan

10th International Congress on
Clinical Virology
Dec 04-05, 2017 Dubai, UAE

Annual Congress on
Microbes and Infection
Dec 04-05, 2017 Dubai, UAE

NANOTECHNOLOGY

22th International Conference and Expo on
Nanoscience and Molecular Nanotechnology
Nov 13-14, 2017 Vienna, Austria

International Conference on
Nano Science and Technology
Sep 18-19, 2017 Orlando, USA

19th International Conference on
Nanotek and Expo
Nov13-15, 2017 Atlanta, USA

17th Nanotechnology products and Summit
Nov13-15, 2017 Atlanta, USA

15th World Medical Nanotechnology Congress & Expo
Oct 18-19, 2017 Osaka, Japan

3rd Biomedical Engineering and Expo
Nov 07-08, 2017 Barcelona, Spain

NEPHROLOGY

16th European Nephrology Conference
Oct 02-04, 2017 Barcelona, Spain

17th World Nephrology Conference
Oct 18-19, 2017 Dubai, UAE

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NEUROSCIENCE

3rd International Conference on
Parkinson's Disease & Movement Disorders
Sep 25-26, 2017 Chicago, USA

3rd International Conference on
Spinal Surgery
Oct 16-17, 2017 Chicago, USA

8th International Conference and Exhibition on
Addiction Research & Therapy
Nov 13-15, 2017 Las Vegas, USA

3rd International Conference on
Central Nervous System Disorders
Sep 25-27, 2017 Vienna, Austria

16th International Conference on
Neuro Cognitive Disorders
Oct 10-11, 2017 London, UK

9th International Conference on
Alzheimer's Disease & Dementia
Oct 16-18, 2017 Madrid, Spain

6th International Conference on
Brain Disorders and Therapeutics
Nov 06-08, 2017 Madrid, Spain

18th Global Neurologists Annual Meeting on
Neurology and Neuro Surgery
Nov 16-17, 2017 Vienna, Austria

15th International Conference on
Neuroscience
Oct 16-17, 2017 Osaka, Japan

13th Global Neurologists Annual Meeting on
Neurology and Neuro Surgery
Nov 27-28, 2017 Dubai, UAE

NURSING

32nd International Conference on
Family Nursing and Healthcare
Sep 11-13, 2017 San Antonio, USA

34th Clinical Nursing & Nurse Education Conference
Sep 20-21, 2017 charlotte, USA

3rd International Conference on
Reproductive Health
Oct 05-06, 2017 Chicago, USA

11th Global Healthcare and Fitness Summit
Oct 16-18, 2017 San Francisco, USA

46th Global Nursing and Healthcare Conference
Dec 06-07, 2017 Sao Paulo, Brazil

35th Global Nursing Care and Education Conference
Sep 25-27, 2017 Atlanta, USA

40th International Conference on
Nursing & Healthcare
Oct 16-18, 2017 NewYork, USA

37th World Nursing Education Conference
Sept 01-03, 2017 Prague, Czech Republic

28th International Conference on
Pediatric Nursing and Healthcare
Sep 04-05, 2017 Edinburgh, Scotland

35th Critical Care nursing & Nurse Practitioners Conference
Sep 28-29, 2017 Berlin, Germany

4th International Conference on
Gynecology & Obstetrics
Oct 02-04, 2017 Barcelona, Spain

13th International Conference on
Midwifery and Women's Health
Oct 02-04, 2017 London, UK

41st Euro Nursing & Medicare Summit
Oct 26-28, 2017 Paris, France

International Conference on
Oncology Nursing and Cancer Care
Sep 13-14, 2017 Singapore

23rd World Nurse Practitioners Conference
Sep 28-29 2017 Dubai, UAE

27th Surgical Nursing & Nurse Education Conference
Oct 16-17, 2017 Dubai, UAE

Asia-Pacific Nursing and Medicare Summit
Oct 05-07, 2017 Kuala Lumpur, Malaysia

World Congress on
Nursing Pharmacology and Nursing Education
Nov 20-21, 2017 Melbourne, Australia

NUTRITION & OBESITY

16th International conference and Exhibition on
Obesity & Weight Management
Nov16-17, 2017 Atlanta, USA

17th World Fitness Expo
Nov 16-17, 2017 Atlanta, USA

15th World Congress on
Nutrition and Food Chemistry
Sep 18-20, 2017 Zurich, Switzerland

13th Euro Obesity and Endocrinology Congress
Sep 21-23, 2017 Madrid, Spain

6th International Conference and Exhibition on
Probiotics, Functional and Baby Foods
Oct 02-03, 2017 London, UK

15th Global Obesity Meeting
Oct 23-24, 2017 Dubai, UAE

18th Global Dieticians & Nutritionists Annual Meeting
Oct 02-03, 2017 Kuala Lumpur, Malaysia

16th Obesity Medicine Conference
Oct 30- Nov 01, 2017 Thailand, Bangkok

ONCOLOGY & CANCER

25th World Congress on
Cancer Therapy
Oct 18-20, 2017 Baltimore, USA

10th Annual World Congress on
Biomarkers & Clinical Research
Oct 18-20, 2017 Chicago, USA

5th International Conference on
Medical Imaging and Radiology
Oct 19-20, 2017 NewYork, USA

15th World Oncologists Annual Conference
Oct 19-20, 2017 NewYork, USA

World Medical and Clinical Oncology Congress
Nov13-15 , 2017 Las Vegas, USA

5th World Congress on
Breast Cancer
Oct 16-18, 2017 San Francisco, USA

9th International Conference on
Hematology and Hematological Oncology
Nov 08-09, 2017, Las Vegas, USA

2nd International conference on
Medical Imaging and Radiology
Sep 11-12, 2017 London, UK

11th International Conference on
Hematologic Oncology
Oct 05-06, 2017 London, UK

25th World Cancer Conference
Oct 19-21, 2017 Madrid, Spain

International Conference on
Epigenetics
Nov 06-07, 2017 Madrid, Spain

9th International Conference on
Biomarkers
Oct 16-17, 2017 Osaka, Japan

14th Asia Pacific Oncologists Annual Meeting
Oct 26-28, 2017 Osaka, Japan

World Cancer Convention
Nov 27-28, 2017 Dubai, UAE

International Conference on
Cancer Diagnostics
Nov 27-28, 2017 Dubai, UAE

International Conference on
Epigenetic Research
Oct 26-28, 2017 Osaka, Japan

OPHTHALMOLOGY

20th World Ophthalmology Summit
Dec 04-05, 2017 Sao Paulo, Brazil

5th International conference and Expo on
Optometry and Vision Science
Sep 11-12, 2017 Paris, France

16th International Conference on
Clinical & Experimental Ophthalmology
Sep 18-20, 2017 Zurich, Switzerland

18th European Ophthalmology Congress
Dec 07-09, 2017 Madrid, Spain

2nd World Ophthalmology Conference
Oct 23-25, 2017 Osaka, Japan

17th Global Ophthalmology and Glaucoma Conference
Nov 27-28, 2017 Dubai ,UAE

PALLIATIVE CARE

8th International Conference on
Geriatric Medicine & Gerontological Nursing
Oct 30-Nov 01, 2017 San Antonio, USA

7th International Conference on
Geriatrics & Gerontological Nursing
Sep 04-05, 2017 Edinburgh, Scotland

PATHOLOGY

2nd International Conference on
Internal Medicine
Sep 13-14, 2017 Dallas, USA

7th International Conference on
Predictive, Preventive and Personalized Medicine & Molecular Diagnostics
Oct 5-6, 2017 Chicago, USA

6th Experts Meeting on
Medical Case Reports
Oct 16-18, 2017 San Francisco, USA

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2nd International conference on
Digital Pathology
Nov 02-03, 2017 San Antonio, USA

5th European Conference on
Clinical and Medical Case Reports
Sep 07-08, 2017 Paris, France

PEDIATRICS

2nd World Congress Pediatric Oncology & Pediatric Medicine
Oct 05-06, 2017 Las Vegas, USA

3rd Annual Summit on
Pediatric Cardiology & Pulmonology
Sep 25-26, 2017 Chicago, USA

11th World Congress on
General Pediatrics & Adolosent medicine
Sep 25-26, 2017 Chicago, USA

2nd Annual Congress on
Infancy, Child Nutrition & Development (ICND)
Oct 19-21, 2017 Atlanta,USA

5th Annual Conference on
Translational Medicine
Nov15-16, 2017 Las Vegas, USA

16th European Pediatrics Conference
Sep 01-03, 2017 Prague, Czech Republic

2nd International Conference on
Pediatric Neurology
Sep 01-02, 2017 Prague, Czech Republic

20th International Conference on
Neonatology and Perinatology
Dec 04-06, 2017 Madrid, Spain

10th World Pediatric Congress
Sep 28-29 2017 Dubai, UAE

PHARMACEUTICAL SCIENCES

2nd International Pharmacy Conference
Sep 01-02, 2017 Las Vegas, USA

4th International Conference on
Clinical Trials
Sep 11-13, 2017 San Antonio, USA

World Congress on
Biotherapeutics and Bioanalytical Techniques
Sep 11-12, 2017 Dallas, USA

6th International Conference on
Forensic Research & Technology
Sep 18-20, 2017 Houston, USA

6th International Summit on
GMP, GCP & Quality Control
Sep 25-26, 2017 Chicago, USA

7th International Conference and Exhibition on
Pharmaceutical Regulatory Affairs and IPR
Sep 25-26, 2017 Chicago, USA

10th Pharmacovigilanace Congress
Sep 21-22, 2017 Charlotte, USA

10th International Conference and Exhibition on
Biologics and Biosimilars
Oct 16-17, 2017 Baltimore, USA

11th World Drug Delivery Summit
Oct 16-18, 2017 NewYork, USA

5th International Conference on
Clinical Pharmacy
Oct 23-24, 2017 Orlando, USA

9th World Congress on
Pharmacology
Sep 04-06, 2017 Paris, France

3rd International Conference on
Advanced Clinical Research and Clinical Trials
Sep 20-21, 2017 Dublin, Ireland

8th Annual Pharmaceutical Analysis Conference
Sep 25-26, 2017 Vienna, Austria

International Conference on
Biotech Pharmaceuticals
Oct 23-25, 2017 Paris, France

3rd International Conference and Expo on
Drug Discovery & Designing
Sep 25-27, 2017 Vienna, Austria

European Biopharma Congress
Nov 16-17, 2017 Vienna, Austria

3rd Global Summits on
Herbal & Traditional Medicine
Oct 18-20, 2017 Osaka, Japan

12th Annual Pharma Middle East Congress
Sep 25-27, 2017 Dubai, UAE

9th Annual Congress on
Drug Formulation & Drug Design
Oct 19-21, 2017 Seoul, South Korea

10th International Conference on
Neuropharmacology and Neuropharmaceuticals
Oct 23-24, 2017 Dubai, UAE

3rd World Congress on
Medicinal Plants and Natural Products Research
Oct 02-04, 2017 Kuala Lumpur, Malaysia

6th Global Congress on
Mass Spectrometry
Oct 18-19, 2017 Osaka, Japan

17th International Conference on
Nanomedicine and Nanotechnology in Health Care
Nov 23-24, 2017 Melbourne, Australia

10th International Conferences on
Immunopharmacology and Immunotoxicology
Nov 20-21, 2017 Melbourne, Australia

PHYSICAL THERAPY & REHABILITATION

5th International Conference and Exhibition on
Physical Medicine and Rehabilitation
Sep 11-12, 2017 Antonio, USA

6th International Conference on
Physiotherapy
Nov 27-28, 2017 Dubai, UAE

PHYSICS

3rd International Conference on
Theoretical and Condensed Matter Physics
Oct 19-21, 2017 NewYork, USA

2nd International Conference on
Astrophysics and Particle Physics
Oct 30-Nov1, 2017 San Antonio, USA

8th International Conference and Exhibition on
Lasers, Optics & Photonics
Nov 02-04, 2017 San Antonio, USA

2nd International Conference on
Atomic and Nuclear Physics
Nov 8-9, 2017 Las Vegas, USA

2nd International Conference on
Quantum Physics and Quantum Technology
Sep 25-26, 2017 Berlin, Germany

International Conference on
High Energy Physics
Dec 11-12, 2017 Madrid, Spain

PSYCHIATRY

23rd International Conference on
Adolescent Medicine & Child Psychology
Sep 28-29, 2017 Berlin, Germany

2nd Experts Meeting on
Forensic Psychology and Criminology
Oct 02-03, 2017 London, UK

24th International Conference on
Psychiatry & Psychosomatic Medicine
Oct 02-04, 2017 London, UK

25th World Summit on
Psychology, Psychiatry & Psychotherapy
Oct 19-20, 2017 San Francisco, USA

5th International Conference on
Counseling Psychology
Oct 16-17, 2017 Osaka, Japan

International Conference on
Psychiatry and Mental Health
Nov 20-21, 2017 Melbourne, Australia

10th World Psychiatrists Meet
Dec 07-08, 2017 Dubai, UAE

RESPIRATORY

5th International Conference and Exhibition on
Lung and Respiratory Care
Oct 19-20, 2017 San Francisco, USA

SURGERY

2nd International Conference on
Anesthesia and Analgesia
Sep 07-08, 2017 London, UK

6th International Conference and Exhibition on
Surgery
Sep 07-09, 2017 London, UK

2nd International Conference on
Ear, Nose and Throat Disorders
Oct 16-18, 2017 Madrid, Spain

4th International Conference and Exhibition on
Rhinology and Otology
Oct 18-20, 2017 Dubai, UAE

TOXICOLOGY

3rd Annual Genomics and Toxicogenomics Conference
Sep 27-28, 2017 Chicago, USA

12th International Conference on
Environmental Toxicology and Ecological Risk Assessment
Oct 19-20, 2017 Atlanta,USA

11th International Congress on
Toxicology and Risk Management
Oct 10-12, 2017 London, UK

International Conference on
Occupational Toxicology and Industrial Health
Oct 16-17, 2017 Dubai, UAE

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VACCINES
18th Global Summit and Expo on **Vaccines & Vaccination** Sep 18-19, 2017 Houston, USA
19th World Congress on **Vaccines, Therapeutics for Infectious and Emerging Diseases** Oct 02-03, 2017 Chicago, USA
27th Asia Pacific Vaccines & Vaccination Conference Oct 05-07, 2017 Kuala Lumpur, Malaysia
29th Global Vaccines & Vaccination Summit And Expo Nov 30-Dec 1, 2017 Dubai, UAE
VETERINARY
8th International Conference on **Animal Health and Veterinary Medicine** Oct 02-04, 2017 Toronto, Canada
9th Global Veterinary Summit Nov15-16, 2017 Las Vegas, USA
7th International Veterinary Congress Sep 04-06, 2017 Paris, France

Kidney & Nephrology 2017





15th Annual Congress on

Kidney: Nephrology & Therapeutics

August 28-30, 2017 Philadelphia, USA

Keynote Forum

Day 1

Michael F Michelis, J Kidney 2017, 3:3 (Suppl)
DOI: 10.4172/2472-1220-C1-001



Michael F Michelis

Lenox Hill Hospital, USA

Update on management issues in patients with advanced renal disease

As patients with advanced renal disease become more complicated with time, due to factors such as complex associated conditions, aging, increasing numbers of available pharmacologic agents and improvement in renal replacement therapies, decision making has become more challenging. Subjects to be evaluated will include proper approaches to blood pressure therapy in patients with pre, inter or intra dialysis blood pressure abnormalities. Medication characteristics will be outlined and the effects of various drugs as they relate to the dialysis procedure will be described. Also metabolic issues such as approaches to hyperuricemia and hyperphophatemia will be reviewed and discussed. New agents and their benefits and limitations will be noted and present goals of therapy will be reviewed. Furthermore the effects of increased body mass and glucose intolerance on survival as well as possible corrective measures will be elucidated. Recent concerns regarding enzymatic predispositions to obesity will be described and possible solutions to these newly recognized abnormalities will be offered. Finally, current approaches to renal replacement therapy will be reviewed and the importance of the timing of interventions and the choice of access and modality will receive consideration. These issues apply particularly to patients of advanced age. Current standards as proposed by various nephrologic entities may not be appropriate for particular age groups with serious comorbidities. Factors influencing such decisions will be presented and critically evaluated.

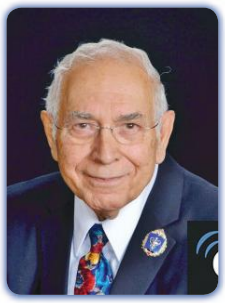
Biography

Michael F Michelis has been the Director of the Division of Nephrology at Lenox Hill Hospital for more than three decades. He is Clinical Professor of Medicine at the New York University, School of Medicine. He received a BA at Columbia College, Columbia University in New York City, and his MD Degree at George Washington School of Medicine in Washington DC. He received his Nephrology Training at the University of Pittsburgh, School of Medicine. He has been selected for inclusion in the listing of Top Doctors in New York for the past several years. He is the co-editor of several medical textbooks, and he has published dozens of articles in the area of general nephrology, electrolyte disorders, hypertension, and geriatric renal disease. He has lectured extensively throughout the United States, Hawaii, Japan, and in various European cities. He has served on the Editorial Board of several medical journals, and he also reviews articles for established journals in Nephrology. He has received many awards and lectureships for his work in nephrology.

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Notes:

Ghodrat Siami, J Kidney 2017, 3:3 (Suppl)
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Ghodrat A Siami

Vanderbilt School of Medicine, USA

Dialysis patients requiring combination therapy during dialysis

Introduction: Combination therapy is for dialysis patients requiring another extracorporeal therapy such as plasmapheresis.

Purpose: Purpose of study was to evaluate the safety and efficacy of both procedures.

Methods: We performed Cryofiltration Apheresis which I created 30 years ago, to treat patients with cryoglobulinemia to remove cryoglobulin from blood, LDL- Pheresis for dialysis patients with cardiovascular and coronary artery diseases which can be done by 8 different methods; Immunoadsorptiom to remove immune complex; and dialysis patients may need Plasma Purification and Whole Blood Purification for toxicology. We have developed procedures to do combination therapy safely and effectively.

Result: Show all above procedures are safe and effective. Hemodialysis takes 4 hours and Apheresis 3.5 hours if they perform separately with total of 7.5 hours. But the Combination Therapy, if done together takes only 4 hours.

Conclusions: Both procedures take only 4 hours not 7.5 hours, Patients and Dialysis Nurse does not need to be on the machine/working almost all day. This will be less tiring and more acceptable for Patients and Nurses. The cost will be lower compared to doing them separately.

Biography

Ghodrat Siami is MD, PhD, Fellow of American College of Physician, and Fellow of American Society of Nephrology, Professor of Medicine and Nephrology at Vanderbilt School of Medicine and was promoted to Professor Emeritus. He served as the President of International Society for Apheresis, and Vice President of Word Apheresis Association. He published more than 100 original papers, book chapters, editorials and abstracts. He presented his original works in more than 160 national and international scientific meetings. He is on the Editorial Board of several journals and Reviewer for FDA. He is a winner of several professional awards including 50 Years' Service Award from AMA. He chaired the celebration of 100 years of Plasmapheresis in St. Petersburg, Russia. He is still an invited Keynote Speaker around the world.

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Notes:

Kidney & Nephrology 2017





15th Annual Congress on

Kidney: Nephrology & Therapeutics

August 28-30, 2017 Philadelphia, USA

Scientific Tracks & Abstracts

Day 1

Sessions

Kidney | Diabetes-Diabetic Kidney Disease | Translational-Clinical Nephrology | Acute Kidney Injury (AKI) | Chronic Kidney Disease (CKD)

Session Chair
Michael F Michelis
Lenox Hill Hospital, USA

Session Co-chair
Ghodrat A Siami
Vanderbilt School of Medicine, USA

Session Introduction

Title: **Hypophosphatemia in users of cannabis**
Peter Edward Cadman, University of California, USA

Title: **Bariatric surgery for obese live kidney donors: An analysis of risks and benefits**
Jorge Ortiz, University of Toledo, USA

Title: **Cannulation technique influences arteriovenous fistula and graft survival**
Maria-Teresa Parisotto, Fresenius Medical Care, Germany

Title: **Graft survival following deceased donor kidney transplantation with ratg Vs basiliximab (bas) induction therapy in recipients at risk of delayed graft function and/or acute rejection**
Edward Drea, Sanofi Cambridge, USA

Title: **Role of retrograde intra renal surgery in management of large renal stones**
Rajinder Yadav, Fortis Superspeciality Hospital, India

Title: **Q fever and renal disease**
Ana Raquel Fernandes, Centro Hospitalar de Setubal, Portugal

Title: **Access to the kidney during percutaneous nephrolithotomy**
Morshed Salah, Al Wakra Hospital, Qatar

Title: **Acute intoxication treatment, efficacy of haemoperfusion with macro adsorbent resin**
Dario Jimenez Acosta, Universidad Central del Ecuador, Ecuador

Title: **Evaluation of arterial hypertension in chronic kidney patients on hemodialysis and peritoneal dialysis**
Rodrigo de Oliveira Pierami, Pontifical Catholic University of Sao Paulo, Brazil

Title: **A rare case of association between fabry's nephropathy and membranous glomerulonephritis: New perspectives on pathophysiology and follow-up of fabry's disease**
Daniel Santos Rocha Sobral Filho, Federal University of Piaui, Brazil

Title: **Medicare telehealth service and nephrology: Policies for eligibility and payment**
Stephanie Frilling, Social & Scientific Systems Inc., USA

Title: **Endovascular management of immature fistulas by interventional nephrologists in Algeria**
Mohamed Amne Rahil, Bachir Ben Nacer Hospital, Algeria

Peter Edward Cadman, J Kidney 2017, 3:3 (Suppl)
DOI: 10.4172/2472-1220-C1-002

Hypophosphatemia in users of Cannabis

Peter Edward Cadman
University of California, USA

Cannabis has been legalized for medical and recreational use in several states, making physicians more aware of the drug's potential toxicities. First described in 2004, the cannabinoid hyperemesis syndrome (CHS) has been recognized as a significant cause of hospitalization among drug users. Relatively little, however, has been written about electrolyte or acid-base disturbances in CHS. Between 2011 and 2014, six men were treated for CHS at the VA Medical Center in San Diego, CA and found to have significant hypophosphatemia (range <1 to 1.3 mg/dL). The six cases will be presented and possible causes of hypophosphatemia discussed. In half of the patients, serum phosphate levels normalized spontaneously within hours, suggesting redistribution of phosphate as a potential mechanism. Hyperventilation, which can lead to phosphate redistribution was observed in two-thirds of the patients and may have contributed. Hypophosphatemia is a feature of CHS in some patients.

Biography

Peter Edward Cadman has received his MD from Columbia University, College of Physicians and Surgeons and completed his Internal Medicine Residency and Nephrology Fellowship at the University of California, San Diego (UCSD). As an Associate Clinical Professor of Medicine at UCSD, he holds a dual appointment with both the Division of Nephrology and Hypertension and the Division of Hospital Medicine. He works as a Staff Nephrologist and Hospitalist, acting as a Clinical Educator for Medical students, Residents and Nephrology fellows. To date, he has authored or contributed to 12 different publications.

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Jorge Ortiz, J Kidney 2017, 3:3 (Suppl)
DOI: 10.4172/2472-1220-C1-002

Bariatric surgery for obese live kidney donors: An analysis of risks and benefits

Jorge Ortiz
University of Toledo, USA

Background & Aim: Obesity can be a barrier to live donor selection and there are reports of obese live kidney donors (OLKDs) undergoing bariatric surgery prior to donation. While this practice has potential promise, the risks associated with it are unclear. Thus, our aim was to evaluate the advantages and disadvantages of this practice.

Design: Risks and benefits were ascertained from the literature. Analysis of costs and benefits was performed to provide objective data for each scenario.

Results: Live kidney donation is associated with superior outcomes compared to deceased donation. However, live donors are at risk of complications that could be exacerbated by obesity. Higher donor body mass index (BMI) has been associated with inferior recipient outcomes. Bariatric surgery (BS) results in decreased mortality and can induce sustained weight loss. Our cost-benefit analysis revealed a benefit-to-cost ratio of 3.64 for BS prior to live donation by OLKDs. We found ratios of 3.19 and 0.97 for live donation with an obese donor and a deceased donor, respectively.

Conclusions: Our results suggest that BS for an OLKD has the potential to increase the number of live donors and improve outcomes. However, more data is required; thus we recommend a registry of patients who have undergone both procedures.

Biography

Jorge Ortiz has completed his Residency in General Surgery at North Shore University Hospital. He did his Fellowship at the University of Miami Jackson Memorial Hospital. He is currently an Associate Professor of Surgery at the University of Toledo, College of Medicine and Life Sciences. He has published dozens of papers in reputed journals.

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Maria-Teresa Parisotto, J Kidney 2017, 3:3 (Suppl)
DOI: 10.4172/2472-1220-C1-002

Cannulation technique influences arteriovenous fistula and graft survival

Maria-Teresa Parisotto
Fresenius Medical Care, Germany

Introduction & Aim: There is a close link between the availability of a well-functioning vascular access and patient survival on hemodialysis. Every effort should be made to maintain the functionality of the vascular access for long-term use. Practices of access cannulation vary from clinic to clinic, mainly for historical reasons. The aim of this study is to investigate the impact of cannulation technique on the survival of the arteriovenous fistula (AVF) and grafts (AVG).

Methods: In April 2009, a cross sectional survey was conducted in 171 dialysis units located in Europe, Middle East and Africa to collect details on vascular access cannulation practices. On the basis of this survey, a cohort of patients was selected for follow-up, inclusion being dependent on the availability of corresponding access survival/intervention data in the clinical database. Access survival was analyzed using the Cox regression model (adjusted for within country effects) defining as events the need for first surgical access survival intervention. Patients were censored for transplantation, death, loss of follow-up or end of the study period (March 31, 2012). Results were adjusted for age, gender and diabetes mellitus.

Results: Out of the 10,807 patients enrolled for the original survey, access survival data was available for 7,058 (65%) of patients, these residing in Portugal, UK, Italy, Turkey, Romania, Slovenia, Poland and Spain. Mean age was 63.5±15.0 years; 38.5% were female; 27.1% were diabetics; 90.6% had a native fistula and 9.4% had a graft. Access location was distal for 51.2% of patients. During the follow-up, 51.1% were treated with antiaggregants and 2.8% with anti-coagulants. Prevalent needle sizes were 15 G and 16 G for 63.7% and 32.2% of the patients, respectively (14 G: 2.7%, 17 G: 1.4%). Cannulation technique was area for 65.8% and rope-ladder for 28.2% and the direction of puncture was antegrade for 57.3%. Median blood flow was 350-400 mL/min.

Conclusions: The study revealed that area cannulation technique, despite being the most commonly used was inferior to both rope-ladder and buttonhole for the maintenance of vascular access functionality. With regard to the effect of needle and bevel direction, the combination of antegrade position of arterial needle with bevel up or down was significantly associated with better access survival than retrograde positioning with bevel down. There was an increased risk of access failure for graft versus fistula, proximal vs. distal location, right arm vs. left arm and the presence of a venous pressure greater than 150 mmHg. The higher HR associated with a venous pressure greater than 150 mmHg should open a discussion on currently accepted limits.

Biography

Maria Teresa Parisotto has obtained her Nursing Diploma in 1974 and the Nursing Management Diploma in 1976 at the Nursing School Ospedale San Carlo, Milan, Italy. She has worked as a Nurse Manager in a Dialysis Unit, Ospedale San Paolo, Milan, Italy. In 1980, she left the hospital and started working as an Application Specialist and Marketing Director Peritoneal Dialysis afterwards in Fresenius Medical Care, Italy. In 1999, she moved to Fresenius Medical Care Headquarters at Bad Homburg, Germany, as Director of Peritoneal Dialysis for Europe, Middle East and Africa. From 2006 to 2016, she has worked in Fresenius Medical Care Deutschland GmbH, NephroCare Coordination as Director Nursing Care Management for Europe, Middle East and Africa. Currently, she is working at Fresenius Medical Care Deutschland GmbH, Care Value Management as Chief Nurse Advisor. Her main areas of interest and experience are vascular access cannulation and care, hygiene and infection control, dialysis processes analysis, safety in dialysis. Her publications focused on peritoneal dialysis, hemodialysis safety and quality and vascular access cannulation and care.

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Notes:

Edward Drea, J Kidney 2017, 3:3 (Suppl)
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Graft survival following deceased donor kidney transplantation with rATG vs basiliximab (BAS) induction therapy in recipients at risk of delayed graft function and/or acute rejection

Edward Drea
Sanofi Cambridge, United States

Introduction: Studies show conflicting results regarding the long-term impact of induction therapies on kidney graft survival. The srtr database was analyzed for patients transplanted 01/2000–12/2009 who met the inclusion criteria of a prior multicenter study (risk of delayed graft function and/or acute rejection; NEJM 2006; 355: 1967) and received rATG (thymoglobulin®) or BAS induction therapy.

Methods: Registry analysis identified 90,851 deceased donor kidney graft recipients; 51,561 had risk factor status entries and met the increased risk inclusion criteria used in the prior study (NEJM 2006; cold ischemia time [cit] > 24 h, additional risk factors if cit < 24 h). Graft survival was compared for patients with and without each risk factor; Patients with functioning grafts lost to follow-up were excluded. Adjusted Kaplan-Meier survival curves were generated for each risk factor, with other covariates fixed at population means. Hazard models included rATG vs BAS induction.

Results: Of 51,561 patients receiving induction therapy, 35.7% received rATG and 17.4% received BAS. The proportion of patients receiving rATG increased from 14.2% (2000) to 53.3% (2009) ; The proportion receiving BAS declined from 30.2% (2000) to 14.5% (2009). One-year graft survival was 90.7% vs 89.9% for rATG vs BAS, respectively (p=0.02); 5-year graft survival was 69.3% vs 66.7% for rATG vs BAS, respectively (p<0.001). Improved survival for rATG vs BAS was maintained at longer follow-up.

Conclusion: Analyses suggest improved graft survival for rATG vs BAS induction therapy in transplant patients at risk of delayed graft function/rejection.

Biography

Edward Drea completed his BSc and received his doctorate in pharmacy from the University of Iowa. Since then, he has accrued a multitude of pharmacy and pharmaceutical industry experience, including leading a number of clinical trials in oncology and transplantation medicine. He is presently Director of Medical Managed Care at Sanofi Genzyme. In his current position, He provides comprehensive medical and scientific information in connection with Sanofi products and assists in the development of medical communications and publications related to health outcomes research. He has served as a clinical manuscript reviewer for The Annals of Pharmacotherapy for 28 years

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Notes:

Rajinder Yadav, J Kidney 2017, 3:3 (Suppl)
DOI: 10.4172/2472-1220-C1-002

Role of retrograde intra-renal surgery in management of large renal stones

Rajinder Yadav
Fortis Superspeciality Hospital, India

Objective: Retrograde intra-renal surgery (RIRS) is considered as a minimally invasive procedure for management of renal stones with minimal morbidity. Our objective is to demonstrate its effectiveness in management of large, multiple and staghorn stones in our institution.

Methods: A prospective study was done of 274 patients who presented to us with renal and upper ureteric stones and were managed with RIRS. Pre-operatively, stone size and laterality were assessed on NCCT KUB and X-ray KUB. Intra-operative parameters were assessed such as; operative time, need for ureteric dilatation and intra-operative complications. Post operatively, X-ray KUB/USG KUB was done before stent removal.

Results: Out of 274 patients, 185 patients were male and 89 were female. 83 patients had single stone and 191 patients had multiple stones. 25 patients were pre stented in view of septicemia or renal impairment. 47 patients had renal impairment at the time of presentation, which improved in all patients and returned to normal value in 36 patients. 85 patients underwent bilateral RIRS and 189 underwent unilateral RIRS. 175 patients had more than 2 cm sized stones. Six patients had residual stones out of which, three patients underwent URS, two patients underwent RIRS and one patient underwent ESWL.

Conclusion: RIRS is feasible in case of large stone burden, like partial and complete staghorn stones along with multiple stones. Our study demonstrates its effectiveness in large stone burden with additional procedure required in < 3% patients.

Biography

Rajinder Yadav had completed his MCh in Urology from AIIMS in 1980. He joined as Sr. Lecturer at PGI Medical College, Rohtak. He had established and developed many departments of Urology and MIS in various hospitals in Delhi. He was Chairman of Urology & Renal Transplant in BLK and Max Hospital. He is the Director of Urology & Kidney Transplant at Fortis Healthcare, a premier healthcare organization. He had performed more than 30,000 surgeries including endoscopic, laparoscopic/retroperitoneoscopic surgeries, kidney transplants, more than 1,000 RIRS and around 1,500 laser prostatectomies (Holmium, KTP, Thulium & Diode).

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Notes:

Ana Raquel Fernandes, J Kidney 2017, 3:3 (Suppl)
DOI: 10.4172/2472-1220-C1-002

Q fever and renal disease

Ana Raquel Fernandes
Centro Hospitalar de Setúbal, Portugal

Coxiella burnetii (C. burnetii) causes a zoonotic disease – Q fever. This bacterium is highly resistant to harsh environmental conditions and causes an uncharacteristic clinical syndrome. Q fever may be acute or chronic and renal manifestations of the disease are more common in the chronic forms. There is a few reports of acute kidney injury due to C. Burnetti and most of them were reported in chronic forms of the disease. We are going through renal manifestations of the disease and we are going to review a case of acute Q fever manifested by recurrent fever and acute kidney injury with nephrotic syndrome.

Biography

Ana Raquel Fernandes has completed her Master's from Faculdade de Ciências Médicas da Universidade Nova de Lisboa, Portugal. She is a 5th year Resident in Nephrology, at Centro Hospitalar de Setúbal. She has published five papers in reputed journals and is a Reviewer at International Journal of STD & AIDS.

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Notes:

Morshed Salah, J Kidney 2017, 3:3 (Suppl)
DOI: 10.4172/2472-1220-C1-002

Access to the kidney during percutaneous nephrolithotomy

Morshed Salah
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Percutaneous Nephrolithotomy (PCNL) is the first-line treatment modality for the management of kidney stones larger than 2 cm in diameter. The creation of a percutaneous renal access is the most important step in PCNL and the adequacy of the access directly influences the success and complication rates of this procedure. Several techniques have been used for guidance for entrance to the collecting system, including fluoroscopy, computed tomography (CT) and ultrasonography (US), however access under fluoroscopy is the most commonly used. The aim of this presentation is to emphasize the importance of the renal access, mainly the monoplanar technique, during PCNL. The access under fluoroscopy control can be performed either under biplanar or monoplanar guidance. Biplanar access is based on the cephalad-caudad and mediolateral movements of the needle; the depth of the needle is adjusted with using fluoroscopic imaging in 30 degree and vertical positions. Monoplanar access is based on the intensive movement of the kidney and the retraction of the targeted calyx under fluoroscopy on a vertical plane only. The monoplanar access technique is a safe method, it decreases puncture and radiation time, it minimizes the patient's, the surgeon's and stuff's direct exposure time to radiation and it has similar success rates as the biplanar access technique.

Biography

Morshed Salah has completed his MD in 1992 from University Medical School of Pecs, Hungary and his Post-graduate studies on Urology in 1996 and PhD studies from University of Debrecen, Hungary in 2001. He has received his Master's degree in Health Services Management from University of Debrecen, Hungary in 2007. He has worked as an Assistant Professor and Consultant Urologist in University of Debrecen, Hungary from 2002-2012. From 2012 to 2016, he has worked as a Consultant in Hamad Medical Corporation, Qatar and from 2016 to till date as a Senior Consultant. He is also an Assistant Professor of Clinical Urology in Weill Cornell of Medical College, Qatar from 2013 to till date.

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Darío Jiménez Acosta et al., J Kidney 2017, 3:3 (Suppl)
DOI: 10.4172/2472-1220-C1-002

Acute intoxication treatment; efficacy of haemoperfusion with macro adsorbent resin

Darío Jiménez Acosta, Aguilar Ana, Jiménez Fernando, Dueñas Anunciata, Castillo María, Morales Miguel, Sadva Diego, Paredes Gustavo, Pazos Ernesto, Trujillo Freddy and **Rhon Jaime**
Universidad Central del Ecuador, Ecuador

Introduction: Acute intoxication is an important cause of admission to intensive care unit in Ecuador; 8% of patients who needed renal replacement therapy developed by DIALNEF group since 2014 were by acute poisoning. The haemoperfusion with macro adsorbent resin offers advantages to clear toxins with medium molecular weight, high bound proteins and lipophilic characteristics.

Objective: To evaluate the role of early haemoperfusion as a therapy in severe acute intoxication. Mortality was primary outcome.

Methodology: A case and controls study was delivery in poisoning patients with neurologic deterioration by drugs with high bound proteins. Group 1 (n: 25 patients) were in haemoperfusion by 3 hours with MG-150- 250 macro adsorbent resin cartridge after general treatment for detoxifications versus group 2 (n: 25 patients) patients without access to haemoperfusion treatment. APACHE and SOFA scores were used to severity evaluation.

Results: Severity score APACHE II was G1:19 and G2: 15 (p:0.03) and SOFA G1:8.9 and G2:6 (p:0.02). UCI stay was G1:3.5 and G2: 5.4 days (p:0.11). Mortality in G1: 0 and G2: 5 (p=0,018).

Conclusions: The present study shows benefits of haemoperfusion in patients with severe acute intoxications. In addition, it shows how dramatically decreases the mortality in patients with high APACHE 2 score. Also, it was effective because decrease the permanence either in intensive care unit and hospitalization, therefore the cost is reduced. Haemoperfusion is a suitable technic for effective treatment in poisoning patients and clearance of high bound protein drugs.

Biography

Darío Jiménez Acosta has completed his Medical graduate from Universidad Central del Ecuador and Post-doctoral studies from Eugenio Espejo hospital and Nephrology mini fellowship at University of Colorado at Denver. He is Head of Nephrology Department at Enrique Garcés Hospital, Medical Director of Dialnef Critical Care Nephrology and Medicine Professor at Universidad Central del Ecuador.

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Rodrigo de Oliveira Pierami, J Kidney 2017, 3:3 (Suppl)
DOI: 10.4172/2472-1220-C1-002

Evaluation of arterial hypertension in chronic kidney patients on hemodialysis and peritoneal dialysis

Rodrigo de Oliveira Pierami
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High Blood Pressure (HBP) is a common finding in patients with chronic kidney disease on dialyses. This research analyzed the relation between blood pressure (BP) and hydration status (HS) in chronic kidney patients under hemodialysis (HD) and peritoneal dialysis (PD) in a Brazilian Dialysis Center. Demographic data, BP, number of antihypertensive drugs (NAD) and HS by bioimpendance exam were collected from 89 patients (69 in HD; 20 in PD). There were findings of 55.1% of men, age between 57.6±16.4 years old, Caucasian ethnicity (80.9%), usage of 2.4±1.2 hypotension drugs in HD, 1.7±1.4 in PD. Systolic Blood Pressure (SBP)<140 mmHg in 27.5% patients before HD, in 40.6% after HD and in 55% under PD. Diastolic Blood Pressure <90 mmHg in 81.2%, 79.7% and 85% respectively. 43.8% with mean blood pressure (MBP)>100 mmHg (86.9±9.9 mmHg) and OH 0.5±2.5 liters. 56.2% with MBP>100 mmHg (114.7±11.9 mmHg; p=0.0001) and OH of 1.5±2.7 liters (p=0.06 between the groups). When pre-dialysis SBP and HS were combined, the patients were stratified in 4 groups: Group-1; 40.4% HBP can relate to hyperhydration; Group-2; 24.71%, HBP is independent of hyperhydration; Group-3; 19.1%, in which 9% are hypohydrated and low blood pressure; Group-4; 15.7%, in which 12.3% are normohydrated and normotensive and 3.4% are hyperhydrated, though normotensive or arterial hypotension. HS was normal in 22.5%. In this research, there was noted the difficulty of controlling BP in these patients despite the use of expressive NAD and no relation between HS and MBP.

Biography

Rodrigo de Oliveira Pierami is currently a Medical student at Pontifical Catholic University of São Paulo, Brazil. He is a Former Member of Vital Brazil Student Council and Organizer of the XVI International Journey of Geriatric and Gerontology (2015). He did Internship at Hôpital Saint Vincent de Paul, Université Catholique de Lille, France (2016).

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Notes:

Daniel Santos Rocha Sobral Filho, J Kidney 2017, 3:3 (Suppl)
DOI: 10.4172/2472-1220-C1-002

A rare case of association between Fabry's nephropathy and membranous glomerulonephritis: New perspectives on pathophysiology and follow-up of Fabry's disease

Daniel Santos Rocha Sobral Filho
Federal University of Piauí, Brazil

Fabry disease (FD) is a rare X-linked disorder resulting from the deficiency of alpha-galactosidaseA enzyme. Microalbuminuria is the initial manifestation of renal involvement, progressing to end-stage renal disease. From one case, we followed the patient's response to enzyme replacement therapy (ERT) and the evolution of its manifestations. A 61 years old male was referred to nephrologist to investigate generalized edema and massive proteinuria. He referred a previous diagnosis of cardiomyopathy and heart failure treatment. Physical examination revealed widespread edema. Complementary tests showed nephrotic proteinuria, hypoalbuminemia and dyslipidemia. Renal biopsy revealed membranous glomerulonephritis (MN) and FD association. Anti-phospholipase-A2-Receptor autoantibodies were positive, revealing the unprecedented association between idiopathic MN and Fabry nephropathy, reinforces the hypothesis that Fabry's nephropathy may modify podocyte antigens, leading to idiopathic MN. Others FD manifestations were found: cornea verticillata, hypertrophic cardiomyopathy and supratentorial microangiopathy. The α-Gal activity was reduced, associated with lyso-Gb3 accumulation. Genetic analysis identified an unreported hemizygous mutation in exon 7 of the GLA gene. The patient experienced decreased edema and clinical stabilization with the institution of fortnightly ERT with agalsidase alfa, with complementary exams showing preservation of renal function with reduction in proteinuria and increased serum albumin. Family screening identified six close relatives with FD on oligosymptomatic stage. This study recognized an unknown association between MN and FD and an unreported genetic mutation. It's also serving as the basis for the development of a database that aims to allow the follow-up of these patients, making possible the analysis of clinical data and of its evolution.

Biography

Daniel Santos Rocha Sobral Filho is a Medical Student at Federal University of Piauí, Teresina - Piauí – Brazil and has Scholarship of the Program of Scientific Initiation of the Federal University of Piauí. He participates in researches in nephrology, focusing on genetic nephropathies.

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Stephanie Frilling, J Kidney 2017, 3:3 (Suppl)
DOI: 10.4172/2472-1220-C1-002

Medicare telehealth service and nephrology: Policies for eligibility and payment

Stephanie Frilling
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There are just over 80 professional physician or practitioner services that may be furnished via telehealth, defined by medicare as interactive audio and video telecommunications systems that permit real-time communication between a beneficiary at the originating site and the provider at the distant site. These services include 16 nephrology billing codes for furnishing end-stage renal disease services for monthly monitoring and assessment, and two billing codes for chronic kidney disease education. In recent years, many mobile health devices and other web based tools have been developed in support of monitoring, observation and collaboration for people living with chronic disease. However, digital health devices often do not meet telehealth conditions for coverage as currently required under medicare. The criteria for furnishing telehealth nephrology services, as well as, all other medicare telehealth services are set forth in section 1834(m) of the social security act. Telehealth services are paid under medicare part b, when furnished via a telecommunications system that substitutes for an in-person encounter. The presentation will review the statutory and program guidance that govern medicare telehealth services, defines payment policy terms, (such as originating site and distance site) and clarifies payment policies when telehealth services are furnished, discuss innovation and other technological advancements in telehealth and neprology, and medicare's program authority and other statutory inciatives for enhancing the telehealth benefit.

Biography

Stephanie frilling, MBA, MPH, is currenlty the Program Lead for the skilled nursing facility value-based purchaing program and the monitoring and valuation lead for CMS's value incentives quality reporting programs. As a program lead, she is responsible for overseeing all aspects of regulatory and health policy issuse for these programs, which are opertated by the centers for quality standards and quality. During her tenure at CMS, she has also served as the Program Lead for the end-stage renal disease quality incentive program, and as a subject matter expert for the physican fee scheudle and the end-stage renal disease prospective payment system, and has extensive payment experience with medicare payment and quality programs. She holds an MBA, MPH and is currently pursuing a Doctrate in Bioethics from Loyola of chicago.

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Notes:

Mohamed Amine Rahil, J Kidney 2017, 3:3 (Suppl)
DOI: 10.4172/2472-1220-C1-002

Endovascular management of immature fistulas by interventional nephrologists in Algeria

Mohamed Amine Rahil
Bachir Ben Nacer Hospital, Algeria

Objectives: Percutaneous transluminal angioplasty (PTA) has proven to be valuable for management of dysfunctional fistula; KDOQI guidelines acknowledged the time and the role of interventional angioplasty for treatment of vascular access dysfunction.

Methods: Between September 2014 and March 2016, 28 dysfunctional and 2 thrombosed immature fistulas were treated by PTA and or collateral veins ligation. Angiography was performed by ultrasound guided puncture of the brachial artery and stenosis was performed after cannulation of the vein. The balloon size was between 5 to 10 mm. Collateral veins ligation was performed surgically after ultrasound marker. Thrombosed immature fistula was treated by manual catheter-directed aspiration. Dilatation induced rupture was treated by balloon tamponade and no stent was used.

Results: An underlying stenosis was diagnosed in all cases except one. 11 (36%) of them were located in the vein area (VA), 8 (26%) in the juxta anastomotic outflow area (JAOA), 4 (14%) in JAOA and in the fistula anastomosis (FA), 3 (10%) in JAOA and VA, 2 (7%) in JAOA, FA and artery stenosis (AS), 1 in JAOA with collateral vein and one only with a collateral veins without stenosis. The initial success rate of the endovascular procedure was 90%. Dilation-induced rupture occurred in five cases (16%) but stents were not necessary. The rate of significant clinical complications was 6% (pseudoaneurysm).Primary and secondary patency rates at 1 year were 50% and 70%, respectively.

Conclusions: Early Doppler ultrasound enables identification of underlying areas of stenosis or collateral veins in nonmaturing fistulas, which can be safely and effectively treated with angioplasty, vein ligation or both. With continued surveillance and repeat interventions, functional patency can be sustained in the majority of fistulas.

Biography

Mohamed Amine Rahil is an Interventional Nephrologist from Algeria. After an interventional nephrology internship in UC Davis, California, he perfected his approach of endovascular treatment for immature fistula and central vein stenosis; he also takes in charge of children and adult for PD catheter and tunneled catheter placement. He presented several communications in several international societies (Vascular access society, international society of hemodialysis) to show how nephrologists help nurses to cannulate difficult fistula by ultrasound guided needling.

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Notes:

Kidney & Nephrology 2017





15th Annual Congress on

Kidney: Nephrology & Therapeutics

August 28-30, 2017 Philadelphia, USA

Keynote Forum

Day 2

Elaine M Kaptein, J Kidney 2017, 3:3 (Suppl)
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Elaine M Kaptein

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A systematic literature review of sodium concentrations of body fluids: Clinical Application

Wide ranges of sodium concentrations for different body fluid losses have been noted with minimal substantiating data and variability among sources, leading to use of "cumulative fluid balance" regardless of composition in hospitalized patients. We defined sodium concentrations of body fluid losses by performing a systematic literature review in adult humans using PubMed database. Inclusion criteria were met for 107 full-text articles. Mean sodium concentrations were significantly lower for acidic (mean+SD:44+12 mEq/L) than for alkaline (55+13 mEq/L) gastric fluid, higher for bile (184+24 mEq/L) or pancreatic fluid (156+3 mEq/L) than all other body fluids, and similar between intact small bowel (119+14 mEq/L) and ileostomy outputs (116+25 mEq/L). Sodium concentrations were significantly greater for cholera-induced diarrhea (128+18 mEq/L) and lower for osmotic-induced cause (28+16 mEq/L) than all other causes of diarrhea. For osmotic diarrheas, sorbitol-induced diarrhea sodium concentration was higher (63+17 mEq/L) than for carbohydrate malabsorption (43+20 mEq/L), lactulose (26+19 mEq/L), Idolax (16+13 mEq/L) and polyethylene glycol (13+7 mEq/L). For pleural, peritoneal, and edema fluid, sodium concentrations (137+13 mEq/L) were similar to plasma. In summary, this is the first in-depth review of verifiable sodium concentrations of body fluids most commonly lost in hospitalized patients. Sodium concentrations are fluid-specific and consistent. Sodium concentrations of enteral and parenteral fluids have been summarized. (Clinical Nephrology 86 (10): 203-28, 2016. PMID: 27616761). We have used these data to develop a calculator to assess net volume and water inputs and losses, to facilitate prevention and treatment of free water and volume disorders in hospitalized patients. Case examples of this application are included.

Biography

Elaine M Kaptein has completed her MD in 1973 from the University of Saskatchewan, and her Internship, Residency and Fellowship at McGill University in Montreal Quebec in 1977. She is a Full Professor of Medicine at the University of Southern California, Los Angeles, CA. She has published 65 peer-reviewed articles in reputed journals.

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Veerasamy Tamilarasi, J Kidney 2017, 3:3 (Suppl)
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Pediatric kidney transplantation

Introduction: Renal transplantation is undoubtedly the treatment of choice for children with End Stage Renal Disease. Successful transplantation in children and adolescents not only ameliorates uremic symptoms but also allows for significant improvement, and often correction, of delayed skeletal growth, sexual maturation, cognitive performance, and psychosocial functioning. In addition, lack of awareness among parents and physicians alike, resource allocation and the perceived infective milieu makes pediatric renal transplantation in India a challenge.

Method: A retrospective analysis on 133 pediatric renal transplants (age at transplant <18yr) done in a tertiary care center in south India over a 25 year period (1991 to 2016) was done. Data was collected from renal transplant database and Clinical workstation network. Mortality and graft loss were primary outcome variables studied.

Results: The mean age of the recipients was 25 years (6 to18 years), [accounting for 6.1% of all the renal transplants done at our center (133/3455). 96% of patients received kidney from live related donors. The major causes of ESRD were glomerulonephritis (29%) and urological abnormalities (18%), while the aetology was unknown in 46.5%. Immunosuppression was based on a triple drug regimen in 99% of children. Amongst complications, any rejection episode (41.7%), UTI (29.7%) and CMV disease (16.8%) were predominated. The mean duration of follow up was 38.6±33.5 months (4,159) Graft loss occurred in 10 children (10%) at a mean duration of 35±22 month (6.70). Overall 1, 5 and 10 year graft survival was 97% 83%, and 75% respectively Overall 1.5 year and 10 year patient survival was 95%, 86% and 79%. The significant predictor of graft loss was CMV disease (p=0.039) while sepsis (p=0.01) was the most important contributor to patient loss.

Conclusion: Pediatric renal transplantation in India can be accomplished successfully. The graft and patient survival in our study, the largest from India, is comparable to those published from developed countries and is encouraging given the limited resources.

Biography

Veerasamy Tamilarasi is working as Head of Department of Nephrology in Christian Medical College Vellore, India. She was a Dean of Vellore Medical College. She has attended several national and international conferences.

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Scientific Tracks & Abstracts

Day 2

Kidney Cancer | Dialysis and Renal Care | Kidney Transplantation | Pediatric Nephrology

Session Chair
Elaine Kaptein
University of Southern California, USA

Session Co-chair
Veeraswamy Tamilarasi
Christian Medical College Vellore, India

Session Introduction

Title: **Use of C4d biomarker as a diagnostic tool to classify membranoproliferative glomerulonephritis**
Nirupama Gupta, University of Florida, USA

Title: **Comparison of topical Chlorhexidine and Mupirocin for the prevention of exit-site infection in incident peritoneal dialysis patients**
Htay Htay, Singapore General Hospital, Singapore

Title: **Nutritional status assessment in dialysis patients**
Ravi Shankar Bonu, Manipal Hospital, India

Title: **Nonconvulsive status epilepticus due to fentanyl intoxication in hemodialysed patients: Two case reports and review of the literature**
Daniela Pogliani, ASST Valle Olona UO Nefrologia e Dialisi, Italy

Title: **Successful cyclosporin A therapy for diffuse mesangial sclerosis associated with WT1 mutations**
Koji Nagatani, Uwajima City Hospital, Japan

Title: **Ulinastatin: Is it a new therapeutic option for AKI?**
Sonia Gupta, Kidney Care Hospital & Research Centre Udaipur, India

Title: **Retrograde intrarenal surgery for urinary stone disease in patients with solitary kidney: A retrospective analysis of the efficacy and safety**
Shinnosuke Kuroda, Yokohama City University Medical Center, Japan

Title: **The impact of a multidisciplinary self-care management program on quality of life, self-care, adherence to anti-hypertensive therapy, glycemic control, and renal function in diabetic kidney disease: A Cross-over Study**
Nancy Helou, Haute Ecole de Sante Vaud, Switzerland

Title: **Estimated glomerular filtration in obese patients**
Pehuen Fernandez, Hospital Privado de Cordoba, Argentina

Title: **Simvastatin attenuates chromium-induced nephrotoxicity in rats**
Massumeh Ahmadizadeh, Ahvaz Jundishapur University of Medical Sciences, Iran

Nirupama Gupta, J Kidney 2017, 3:3 (Suppl)
DOI: 10.4172/2472-1220-C1-002

Use of C4d biomarker as a diagnostic tool to classify membranoproliferative glomerulonephritis

Nirupama Gupta
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Background: Membranoproliferative glomerulonephritis (MPGN type I, II, III) was reclassified in 2013 as MPGN and C3 glomerulopathy (C3G) based on classical or alternative pathway complement activation.

Objectives: To evaluate whether C4d, a component of the classical pathway could be a diagnostic tool in differentiating between MPGN and C3G.

Methods: We conducted a retrospective study of 15 MPGN type I, II, III and 13 minimal change disease (MCD) patients from 2000 to 2012. Formalin-fixed paraffin-embedded kidney tissues were stained for C4d using an immunoperoxidase method.

Results: Using the 2013 C3G consensus classification, the 15 MPGN types I, II, III biopsies were re-classified as MPGN (8) and C3G (7). Based on C4d immunohistochemical staining, of the 8 biopsies diagnosed as MPGN, 4 had classical pathway involvement [C1q (+), C3 (+), C4d (+)]; two had lectin pathway involvement [C1q (-), C3 (+), C4d (+)]; and, two were reclassified as C3G because the absence of C4d and C1q suggested the presence of the alternative pathway [C1q (-), C3 (+), C4d (-)]. Three of seven C3G biopsies presented classical pathway and were reclassified as MPGN. The alternative pathway was present in one of the other 4 considered to be C3G; the other two C3G biopsies likely involved the lectin pathway. The one case of dense deposit disease had lectin pathway involvement.

Conclusions: This study reports that C4d staining may help to differentiate between MPGN and C3G. In addition, the lectin pathway seems to play a role in the pathogenesis of these glomerulopathies.

Biography

Nirupama Gupta has completed her MD degree from the University of South Florida in 2009, Pediatrics Residency at Yale-New Haven Hospital in 2012 and Pediatric Nephrology Fellowship at University of Florida in 2015. Her clinical research interests include glomerulopathies, childhood hypertension and BK virus infection. As a Junior Faculty, she started the Pediatric Hypertension Clinic at University of Florida in 2015. She has given a CME talk on Pediatric Hypertension to community pediatricians and has lectured to medical students and residents on various nephrology topics

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Htay Htay et al., J Kidney 2017, 3:3 (Suppl)
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Comparison of topical Chlorhexidine and Mupirocin for the prevention of exit-site infection in incident peritoneal dialysis patients

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[4]Translational Research Institute, Australia

Objective: Prevention of exit site infection (ESI) is of paramount importance to peritoneal dialysis (PD) patients. The aim of this study was to evaluate the effectiveness of chlorhexidine in the prevention of ESI in incident PD patients compared with mupirocin.

Methods: This retrospective, pre-test/post-test observational study included all incident PD patients at Singapore General Hospital from 2012 to 2015. Patients received daily topical exit-site application of either mupirocin (2012-2013) or chlorhexidine (2014-2015) in addition to routine exit-site cleaning with 10% povidone-iodine. The primary outcome was ESI rate during the 2 time periods. Secondary outcomes were peritonitis rate, times to first ESI and peritonitis, hospitalization rate and infection-related catheter removal. Event rates were analyzed using Poisson regression and infection-free survival was estimated using Kaplan-Meier and Cox regression survival analyses.

Results: The study included 162 patients in the mupirocin period (follow-up 141.5 patient-years) and 175 patients in the chlorhexidine period (follow-up 136.9 patient-years). Compared with mupirocin-treated patients, chlorhexidine-treated patients experienced more frequent ESIs (0.22 vs 0.12 episodes/patient-year, p=0.048), although this was no longer statistically significant following multivariable analysis (incidence rate ratio [IRR] 1.78, 95% confidence interval [CI] 0.98-3.26, p=0.06). No significant differences were observed between the 2 groups with respect to time to first ESI (p=0.10), peritonitis rate (p=0.95), time to first peritonitis (p=0.60), hospitalization rate (p=0.21) or catheter removal rate (0.03 vs. 0.04/patient-year, p=0.56).

Conclusions: Topical exit-site application of chlorhexidine cream was associated with a borderline significant, higher rate of ESI in incident PD patients compared with mupirocin cream.

Biography

Htay Htay is a Nephrologist at Department of Renal Medicine, Singapore General Hospital. She was graduated from University of Medicine, Myanmar and received Master of Medicine (Internal Medicine) from the National University of Singapore. She has completed her basic specialist training in Internal Medicine and advanced specialist training in Nephrology at Singapore General Hospital. She has also completed her Fellowship training at Nephrology Department, Princess Alexandra Hospital, Brisbane, Australia. She is a Member of Royal College of Physician, International Society of Peritoneal Dialysis and Singapore Society of Nephrology

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Ravi Shankar Bonu, J Kidney 2017, 3:3 (Suppl)
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Nutritional status assessment in dialysis patients

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Nutritional status assesment in dialysis patients is very important since malnutrtion in dialysis is common and increases morbidity and mortality.The commonly used mehtods such as; BMI, anthropometry are not accurate for assessing the nutritional status in dialysis patients because of their altered fluid status. However, adding subjective global assessment (SGA) or malnutrition inflammatory score (MIS) to anthropmetry may provide better information. The fat mass, fat free mass (lean body mass) are the two most important parameters of nutrition and can be abnormal even with normal body weight in dialysis patients. DEXA scan, CT, MRI which are relatively simple methods to perform but involve expertise to analyze the data are a bit more expensive and expose patients to ionizing radiation. More accurate methods such as dueterium oxide and total body potassium estimation are complex, and used as advanced tools. Bioimpedance analysis (BIA), a relatively simpler, cheaper, bedside and user freindly tool has become more popular in the recent past in assesing the nutritional status in dialysis patients. In our expereince, bioimpedance analysis yielded body composition parameters which correlated well with BMI and anthropometric parameters in a subset of our dialysis patients. In addition, we found that subjective global assesment is also a less expensive method and provided nutritional as well as functional status in our dialysis patients. We conclude that, in our experience, bioimpedance analysis and subjective global assessment are simple tools and are complimenary to anthropometry for nutritional assesment in dialysis patients.

Biography

Ravi Shankar Bonu has completed his MBBS from Andhra Medical College, Vishakapatnam, Andhra Pradesh, India. He did his MD in Internal Medicine from PGIMER, Chandigarh, India. He has done DM (Nephrology) training at Osmania General Hospital, Hyderbad, India. He also had a short stint at Toronto General Hospital, Toronto, Canada in 2007. Currently, he is a Senior Consultant at Manipal Group of Hospitals, Bangalore, India. He has 20 years of experiene in Nephrology and has been a Teacher for Nephrology Trainining Programme in India and he has publications in national and international journals

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Daniela Pogliani, J Kidney 2017, 3:3 (Suppl)
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Non-convulsive status epilepticus due to fentanyl intoxication in hemodialysed patients: Two case reports and review of the literature

Daniela Pogliani
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The management of the pain therapy (ischemic pain, neoplastic pain) in hemodialysis patients has become a frequent challenge in the last years. These patients often require the prescription of major analgesic drugs such as opioids like Fentanyl, in order to control the pain. It is necessary to pay attention to the correct dosage and to the half-life of these drugs that results prolonged in the chronic renal insufficiency. The main side effect of opioids is respiratory depression and is well known, but to date in the literature reports about other less frequent side effects, like epilepsy or status epilepticus are lacking. We report two cases of chronic hemodialysed patients who developed a generalized non-convulsive status epilepticus secondary to fentanyl intoxication administered for the pain therapy. These cases required a synergic team management implicating the nephrologists, the neurologist and the intensivist. The generalized non-convulsive status epilepticus could be an important and serious side effect of fentanyl in hemodialysis patients and it is therefore necessary a sharp monitoring of the pain therapy in these subjects.

Biography

Daniela Pogliani has completed her MD from Università Milano-Bicocca, Milan and Post-doctoral studies from the same university. She is specialized in Nephrology. She currently works in a Nephrology and Dialysis Unit in a Public Hospital, Gallarate, Italy. She has been co-author of up to 11 papers in reputed journals and is a Member of the Editorial Board of the *Giornale Italiano di Nefrologia.*

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Koji Nagatani, J Kidney 2017, 3:3 (Suppl)
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Successful cyclosporin a therapy for diffuse mesangial sclerosis associated with WT1 mutations

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Wilms' tumor suppressor gene 1 (WT1) mutations are found in Denys-Drash syndrome, Frasier syndrome and isolated diffuse mesangial sclerosis; these mutations lead to the occurrence of diffuse mesangial sclerosis (DMS) and focal segmental glomerulosclerosis. Nephrotic syndrome (NS) caused due to DMS is unresponsive to drug therapy and is characterized by rapid progression to end-stage renal disease. Here, we report a case of a 3 years and 5 months old girl with NS caused due to DMS who responded favorably to cyclosporin A (CsA) and angiotensin-I converting enzyme inhibitor (ACE-I). The light microscopic findings of the renal biopsy before CsA therapy revealed the early stage of DMS, which showed small glomerulus with diffuse mesangial matrix increase and mesangial hypercellularity and hyperplastic podocytes. However, prominent epithelial proliferation was not found in the specimen. CsA therapy induced a dose-dependent decrease in her urinary protein/creatinine ratio and resulted in partial remission of NS and maintenance of normal renal function for over 3 years. The second biopsy at 3 years old revealed the improvement on the light microscopic findings. CsA may be effective for DMS with WT1 mutations, if therapy is started before creatinine levels increase and in the early stage of DMS. In children with WT1 mutation, CsA therapy may prevent prompt progression to end-stage renal disease.

Biography

Koji Nagatani has completed his graduation from Hamamatsu University, School of Medicine, Shizuoka, Japan in 1998 and belonged to Ehime University Graduate School of Medicine, Department of Pediatrics. He is a Member of The Japanese Society for Pediatric Nephrology, Japanese Society of Nephrology, International Pediatric Nephrology Association and International Society of Nephrology. He is the Director of Department of Pediatrics, Uwajima City Hospital, Japan

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Sonia Gupta, J Kidney 2017, 3:3 (Suppl)
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Ulinastatin: Is it a new therapeutic option for AKI?

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Background: In critically ill patients with AKI, unacceptably high mortality rates reaching up to 50-80% in all dialyzed ICU patients are seen despite the availability of intensive renal support. At present there is no specific or targeted therapy for AKI. The exact molecular pathophysiology of AKI is complex and also multifactorial. Ulinastatin is a multifunctional Kunitz type serine protease inhibitor; it has been shown to exhibit significant renoprotective effects in various models of mechanical and chemical injury.Our premise regarding the use of molecule in AKI was based on the fact that this molecule acts at multiple levels in the sepsis conundrum and can act to stop the cascade and thereby halt the "storm".

Aim: The aim of our study, done in a semi urban nephrology set up, was to find out if using ulinastatin in patients with AKI has any beneficial result on the outcomes in patients with AKI. Ours is a retrospective comparative study done in patients with AKI who were critically ill.

Method: We studied a total of 280 patients with AKI who needed ICU care in our hospital in the period between May 2012-Dec 2015. Out of these, 140 patients received Injection ulinastatin 3 doses a day for 5 days, against a similar number of control patients. We included those patients with AKI who had SOFA scores more than 8. We recorded the age and the etiologies of the patients. We recorded the length of stay, need and duration of renal replacement therapy, time to stoppage of renal replacement therapy, need for mechanical ventilation, mortality and post AKI recovery and progression to CKD.

Results: The patients who received ulinastatin had a shorter stay in the ICU ($p < 0.01$ vs control group); also the time to stoppage of renal replacement therapy was shorter ($p < 0.05$). The recovery to renal function was seen in 84% (n=118). The progression to CKD was seen in 11% (n=10; 20 in control group), of patients .The average number of sittings of dialysis needed were 11 (range3-20), less number of dialysis were needed in the ulinastatin group .The overall mortality was 26 %(n=72, 39 in the control group).

Biography

Sonia Gupta has completed her medical education along with the specialization in Nephrology from Institute of Kidney Diseases in Ahmedabad, India. At present, she runs her own kidney hospital Kidney Care Hospital & Research Center Udaipur. She has more than 15 publications to her credit and tries to focus on delivering affordable quality nephrology care to her patients.

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Shinnosuke Kuroda, J Kidney 2017, 3:3 (Suppl)
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Retrograde intrarenal surgery for urinary stone disease in patients with solitary kidney: A retrospective analysis of the efficacy and safety

Shinnosuke Kuroda
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Objectives: To compare outcomes of retrograde intrarenal surgery for urolithiasis between patients with solitary kidneys and patients who have single-side urolithiasis with bilateral kidneys.

Methods: We retrospectively analyzed outcomes of retrograde intrarenal surgery in solitary kidney patients (group A) carried out during 2007-2014 and in patients with bilateral kidneys with comparable stone burdens (group B). Stone-free status was defined as no residual fragment on computed tomography 1 month later.

Results: There were 19 patients in group A (mean age 62.5±18.4 years, range 14-76 years). The mean stone diameter and burden were 6.0 mm (range 3-24 mm) and 10.42±6.92 mm, respectively. The stone-free rate was 94.7% and no repeat procedure was required. The glomerular filtration rate tended to rise post-surgery (postoperative day-1: 48.67±15.92 mL/min, 100.2%, P=0.940; postoperative month-1: 51.32±16.90 mL/min, 105.7%, P=0.101) compared with preoperative rates. The stone-free rate and surgery time were not significantly different between the two groups, although post-surgical hospitalization time was longer for group A (4.05 vs. 3.08 days, P=0.037). The change in glomerular filtration rate was not significantly different between groups A and B (postoperative day-1: +0.101 vs. +0.547 mL/min, respectively, P=0.857; postoperative month-1: +2.749 vs. 3.161 mL/min, respectively, P=0.882). No significant difference was found in terms of complication rate.

Conclusions: Retrograde intrarenal surgery in solitary kidney patients is as safe and effective as in bilateral kidney patients.

Biography

Shinnosuke Kuroda has completed his graduation from Yokohama City University School of Medicine. He has worked at Ohguchi Higashi General Hospital in Japan from 2014 to 2015. He has published more than 10 papers about male infertility and urolithiasis.

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Nancy Helou, J Kidney 2017, 3:3 (Suppl)
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The impact of a multidisciplinary self-care management program on quality of life, self-care, adherence to anti-hypertensive therapy, glycemic control and renal function in diabetic kidney disease: A cross-over study

Nancy Helou
Haute Ecole de Santé Vaud, Switzerland

Diabetic Kidney Disease (DKD) is a global health concern that is associated with high morbidity and mortality. Patients with DKD are expected to manage their daily self-care activities. Patients' non-adherence to treatment regimen is thought to be the major cause for the poor control and the occurrence of complications. Previous research has shown that multidisciplinary management of DKD can improve patient outcomes. The effect of nurse-led multidisciplinary self-care management on Quality of Life (QoL), self-care, adherence to antihypertensive therapy, glycemic control and renal function of patients with DKD is not yet well established. The aim of this study was to investigate the effect of a nurse-led Multidisciplinary Self-care Management Program (MSMP) on QoL, self-care behavior, adherence to anti-hypertensive therapy, glycemic control and renal function of adults with DKD. A uniform balanced cross-over design was used with 32 participants randomized into four study arms. Cross-over designs allow efficient comparison of treatments when recruiting fewer participants and attaining the same level of statistical power as randomized controlled trials. It is for use more importantly in chronic diseases for comparison of participants' responses to different treatments. Each participant receives treatment and serve of own control thus, overcoming the mixed effects related to heterogeneity of co-morbidities when comparing two different groups. The uniform strongly balanced design represents the ideal cross-over because it overcomes the statistical bias of carry-over effect. Each participant received twice, at different time intervals and over 12 months, three months of Usual Care (UC) alternating with three months of MSMP. QoL was evaluated using the Audit of Diabetes-Dependent QoL scale, patient self-care behavior was measured using the Revised Summary of Diabetes Self-Care Activities and adherence to anti-hypertensive therapy was assessed using the Medication Events Monitoring System (MEMS). Blood glucose control was measured by glycated hemoglobin (HbA1c) levels and renal function by serum creatinine, estimated glomerular filtration rate and urinary albumin/creatinine ratio. The present QoL was improved by MSMP with a higher mean rank (55.95) as compared to UC (42.19) ($p<0.05$, Confidence Interval (CI) of 95%). MSMP also improved the general diet habits, diabetes specific diet habits and blood sugar testing frequency demonstrating overall higher mean ranks as compared to UC ($p<0.01$, 95% CI, respectively 59.56 vs. 39.44, 59.98 vs. 37.02 and 57.75 vs. 40.43). Results of glycemic control and renal function did not show a significant difference between MSMP and UC. MEMS adherence overall percentage mean (n=21) over the 12 months, for UC and MSMP confounded was high (95.38%, Minimum=69%, Maximum=100%). The implementation of a nurse-led multidisciplinary self-care management program with a theory-based nursing practice improved general QoL and self-care activities of DKD patients.

Biography

Nancy Helou is an Associate Professor in Nursing Sciences at University of Health Sciences, University of Applied Sciences and Arts of Western Switzerland (HES-SO). She has completed her PhD in Nursing Sciences from the University of Lausanne, Switzerland. She holds a Master of Science degree in Nutrition and Dietetics from the American University of Beirut. She has started her academic career in 2004 as a Research Assistant and became an Associate Professor in 2016. She has also build a clinical career as a Cardiac Intensive Care Nurse for four years before becoming a Quality Nurse Manager ensuring Joint Commission Accreditation and Magnet Designation. She is currently interested in clinical research areas and interdisciplinary work. Her research emphasizes on chronic diseases prevention and management and patient self-management.

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Pehuén Fernández, J Kidney 2017, 3:3 (Suppl)
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Estimated glomerular filtration in obese patients

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Introduction: Estimating glomerular filtration rate (GFR) in obese subjects is a challenge. An analysis is made from the performance of equations to estimate GFR in this population.

Materials & Method: This cross-sectional study included 100 obese subjects evaluated between 2008 and 2015. The GFR was measured with urinary iothalamate clearence (reference standard) and estimated using creatinine-based formulas: Cockroft Gault, MDRD, CKD-EPI, MCQ and CKD-MCQ (mean of these). A global performance score (G-P-Score) was created to unify all the analysis criteria.

Results: CKD-MCQ equation had the best performance in obesity grade I (n=53) [bias=1.6 +/- 17.4 ml/min × 1.73 m2; correlation (r)=0.87; area under the curve (AUC)=0.978; sensitivity (S) =100%; specificity (E)=87.8%]. MCQ and CKD-MCQ had the lowest bias in obesity grade II (n=25) (bias=1.8 +/- 22.3 and -4.4 +/- 21.9 ml/min × 1.73m2) and CKD-MCQ the highest r (r=0.89), with the same AUC, S, and E (AUC=0.976, S=85.7%, E=100%). MDRD equation had the lowest bias in obesity grade III (n=22) (bias=-0.2 +/- 31.1 ml/min × 1.73 m2), and CKD-MCQ had the highest r and AUC (r=0.66, AUC=0.929), with the same S and E (S=80%, E=94.1%) than MDRD. CKD-MCQ was the only equation without significant differences compared to the reference standard in any of the obesity levels. The highest score was obtained in the G-P-score (39/48).

Conclusion: CKD-MCQ had the better overall performance for estimating GFR in subjects with different degrees of obesity.

Biography

Pehuén Fernández has completed the Speciality in Clinical Nephrology at the Universidad Católica de Córdoba, Argentina. He is currently working as a Nephrologist at the Hospital Privado Universitario de Córdoba and is pursuing the career of University Professor with a Master's degree in Clinical Research, and a PhD degree.

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Simvastatin attenuates chromium-induced nephrotoxicity in rats

Massumeh Ahmadizadeh[1], **Zahra Goodarzi**[2] and **Esmaeil Karami**[2]
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Hexavalent chromium, cr (vi) is used for various industrial applications. This chemical agent can cause numerous human diseases, including severe damage to the kidney.the wide environmental distribution of this chemical lead to an increase interest of preventive effects of its adverse effects. Simvastatin (simv) is widely clinically used for lowering hypercholesterolemia. It also has anti-inflammatory and anti-oxidant effects. The study of the effect of simv on cr (vi)-induced adverse effects on experimental animals may be useful for better understanding of the clinical pictures following cr (vi) exposure in humans. The present study was undertaken to investigate the potential protective effects of simv on cr (vi)-induced nephrotoxicity in rat. Forty-eight adult male wistar rats (180-220 g bw) were randomly assigned to eight groups (n = 6). Group one received simv 20 mg/kg/day. Group two was given vehicle only. Groups three, five and seven received intraperitoneally (i.p) cr (vi) at doses of 8, 12 and 16 mg/kg body weight. Groups four, six and eight pretreated with the 20 mg/kg simv 30 minutes to prior administration of cr (vi) at doses of 8, 12 and 16 mg/kg respectively. The experiment repeated for eight consecutive days. Twenty-four hours after the last administration, animals were killed with overdose of sodium pentobarbital. Kidney tissues were excised for measuring malondialdehyde (mda), glutathione (gsh) and histopathological examination. Results of the present study indicated that chromium induced a dose dependent elevation of mda and reduction of gsh levels when compared to those in control rats. Histopathological manifestations were observed in cr (vi)-treated rats. Simv administration restored cr (vi) produced biochemical and morphological changes in rat kidney. Simv decreased mda values and increased gsh levels in cr (vi)-treated rats. Simv clearly reversed the microscopic damage, demonstrating its protective effects against cr (vi)-induced kidney injury. The observations support the view that generation of oxidative stress is responsible for cr (vi)-induced nephrotoxicity. Simv may have a protective effect against cr (vi)-induced oxidative stress in rat kidney.

Biography

Massumeh Ahmadizadeh is working in the field of Occupational Health, Engineering Department, School of Health, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, IR Iran.

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Keynote Forum

Day 3

Roy Michael Culpepper, J Kidney 2017, 3:3 (Suppl)
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Roy Michael Culpepper

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Kidney involvement in micro-angiopathic disease-A case analysis

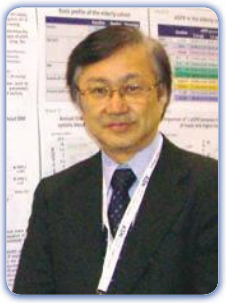
Microangiopathic disease (MAP) is characterized by intravascular hemolysis resulting in anemia with presence of schistocytes on a peripheral blood smear, and with a rise in serum lactate dehydrogenase (LDH) followed by a fall in serum haptoglobin levels and with thrombocytopenia. In virtually every case of MAP, the kidney shows some degrees of injury, ranging from the appearance of proteinuria and active urinary sediment to acute kidney injury and incremental decreases in GFR. Three primary MAP's have now been identified, based on the underlying pathophysiology and characterized according to the expectations for renal injury and the disease-specific treatment. These syndromes include classical hemolytic-uremic syndrome (HUS), thrombotic thrombocytopenic purpura (TTP), and atypical hemolytic-uremic syndrome (aHUS). Classical HUS is associated with enteric infection, most commonly shiga-like toxin-producing E.coli O157:H7 (STEC-HUS), with a dominant prevalence in childhood. TTP specifically arises from decreased activity of ADAM TS13, a metallaprotease that cleaves large multimers of Von Willebrand factor (vWF) causing inactivation of vWf; the deficiency of ADAM TS13 resulting in sustained presence and activity of vWf multimers. Lastly, aHUS has been linked to uncontrolled activation of the complement system by the lack of counter-regulatory factors, chiefly, factors H, I, or B. This deficiency in regulation can result from production of anti-factor F antibodies or a host of genetic mutations that affect factors F, I, or B production of activity. In addition to these well-defined syndromes, MAP with kidney injury can occur sporadically in a wide variety of unrelated disease processes. In every instance, prompt disease-specific treatment can prevent or ameliorate severe or long-term renal damage. For classical HUS, use of antibiotics to address the infection is not indicated and may be counter-productive while plasmapheresis is not beneficial. Supportive care with dialysis when indicated is the preferred mode of care. A diagnosis or strong presumption of TTP demands initiation of plasmapheresis as soon as possible with administration of corticosteroids. Rituximab may be started as initial therapy or added for disease resistance to steroid and apharesis. Absence of evidence for classical HUS or TTP, aHUS must be considered, given the high risk for progressive kidney damage. Eculizumab, a mono-specific antibody that inhibits complement factor C5 and interferes with the terminal portion of the complement cascade is the required treatment for aHUS. The expense of this drug makes it desirable to secure the correct diagnosis of the complement-mediated basis of disease by measuring factors H, I, and B activity. In the presence of normal activity of these factors, other diseases that may give rise to sporadic MAP need to be considered. A case-based analysis will be used to outline a reasonable approach to management of MAP with renal involvement.

Biography

Roy Michael Culpepper received the MD Degree from the University of Alabama in Birmingham School of Medicine where he also completed Nephrology Fellowship. He has served on the Faculty at Loma Linda University, School of Medicine, the Health Science Center of the University of Texas in Houston, the Medical College of Virginia, and, for the past 25 years, at the University of South Alabama, College of Medicine where he is Professor of Medicine and past Director of the Division of Nephrology and Dialysis Services. He has served on the National Board of Directors of the National Kidney Foundation and has held grants from the NIH and various pharmaceutical grants for clinical research.

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Fumihiko Hinoshita, J Kidney 2017, 3:3 (Suppl)
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Fumihiko Hinoshita

National Center for Global Health and Medicine, Japan

Why don't you use a very effective herbal medicine, Shao-yao-gan-cao-tang (Japanese name: Shakuyaku-kanzo-to), for muscle cramp in patients on hemodialysis?

Most of the physicians in Western countries don't know that the current traditional herval medicines, which are often used in East Asia, are very useful and effective for specific medical problems or symptoms. One of these is Shao-yao-gan-cao-tang (Japanese name: Shakuyaku-kanzo-to), an anti-cramping medicine, which exhibits an outstanding effect against muscle cramp in the patients on hemodialysis (HD), one of the most common complications of HD. Shakuyaku-kanzo-to consists of equal amounts of paeony and licorice roots and has a prophylactic anti-cramping effect. It has frequently been used for more than 20 years in Japan since the author and a few other groups started to make use of it. In our first report (Am J Chin Med 31:445-453, 2003), Shakuyaku-kanzo-to (EK-68®, Kracie Pharma, Ltd., Tokyo, Japan) at 6 g per day was prospectively administered for 4 weeks to five patients on HD who were suffering from frequent muscle cramps. Consequently, skeletal muscle cramps completely disappeared in two of the patients after the start of oral administration of Shakuyakukanzo-to. Moreover, the frequency of cramping was significantly decreased in two of the remaining three patients after persistent administration without any serious side effects. The severity of muscle cramps was also decreased by this treatment in the responsive patients. The inhibitory effect of Shakuyaku-kanzo-to on muscle contraction was also experimentally confirmed by using phrenic nerve-diaphragm preparations from male Wistar rats. Conclusively I suggest that Shakuyaku-kanzo-to of remarkable efficacy should be used to relieve pain with muscle cramp in hemodialyzed patients as soon as possible.

Biography

Fumihiko Hinoshita has completed his graduation from Tokyo Medical and Dental University in 1981 (MD) and has completed his PhD from the same university, and Post-doctoral study from Harvard Medical School. He is the Head of Department of Nephrology, National Center for Global Health and Medicine, a prestigious national medical center of Japan. He has published more than 30 papers in reputed journals and served as the Lead Guest Editor for the special issue on "Hemodialysis-Associated Problems to solve: Current and Future" *of the Scientific World Journal* in 2013.

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Notes:

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Scientific Tracks & Abstracts

Day 3

Hypertension and Kidney Disease | Cardiovascular Impacts of Kidney Disease | Glomerular-Tubulointerstitial Disorders | Kidney and Bladder stones

Session Chair
Roy Michael Culpepper
University of South Alabama College of Medicine, USA

Session Co-chair
Fumihiko Hinoshita
National Center for Global Health and Medicine, Japan

Session Introduction

Title: **Hypertension after kidney transplantation: Multifactorial etiologies and transplant outcomes**
Ekamol Tantisattamo, Oakland University William Beaumont School of Medicine, USA

Title: **Recent topics of autosomal dominant polycystic kidney disease (ADPKD)**
Kenjiro Honda, University of Tokyo graduate school of medicine, Japan

Title: **Vitamin D repletion after kidney transplantation**
Kyra Borchhardt, Medical University of Vienna, Austria

Title: **Management of kidney trauma in Saiful Anwar Hospital (SAH) Malang, Indonesia: A retrospective study**
Besut Daryanto, Saiful Anwar General Hospital, Indonesia

Title: **Advanced retroperitoneoscopic surgery in renal stones**
Rajinder Yadav, Fortis Superspeciality Hospital, India

Title: **Renal transplantation in sub-Saharan Africa: A case of Tanzania**
Onesmo A Kisanga, Muhimbili National Hospital, Tanzania

Ekamol Tantisattamo, J Kidney 2017, 3:3 (Suppl)
DOI: 10.4172/2472-1220-C1-002

Hypertension after kidney transplantation: Multifactoial etiologies and transplant outcomes

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Hypertension is one of the most common causes of cardiovascular morbidity and mortality worldwide. Several factors contribute to the development of hypertension. Similar to non-transplant population, hypertension remains high prevalence in kidney transplant recipients. Among kidney transplant recipients with pre-transplant hypertesion, the majority of them still continue to be hypertensive after successful kidney transplantation; however, some kidney transplant recipients become normotensive. Etiology of hypertension is difficulty to determined and it is likely multifactorial including genetic and acquired conditions. Kidney is thought to be one contributing factor of hypertension and this may represent in the form of genetic kidney disease. Native nephrectomy in non-transplant patient is one possible way to manage uncontrolled hypertension. Our previous data demonstrated that kidney transplant recipients who received living-unrelated renal transplantation appeared to have lower prevalence of post-transplant hypertension compared to the recipients receiving living-related renal transplantation. For deceased donor renal transplantation, hypertensive patients receiving kidney transplantation from the same donor (mated kidney transplantation) seemed to convert to normotensive or remain hypertensive at the same direction. This may implies a potential role of genetic kidney diseases. In addition to potential genetic causes of post-transplantation hypertension, other treditional non-genetic risk factors of post-transplant hypertension are still important since these may be reversible or preventable conditions. These common conditions or diseases include obesity. Since post-transplant hypertension is high prevalent and crucial for kidney transplant outcomes both renal allograft and patient survivals, identifing the causes of post-transplant hypertension should lead to strategies for preventing post-transplant hypertension and mitigate poor kidney transplant outcomes.

Biography

Ekamol Tantisattamo has completed his MD from the Faculty of Medicine, Siriraj Hospital, Mahidol University in Bangkok, Thailand and pursued his specialty training in internal medicine at the University of Hawaii John A Burns School of Medicine. He then completed sub-specialty training in Nephrology at Emory University School of Medicine. Since his special interest is in clinical transplantation, he went to transplant nephrology fellowship training at Northwestern University Feinberg School of Medicine. He is currently a staff Physician at Multi-Organ Transplant Center, Division of Nephrology, Department of Internal Medicine, William Beaumont Hospital in Royal Oak, Michigan and Assistant Professor of Medicine at the Oakland University William Beaumont School of Medicine in Rochester, Michigan. He is interested in clinical research in the areas of Nephrology and Transplantation including clinical hypertension, clinical pancreas-kidney transplantation, transplant renal artery stenosis, Chronic Kidney Disease-Mineral Bone Disorder (CKD-MBD) and nutrition-related post-kidney transplantation, and vascular calcification.

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Recent topics of autosomal dominant polycystic kidney disease (ADPKD)

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Autosomal dominant polycystic kidney disease (ADPKD) is one of the most common hereditary kidney diseases that develop end-stage kidney disease. Usage of renin-angiotensin-aldosterone system inhibitors and educational campaign such as salt restriction and metabolic syndrome have successfully delayed initiation of dialysis in the other kidney diseases. However, ADPKD patients have obtained littele benefit from these appearance of medicine or activities. As a result, ADPKD now requires dialysis at a younger age than the other kidney diseases. Tolvaptan is the first drug that directly inhibits growth of kidney cysts. TEMPO 3:4 study clinically showed efficacy and safety of tolvaptan treatment among ADPKD patients with creatinine clearance more than 60 mL/min. This medicine improved decline of kidney function as well as enlargement of total kidney volume. Polyuria is frequently present, and tolvaptan requires sufficient fluid intake. According to TEMPO 3:4 study, tolvaptan can be administered to ADPKD patients with chronic kidney disease (CKD) G1-G4 since 2014 in Japan. Tolvaptan has been administered to ore than 1,000 ADPKD patients. Approval of indication including CKD G3 and G4 resulted in the current situation that CKD G3 and G4 is dominant in tolvaptan-treated patients. I will introduce therapeutic effect and amount of fluid intake and urine volume in tolvaptan treatment.

Biography

Kenjiro Honda graduated from The University of Tokyo in 2005, and completed his PhD from The University of Tokyo Graduate School of Medicine in 2013. His work is genetics in kidney including ADPKD, and peripheral arterial disease. He is now an Associate Professor in Department of Nephrology and Endocrinology, The University of Tokyo Graduate School of Medicine.

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Vitamin D repletion after kidney transplantation

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Objectives: Vitamin D deficiency has been associated with detrimental renal allograft outcome, yet interventional studies on vitamin d supplementation after kidney transplantation are not available. We aimed to test whether treatment of vitamin d deficiency improves renal allograft function by preventing infections and acute rejections, and improves bone mineral density one year after kidney transplantation.

Design: The study is a single-center randomized double-blind placebo-controlled clinical trial with one-year follow-up.

Setting: The study was conducted at the Medical University of Vienna, austria between may 2009 and august 2014. Participants: we studied 203 deceased-donor kidney-only transplant recipients with vitamin D deficiency (25-hydroxyvitamin D levels <20 ng/ml) at the time of transplantation. Patients who underwent re-transplantation more than twice, as well as immunologically high-risk patients were excluded.

Interventions: Participants were randomly assigned to receive daily treatment with oral vitamin D3 (6800 international units) or placebo for one year. Main outcome measures: primary outcome was renal allograft function at one year post-transplant (estimated by serum creatinine) with the combined event rate of acute rejections and infections as a co-primary endpoint. Secondary outcomes included time course analyses of serum creatinine and c-reactive protein levels, bone mineral density, serum levels of parathyroid hormone, 25-hydroxyvitamin D, 1,25-dihydroxyvitamin D, and cathelicidine. Besides intention-to-treat analyses, per-protocol analyses were performed at twelve (n=63 in the vitamin D3 and n=60 in the placebo group) and six months (n=70 in the vitamin D3 and n=65 in the placebo group), including patients who completed the follow-up.

Results: Out of 610 consecutively screened kidney transplant candidates, 203 were included and randomly assigned to vitamin D3 (N=103 with mean 25-hydroxyvitamin D levels of 11.6±4.9 ng/ml at baseline) or placebo (N=100 with mean 25-hydroxyvitamin D levels of 11.1±4.8 ng/ml at baseline). The novel supplementation regimen led to a fast and persistent increase in 25-hydroxyvitamin D levels (+22.6 (quartiles 7.5-36.9) ng/ml in the vitamin D3 group vs. -0.3 (-4.6-3.9) ng/ml in the placebo group at one year post-transplant, p<0.001). One-year serum creatinine levels were similar in the vitamin D3 and placebo group in the intention-to-treat analyses, but were higher in vitamin D3-treated patients in the per-protocol analyses at twelve (1.54 (1.32-2.17) mg/dl vs. 1.42 (1.20-1.73) mg/dl, p=0.03) and six months (1.61 (1.36-2.13) mg/dl vs. 1.43 (1.19-1.82) md/dl, p=0.01). There was no group difference in the monthly combined event rate of acute rejections and infections (0.25 (0.09-0.44) in the vitamin D3 and 0.33 (0-0.71) in the placebo group, p=0.73) or the course of C-reactive protein levels or serum levels of cathelicidin. Changes in lumbar and femoral bone mineral density over time were similar in both groups. Vitamin D3 therapy resulted in significantly lower serum levels of parathyroid hormone (median 96 (quartiles 61-139) pg/ml vs. 128 (89-172) pg/ml, p=0.02), and significantly higher serum levels of 1,25-dihydroxyvitamin D (50 (38-75) pg/ml vs. 35 (24-49) pg/ml, p<0.001). Hypercalcemia was more common during vitamin D3 supplementation (30% vs. 17%, p=0.04).

Conclusions: Given the lack of an overall benefit of vitamin D supplementation, as well as its potential adverse effect on renal allograft function and its hypercalcemic potential, vitamin D supplementation is not justified in kidney transplant recipients.

Biography

Kyra Borchhardt has completed her studies at Medical University of Vienna and Post-doctoral studies from Stanford University School of Medicine. She is the Medical Director of the Dialysis Institut of Klagenfurt, Austria.

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Besut Daryanto et al., J Kidney 2017, 3:3 (Suppl)
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Management of kidney trauma in Saiful Anwar Hospital, Malang, Indonesia: A retrospective study

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Kidney is the most commonly injured genitourinary organ (65%). Kidney trauma occurs in approximately 1-5% of all trauma cases. The present study was performed to describe and analyze the characteristics of hospitalized patients in Saiful Anwar Hospital (SAH). During January 2005 to December 2016, 63 of kidney trauma patients in SAH were retrospectively studied. The data were analyzed based on demographic characteristic, chief complaint, mechanism of injury, hemodynamic stability state, grading and location of trauma and management. The association of hemodynamic state, type of management, anemic condition, grade of kidney trauma to patient's outcome was analyzed using SPSS. It occurred mostly in male patients (47/74.6%), pediatric involve (22/34.9%) of total patients. Motor vehicle injury was the most common mechanism of injury (50/79.4%). Most of the patients came with flank pain as a chief complain (42/66.7%). Trauma were occurred mostly due to blunt trauma (61/96.8%), more frequent cases involved right kidney (33/52.4%). Grade I kidney trauma is the most frequent occurred (40/63.5%) and stable hemodynamic state (52/82.5%). Mostly patients treated with non-operative management (60/95.2%) and no significant difference of length of hospitalization was noted between conservative and operative treatment (p=0.625). There were significant association between hemodynamic state and treatment options (p=0.047). However no association was noted between type of management and patients' outcome (p=0.436). Severe grade of trauma revealed increasing nephrectomy rate (OR: 174, 95% CI: 8.62-315.174 p<0.01). Most of its patients in SAH were uneventfully treated by conservative treatment. Severe grade of trauma increased risk of nephrectomy.

Biography

Besut Daryanto has completed his General Surgery study from Diponegoro University and obtained Urologist License from Airlangga University, Indonesia He is currently the Director of Urology Department in Faculty of Medicine Brawijaya University, Saiful Anwar General Hospital, Indonesia.

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Rajinder Yadav, J Kidney 2017, 3:3 (Suppl)
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Advanced retroperitoneoscopic surgery in renal stones

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Introduction & Purpose: Staghorn and multiple renal stone diseases have been a challenging problem, and require multiple modalities for complete clearance. The purpose of this study is to discuss about the innovative and advanced retroperitoneoscopic surgery performed for this morbid condition.

Material & Method: Since 1992, 336 cases of urinary stones were operated by this technique out of which, 65 cases were of staghorn and multiple stone diseases. Apart from laparoscopic instruments, rigid and flexible nephroscope, dormia basket, grasping forceps and flushing cannula were used. Standard kidney position was used with 3 to 4 ports. 43 cases were male, 22 cases were female. The age of the patients ranged from 11 years to 65 years. Ureteric catheter or DJ stent was introduced before operation.

Results: All the operations were performed successfully except two conversations in initial period. Blood transfusion was given into two patients in the post-operative period (one unit in each patient). Post-operative urine leak stopped in 24 to 72 hrs. Duration of surgery ranged from two hours 45 minutes to four hours 35 minutes. Post-operative x-rays showed residual stones in kidney in three patients and in the retroperitoneum in four patients. Residual stones in kidney were treated by ESWL after six weeks. Hospital stay was 4-6 days. No postoperative urinary tract infection occurred from the surgery. Two patients had port infection. One patient had urinoma due to lockage of drain.

Conclusion: Retroperitoneoscopic surgery for staghorn and multiple stones is minimally invasive and less traumatic to kidney. It is comparable with open surgery and accepted by patients. Post-operative discomfort in more as compared By PCNL.

Biography

Rajinder Yadav has completed his MCh in Urology from AIIMS in December 1980. After completion of MCh from AIIMS, he joined as Sr. Lecturer in Department of Surgery & Urology at PGI Medical College, Rohtak. He is the Director of Urology, Kidney Transplant and Laparoscopic Oncosurgery at Fortis Healthcare, a premier healthcare organization. He has published and presented more than 15 papers in journals and conferences.

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Onesmo A Kisanga et al., J Kidney 2017, 3:3 (Suppl)
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Renal transplantation in sub-Saharan Africa: A case of Tanzania

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Background: Renal replacement therapy (RRT) is the treatment of choice for patients with end stage renal failure, RRT include dialysis and kidney transplantation. Most sub-Saharan African countries have not developed renal transplantation services and are relying on referring patients to overseas countries. This study was carried out to describe renal transplantation experience in Tanzania.

Methods: Forty four renal transplant recipients were recruited in this study. Standardized questionnaire and Swahili version of standard form – 36 (SF-36) were used to collect socio-demographic information, clinical data, laboratory test results and health related quality of life information.

Results: Ages of transplant recipient ranged from 21 to 66 years with mean age of 45.9 ± 10.5 years. The leading causes of end stage renal failure among participants was hypertension 58.8% (25/44) followed by glomerulonephritis 15.9% (7/44). Twenty eight (63.6%) of transplantations were paid by the government. Most of the donors (97.7%) were living out of which 26 (59.1%) were siblings and 11 (25%) were second degree relatives (cousins and nephews). Most common complication noted following transplantation was diabetes mellitus 9 (20.5%) and 3 (6.8%) had chronic rejection. Mental health was the domain with highest mean score (75.6 ± 14.3) and role physical had the least mean score (44 ± 45.6).

Conclusions: Hypertension was the leading cause of ESRF in this study. Most of the donors were siblings and the costs of transplantation were largely covered by the government. There is a need for concerted effort to establish local kidney transplantation services in Tanzania.

Biography

Onesmo A Kisanga has completed his MD, MMed (Internal Medicine) and MSc (Nephro) from University of Dar es Salaam and currently working at Muhimbilim University of Health Sciences. He is a Consultant Physician and a Nephrologist at Muhimbili National Hospital. He is serving as a Medical Director with Access Medical and Dialysis Centre and President of Nephrology Society of Tanzania (NESOT). His interest is in Kidney Transplant. His group started kidney registry in the country and expanded kidney biopsy programe.

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Video Presentation

Manuela Stoicescu, J Kidney 2017, 3:3 (Suppl)
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A simple renal cyst is really an innocent problem?!

Manuela Stoicescu
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Objective: The main objective of this presentation is to put in discussion if a simple renal cyst is really an innocent problem?! The diagnosis of a simple renal cyst is one of the most common diagnoses from the medical practice. Frequent is asymptomatic and represent a random discovering after a routine abdominal ultrasound examination. Is considered a benign formation and the patients are advice to follow in time the cyst to observe if increase in dimensions after repeated abdominal ultrasounds at 3 or 6 months. Without an abdominal ultrasound, many patients didn't know that they have a simple renal cyst.

Material & Methods: Present the situation of a patient 54 years old, hypertensive with three medications in the therapeutic scheme (Lisinopril 2x10mg/day, Betaloc-Zok 2x25mg/day and Losartan 10mg 1 drug/day), with diastolic pressure resistant at therapy (BP=140/110mmhg), who came at a routine consultation to check the value of blood pressure. This was 160/110mmhg under therapy, HR=86bates/min, rhythmic, EKG showed left ventricular hypertrophy and performed an abdominal ultrasound. The surprise was to be discover a gigantic (very enlarge) 18/19cm simple renal cyst on the left kidney and of course in this moment appear the reality that the arterial hypertension was secondary renal hypertension. The patient was advice to perform puncture of the cyst with evacuation of the fluid or surgical remove with complete capsule, but the patient refused in the first instance. The cyst has a rapidly growing in dimensions at the second evaluation after 3 month increase at 23/22cm. After realized this fast growing and that after solve the simple renal cyst can decrease the value of blood pressure he accepted the puncture.The surprise was that after the puncture of the cyst ultrasound guided appears hemorrhagic fluid and was evacuated. In three days the fluid reappears fast in the same quantity. The second evacuation eliminated again hemorrhagic fluid –for this reason the patient performed a laparotomy. The left renal cyst was removed complete with capsule and inside of the capsule on the walls there were many small villi with irregular borders. The histopathology examination confirmed safe the diagnosis of papillary renal cell carcinoma. The collection of fluid inside of the cyst was actually a liquid neoplastic hemorrhagic and inexhaustible and was recovering quickly after puncture.

Results & Discussions: The case is surprising because in the first instance at the abdominal ultrasound put in evidence enlarge simple renal cyst with dorsal acoustic enhancement which is a ultrasound sign for the presence of the fluid inside of the cyst, but can't mention the difference between a simple serous-citrine fluid and a hemorrhagic fluid. Without puncture of the cyst ultrasound guided is really very difficult to know this. The very small vili on the wall of the cyst is possible to remain unknown. Only the surgical removed of the renal cyst and histopathology examination can relive the real diagnosis.

Conclusion: Sometimes, apparently a simple enlarge renal cyst, with fast growing, can hide a neoplastic hemorrhagic fluid, inexhaustible in context of unknown papillary cell carcinoma.

Biography

Manuela Stoicescu is a Consultant Internal Medicine Physician (PhD in Internal Medicine), Assistant Professor of University of Oradea, Faculty of Medicine and Pharmacy, Medical Disciplines Department, Romania. She was invited as a Speaker at more than 30 international conferences is USA, China, Japan, Canada, Thailand, Dubai, Spain and Germany. She is a Committing Organizing Member at many international conferences and Editorial Board Member in two ISSN prestigious journals in USA. She published more than 20 articles in prestigious ISSN journals in USA. She published five books: two books for students, two books on Amazon at International Editor–LAP Lambert Publishing Academic House in Germany- *"Sudden Cardiac Death in the Young" and "Side Effects of Antiviral Hepatitis Treatment"*, one monograph: "High blood pressure in the young a ignored problem!", two chapter books – Cardiovascular disease: Causes, Risks, Management CVD1- Causes of Cardiovascular Disease 1.5, 1.6, USA on Amazon. , a book in USA –*"Tumor Markers in Hypertensive Young Patients"*.

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Poster Abstracts

Ekamol Tantisattam, J Kidney 2017, 3:3 (Suppl)
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Post-transplant obesity in non-obese kidney transplant recipients

Ekamol Tantisattam
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Introduction: Obesity is one of the major public health problems worldwide. Similar to non-transplant population, obesity remains an important co-morbidities affecting both medical and surgical outcomes after kidney transplantation. Progression from non-obese to become obese after kidney transplantation in different pre-transplant body mass index (BMI) strata is unknown.

Objective & Hypothesis: This study aims to determine the pattern of weight gain in pre-transplant non-obese patients and compare the risk of development of obesity in these population.

Materials & Methods: This is a retrospective cohort study of 70 kidney transplant recipients, whom were divided by BMI at the time of kidney transplantation into normal weight, overweight, and obesity (BMI <25, ≥25 to <30, and ≥30 kg/m2, respectively). Incidence rate of obesity in normal weight and overweight groups were determined since the time of transplant discharge and then every 3 months until 96 weeks post-transplantation. Relative risk was used to measure the association between different pre-transplant BMI strata (normal weight or overweight) and the development of obesity. In addition, point prevalence of obesity from 6 years pre-transplant to 96 weeks post-transplantation were reviewed.

Results: Of all 70 patients, 41 (58.6%) were male and mean age was 52.7±1.4 years (mean±SEM). Mean BMI of 3 groups at the time of kidney transplantation were 21.48, 27.18, an34.08 kg/m2 ($p<0.001$). By following up BMI annually from 6 years pre-transplantation, point prevalence of normal weight and overweight trended up and of obesity trended down; whereas, point prevalence of normal weight appeared trending down and of overweight and obesity trended up after kidney transplantation with a follow-up every 3 months up to 96 weeks post-transplantation. During post-transplant period, incidence rate of obesity among pre-transplant non-obese patients were higher in overweight than normal weight groups, the incidence rate ration was greatest up to 4.88 at the 60-week post-transplant period. However, there was no statistically significant difference. Similar to IRR, overweight groups was at greater increased risk of development of obesity after kidney transplantation compared to normal weight groups with no statistically significant difference.

Conclusions: Prevalence of obesity in kidney failure patients who were on the kidney transplant waiting list appear to decrease until the time of kidney transplantation, but becomes increase after successful kidney transplantation. This may reflect possible motivation in losing weight to become eligible for kidney transplantation in obese patients and several contributing factors of weight gain after kidney transplantation. Moreover, overweight at the time of kidney transplantation increased risk to develop post-transplant obesity compared to normal weight patients. Weight loss and weight maintenance should be a continuing process from pre- through post-kidney transplant periods in all kidney transplant recipients particularly pre-transplant overweight patients.

Biography

Ekamol Tantisattamo has completed his MD from the Faculty of Medicine, Siriraj Hospital, Mahidol University in Bangkok, Thailand and pursued his specialty training in internal medicine at the University of Hawaii John A Burns School of Medicine. He then completed sub-specialty training in Nephrology at Emory University School of Medicine. Since his special interest is in clinical transplantation, he went to transplant nephrology fellowship training at Northwestern University Feinberg School of Medicine. He is currently a staff Physician at Multi-Organ Transplant Center, Division of Nephrology, Department of Internal Medicine, William Beaumont Hospital in Royal Oak, Michigan and Assistant Professor of Medicine at the Oakland University William Beaumont School of Medicine in Rochester, Michigan. He is interested in clinical research in the areas of Nephrology and Transplantation including clinical hypertension, clinical pancreas-kidney transplantation, transplant renal artery stenosis, Chronic Kidney Disease-Mineral Bone Disorder (CKD-MBD) and nutrition-related post-kidney transplantation, and vascular calcification.

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Jim Donecker et al., J Kidney 2017, 3:3 (Suppl)
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When you hear hooves, it's a zebra: Radiation induced tumor lysis syndrome in bronchogenic adenocarcinoma

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Tumor lysis syndrome (TLS) is the sequela of large scale efflux of intracellular contents from rapid lysis of malignant cells, generally occurring within 7 days of chemotherapy initiation. These patients may develop a broad spectrum of symptoms that can lead to acute renal impairment, cardiac rhythm disturbances, seizures, and death. Intermediate to high risk patients are monitored closely and often offered prophylaxis against TLS. TLS cases described as spontaneous, related to solid organ tumors, or radiotherapy are uncommon and occur in oncology patients considered low risk. This outpatient low risk stratification may increase the likelihood that these patients will present with sequela of TLS. We present a case of a "low risk" patient with bronchogenic carcinoma presenting to the emergency department with new onset seizures and subsequently diagnosed with TLS after recent radiotherapy. Our case illustrates the importance of atypical presentations of critical conditions, as this appears to be the first reported case of radiation induced tumor lysis syndrome in bronchogenic adenocarcinoma. Given the increasing cancer burden and treatment modalities, we feel TLS will become a more prevalent condition is our Emergency Departments.

Biography

Jim Donecker has completed his graduation from Sidney Kimmel Medical College in 2012. With a desire to serve our forward deployed sailors and Marines, he completed his internship at Naval Medical Center San Diego followed by 4 years as a General Medical Officer in the United States Navy Medical Corps . He is currently pursuing a Family Medicine residency at EVMS Portsmouth Family Medicine in Portsmouth, VA.

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Osama F Mosa et al., J Kidney 2017, 3:3 (Suppl)
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The predictive impact of using NGAL and Cystatin C besides traditional troponins towards cardiac surgery-associated acute kidney injury (CSA-AKI) in hospitalized patients after invasive cardiopulmonary bypass

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Background & Aim: Cardiac surgery-associated acute kidney injury (CSA-AKI) is a highly progressive problem characterized by long-term ICU with devastating renal dysfunction over time resulting in a permanent renal tubular damage and/or high susceptibility for deaths after days of the surgery. However, CSA-AKI is a multifactorial, but remains the effect of cardiopulmonary bypass (CPB) used during surgery with the prominent one. In this study, we assessed NGAL and Cystatin C in serum levels with routine serum creatinine to evaluate whether there are any reliable markers for AKI in the earlier timings.

Methods: Fifty (50) patients were classified according to KDIGO criteria into AKI (n=26) and non-AKI (n=24) groups where, serum creatinine, NGAL and Cystatin C levels were quantified in the preoperative, perioperative and within 2 days of the surgery.

Results: Preoperative levels of Serum NGAL were increased in the AKI group (100±39.2) than non-AKI group (78.6±45.5), reaches the uttermost values at 0 h in both groups with significant distinct proportions but, suddenly reduced from 2 h to 2 days of CPB with ($p \leq 0.05$). Further, serum Cystatin C levels exhibited a significant increasingly behavior ($p \leq 0.001$) in AKI vs. non-AKI starting with baseline (856±400 vs. 747±276), at 0 h (932±480 vs. 724±177), at 2 h (949±557 vs. 700±170) and persisted high until 48 h of CPB (1421±739 vs. 910±422) respectively.

Conclusion: Despite controversial results of serum NGAL, Cystatin C levels showed a highly discriminative power against CSA-AKI in the earlier 2 h of CPB. Therefore, studies on large scale are recommended to reveal which comorbidities affected serum NGAL levels.

Biography

Osama F Mosa is working as Assistant Professor of Clinical Chemistry and Biochemistry, Department of Public Health, Health Science College at Lieth, Umm Al Qura University, KSA. His academic studies started with BSc in Biochemistry from Alexandria University, MSc in Medical Biochemistry from Alexandria Medical Research Institute and ultimately DSc in Clinical Biochemistry and Laboratory Biomedicine, Ljubljana Faculty of Pharmacy, Slovenia. His academic and lab professional experiences surpassed 10 years. He has publications in the Field of Autoimmune Diseases, CVD and Renal Diseases with a strong background as reviewer in many top ranked journals.

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Seyedeh Zahra Hosseinigolafshani, J Kidney 2017, 3:3 (Suppl)
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Daily spiritual experiences scale (DSES) in hemodialysis patients in Iran, Qazvin 2016

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Acute kidney failure is one of major causes of death and incapability in the world. Hemodialysis is the most common method to fight against it but it can lead to facing numerous physical, mental and social challenges. Spirituality - which is having a meaning of life and having a sense of hope and fixation - is the most powerful tool in effectively managing a stressful life and it may be particularly useful when being employed for chronic patients. The current study employed an analytic-descriptive method with historical cohort design on 100 Hemodialysis patients visiting Avicenna Healthcare Training Center. Samples were selected randomly. For Gathering information, Underwood & Teresi's (2002) questionnaire was used. Analyzing the data was conducted via IBM SPSS Statistics v. 22 and its descriptive tools. Findings from current study indicate that most of Hemodialysis patients in Qazvin, with a mean and standard deviation of 77.8 ± 15.4 in DSED, are on an excellent level. It can be seen that among relationships of DSES with demographic variables, marital state and career have a significant relationship with DSES and in fact, its ratings are higher among married and housekeeper samples. In spite of existence of numerous and serious problems among Hemodialysis patients, the current study showed that spirituality has a meaningful place for patients. In order to derive the best result from spirituality, a well-designed planning is needed for Hemodialysis patients or even healthy people..

Biography

Seyedeh Zahra Hosseinigolafshani has completed her PhD in Nursing from Ahvaz, Iran University of Medical Sciences in Feb 2013. She is the Director of Nursing and Midwifery School. She has published more than 10 papers in reputed journals and published 2 books in Nursing. She is administering spirituality care workshop for nurse and nurse managers.

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Investigating possible significant differences between rejected and non-rejected allografts using diffusion-weighted MRI

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The aim of this study is to determine which parameters are correlated with a more accurate diagnosis of rejection in patient who has undergone kidney transplantation. The study included 16 patients with stable renal allograft function (Group 1) and 37 patients with rejected allografts, determined by renal biopsy (Group 2), post transplantation. All patients' kidneys were evaluated using diffusion weighted MRI coupled with a computer aided diagnostic (CAD) system. Statistical analysis was performed to investigate possible correlations between allograft biomarkers and the biopsy diagnosis. The statistical analysis examined four categories of parameters: (1) Clinical biomarkers (i.e., plasma creatinine and creatinine clearness) alone, (2) The mean apparent diffusion coefficient (ADC) at 11 different individual b-values (b50 to b1000) s/mm2, (3) The mean ADCs of certain groups of individual b-value (sub-model) and, (4) The fusion of the clinical biomarkers with the mean ADC of fused b-values (the full model). Continuing the analysis of the mean ADC at 11 different individual b-values (b50 to b1000) s/mm2 of rejected and non-rejected patients, were significantly different at b-values of 500 s/mm2, 600 s/mm2, 700 s/mm2 and 900 s/mm2. The statistical analysis of certain fused groups of individual b-vales yielded that the fusion of b=100 s/mm2 and b=700 s/mm2 provided an Akaike Information Criterion (AIC) of 58.6. The statistical analysis for the full model AIC was 65.0. It was concluded that the least accurate parameters were the full model while the most accurate parameters were the sub model which fused b=100 s/mm2 and b=700 s/mm2.

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Nurse led AVF monitoring using a new device Bluedop™

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We have re-visited the use of Static Pressure Ratio developed by Anatole Besarab et al. Arterial needle pressure is monitored with dialysis pump switched off. Pressure will rise to abnormal levels in the presence of a blood flow limiting venous stenosis. The method is not widely used, possibly due to difficulties in compensating for hydrostatic height difference and the need to interrupt the dialysis routine. The Bluedop™ device is intended to measure mean blood pressure non-invasively, without the use of needles, is unaffected by pump speed and can be applied at any suitable part of the AVF without any requirement for hydrostatic height correction. We have named our new parameter Non Invasive Static Pressure Ratio SPRn and have studied its role in early detection of failing AVF. A Doppler Ultrasound probe is used to sample blood flow waveforms from the distal brachial artery. The same protocol is used for radio-cephalic and brachio-cephalic AVF. The range of SPRn values±2SD in normally functioning AVF was established in 479 dialysis patients. Following this 340 prospective measurements were made on 73 patients over a 10 week period. SPRn in 27 AVF rose above the +2SD normal limit. Of these, 23 had 60% or greater focal stenosis shown on duplex scanning, 2 were maturing AVF and 2 had no significant stenosis. An earlier retrospective review of clinically identified failing AVF in the same unit showed that nearly half were found to be normal in duplex studies. This new Bluedop™ test has the potential to improve the care pathway for renal dialysis patients.

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Alemtuzumab use in renal transplantation: Single center review of 661 patients

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Alemtuzumab (ALE) is a monoclonal antibody that targets the CD52 glycoprotein resulting in lymphocyte depletion. It is an IRB-approved retrospective review to evaluate outcomes with ALE. 181 (27%) cases of rejection occurred in total: 124 ACR, 24 AMR and 33 AMR/ACR. Monocytes were the predominant cell type seen histologically. Males had increased rates of rejection at 1 year but decreased at 5 years (24.0% vs. 15.6%, p=0.015; 23.3% vs. 33.8%, p=0.031, respectively). Retransplantation and high panel reactive antibody (PRA) (>20%) show increased rejection rates at 5 years (32.9% vs. 23.5%; 36.6% vs. 24.9%, respectively, both p=0.045). Elderly recipients experienced a higher rate of delayed graft function (15.1% vs. 8.5%, p=0.039). Males had increased death-censored graft survival (DCGS) at 3 and 5 years (91.6% vs. 85.4%, p=0.046; 86.9% vs. 77.7%, p=0.022, respectively). Recipients with high PRA had reduced DCGS at 3 and 5 years (79.3% vs. 91.3%, p=0.003; 73.2% vs. 85.9%, p=0.013, respectively). There were no differences in graft and patient outcomes between ethnicities. Ten patients (1.5%) developed PTLD. Non-significant findings can be found in Table 1. Recipients with high PRA or retransplantation had higher rates of rejection. We report higher overall rejection rates than previously documented. The frequency of AMR is lower than documented. Our results suggest a reduction in ethnic disparities in outcomes following ALE induction.

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CKD partnerships: A team approach

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Estimated 6.2 million Americans with Creatinine >1.5 mg/dL, by 2030, >2 million in the US receiving dialysis and/or transplant. Patients referred late to nephrologist are more likely to start dialysis with a catheter, increasing risk of death by 50% in 1st year of dialysis. Early nephrologist referral=early AVF placement/Education/Preparation of ESRD=☒ survival. We developed an AP-Led Formalized CKD Program in 2008 and launched into practice in 2010. We manage more than 10,000 CKD patients in our practice. Our program empowers APs to lead CKD clinics in their office, initiate early referral, slow the progression of CKD and impact the morbidity and mortality of ESRD patients along with increasing the frequency of CKD visits and extending our nephrologists in their overall workload. This presentation will include details on how to start and maintain a CKD Program in your office settings using APs to lead the program. This will include data collected over a 6 year period revealing the improvement in patient outcomes in a formalized CKD program including slowing CKD progression, reduced CVC start rates, improved AVF rates and patient retention data for those in the program and those not in the program through their CKD stages and into year 1 of dialysis. CKD payment reform is on the horizon and nephrology practices need to prepare now for population management, improved quality and meeting standard CKD outcomes.

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Chronic kidney disease of multifactorial origin: A recent-onset, fatal kidney disease affecting poorer farming communities

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Chronic kidney disease of multifactorial origin (CKDmfo) or CKD of unknown origin (CKDu) is an unusual form of tubulointerstitial CKD first observed in tropical, dry-zonal, agricultural areas of El Salvador, Nicaragua and the Balkan region in the mid-1960s. In the mid-1990s, the disease observed in Sri Lanka. Although no cause was identified, consumption of polluted water over a long period seems likely the source. Postulated causes of CKDmfo include heavy metals, agrochemicals, fluoride, fungal and bacterial toxins, fructose, chronic dehydration, climate change and behavioral factors, but no single offending agent has been identified. Other prevalent nephrotoxic factors include, abuse of non-steroidal anti-inflammatory drugs, illegal drugs and illicit alcohol and microbial agents and tropical diseases such as leptospirosis, Hantavirus, leishmaniosis and schistosomiasis. However, additive or synergistic effects of nephrotoxins, in combination with the presence of unhealthy habits have not been studied. Heterogeneous geographical distribution and long latent time and decades of failure to find common CKDmfo causing nephorotoxins, strengthen the hypothesis that the disease is occupational and geo-water-environmental-related and has a multifactorial etiology. Causes of CKDmfo- detailed mechanisms, consequences and treatment and prevention options will be discussed. In affected countries, the incidence of CKDmfo is doubling about every 5 years. In Sri Lanka, approximately 5,000 farmers, mostly males, die annually of the disease and more than 240,000 people are affected. In addition to a holistic approach, the following steps are needed to eradicate CKDmfo: Large awareness campaign, preventing environmental pollution, lessening malnutrition, modifying acquired unhealthy behaviors and harmful habits and providing safe water devoid of nephrotoxins. Coordinated, targeted and cost-effective approaches are needed to prevent and eradicate CKDmfo.

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Etiology and outcomes of acute kidney injury: A single center retrospective study

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Acute kidney injury (AKI) is a challenging problem in the developing world especially Nigeria because of the burden of disease, the lack of resources to support patients with established AKI and the late presentation of these patients to health care facilities; all these contribute to poor outcomes. This study sought to determine the etiologies and outcome of acute kidney injury in our center. We retrospectively reviewed data from all 86 patients with AKI admitted to Federal Medical Centre, Owo, during a 5 period. Data comprises of patients' demographics, etiology, need for dialysis, reason for termination of dialysis, outcome, laboratory parameters and length of hospital admission. AKI was classified according to Kidney Disease Improving Global Outcomes criteria. There are 46 (53.5%) males and 40 (46.5%) females. The incidence of acute kidney injury in ICU is 3.5% (n-3). Sepsis, herbal concoctions and obstetric (PPH, eclampsia) were the main causes of AKI occurring in our hospital. 70.9% (n=61) were offered dialysis during the course of the admission. There is a correlation between etiology, anemia, reason for termination of dialysis, length of hospital admission and outcomes ($p<0.05$). The overall mortality rate of 26.7% was noted. AKI is common with sepsis as the most common etiology and it is associated with a significant increase in hospital stay and mortality especially in patients who require renal replacement therapy.

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Spiritual perspective and health-related quality of life of dialyzed patients

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Introduction: Chronic kidney disease has been classified as a global epidemic with negative consequences for people living with it, their families and health services.

Objective: To compare and correlate the spiritual perspective with health related quality of life in patients with chronic renal disease undergoing hemodialysis and peritoneal dialysis.

Methods: Cross-sectional comparative study in a random sample of 100 patients, 50 on hemodialysis and 50 on peritoneal dialysis, treated in the Fresenius Renal Unit in Cucuta, Colombia in 2013. The tools used includes: Spiritual Perspective Reed Scale and SF-36 to measure health-related quality of life. The comparisons were made with the Mann Whitney U test and Kruskal-Wallis test and the correlation with Spearman.

Results: No significant differences were found regarding spiritual perspective among the groups of patients who were studied according to age, time at diagnosis, socio-economic level or marital status, but we found differences with regards to gender and type of treatment, being larger in female cases and in peritoneal dialyzed patients. A weak and inverse relation regarding quality of life was found concerning health and age, larger health related quality of life in single persons and lack of relation between quality of life and other variables.

Conclusions: In this study we observed that spiritual perspectives were high in persons on dialysis treatment, being higher in those who receive peritoneal dialysis. Spiritual perspective and health related quality of life are related positively and significantly in patients with CRF on peritoneal dialysis but not in the hemodialysis group.

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Prevalence of obesity and risk of chronic kidney disease among young adults in Egypt

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Increasing body mass index (BMI) has reached epidemic proportions globally and recently emerged as strong, independent risk factors for chronic kidney disease (CKD). We conducted this study to verify the prevalence of obesity and the associated risk of developing CKD among 3000 Egyptian students. The World Health Organization classification of BMI categorized study population into 1-5 groups, 1146 subjects with normal BMI (20-25), 951 subjects with BMI 25-29.9, 540 subjects with BMI 30-34.9, 225 with BMI 35-39.9, and 138 with BMI above 40. The participants were subjected to clinical examination, anthropometric measurements, laboratory investigation, including urinary albumin/creatinine ratio (ACR) and estimation of glomerular filtration rate (eGFR). The prevalence of overweight, obesity and metabolic syndrome (MS) was 31.7%, 30.1% and 16%, respectively. The prevalence of CKD among subjects with BMI >25 was 6.5%, almost all of them had BMI >35. ACR and eGFR rose progressively with increasing BMI. Elevated mean arterial pressure (MAP), high sensitivity C-reactive protein and MS increased the risk of development of CKD. Moreover, MAP, waist to height ratio and triglycerides to high-density lipoprotein ratios at levels of >95 mm Hg, >0.6 and >3 had sensitivity 91.7%, 88.4% and 86.7%; and specificity 92.3%, 96.4%, and 96.5%, respectively to predict CKD. The prevalence of obesity among Egyptian young adults was high (30.1%) and was associated with increased the risk of CKD (6.5%).

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Outcome of acute kidney injury in developing country: A single center experience

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Acute kidney injury is a clinicopathologic entity characterized by acute deterioration of renal function and often morphologic evidence of tubular injury. The main goal of our study is to find out the incidence, etiology, diagnostic approach, clinical course and finally outcome of the patients with AKI in this single center of Sylhet region, Bangladesh. The majority of studies in this area are retrospective and many only focus on specific patient groups. So, we also performed retrospective analysis. 35 patients were included with a mean age 45.97±20.78 years. 51% were male and rests of the patients were female. Quantitative variables are expressed as mean SD and qualitative variables expressed as percentage, the calculated percentage are based on multiple responses. Age group 60-above was found as most vulnerable group. By analyzing, we have found several clinical features like fever, abdomen pain, nausea, profound weakness, oliguria and vomiting were 42.86%, 28.57%, 22.86%, 20.01%, 20.01% and 14.29%, respectively. The three most frequent risk factors HTN, DM and UTI at around 45.71%, 25.72% and 14.29%, respectively were reported. In our analysis, we found 5.71% mortality rate which is significantly less in comparison with other parts of Bangladesh even in the whole world.

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Outcome of patients after second, third and fourth kidney transplantation

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Introduction & Objective: A debate exists whether patients after graft loss should be considered for a second and subsequent graft. Hence, a retrospective analysis was undertaken to assess outcomes of patients who underwent second, third and fourth transplantation.

Materials & Methods: A total number of 63 kidney transplantations were included in the present study. 46 patients out of them underwent second kidney transplantation, 13 were third graft recipients and 3 were fourth graft recipients. Data and variables on patient and graft survival were retrieved and analyzed using Kaplan-Meier statistics. Postoperative complications were assessed and graded based on Clavien-Dindo classification.

Results: Patient survival was 97% after one year and 91.9% after 5 years (second graft). Graft survival was 100% after 5 years (second graft). Patient survival of third graft recipients was 92.3% after 1 year and 76.9% after 5 years. One year censored graft survival was 100% and a 5-year graft survival was 74.1% (third graft), respectively. In the cases of fourth transplantation, graft survivals of 33.3% at 1 and 2 years were noted among 3 patients. All fourth graft recipients have survived during our observation time. The overall rate of postoperative surgical complications among second graft recipients was 12.8%, 46.2% among third graft recipients and 66.7% among patients after fourth transplantation.

Conclusions: Results on second and third kidney transplantation showed satisfactory patient and graft survival with acceptable outcome for patients who underwent second and third transplantation. A fourth kidney transplantation offers also a survival advantage, however it is inferior to second and third transplantation.

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Etiology and outcome of acute kidney injury in Bangladeshi children: A retrospective multicenter study

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The aim of this retrospective study was to determine the demographics, clinical characteristics, outcome and risk factors for mortality of AKI in children. This study was carried out in four pediatric nephrology referral centers of the country. During 1 year study period among 67 children with AKI, 45 (67.1%) were male, 22 (32.8%) were female and mean age±SD were 4.57±4.13. Acute gastroenteritis (29.9%) was the leading cause of AKI followed by HUS (17.9%) and septicemia. Renal replacement therapy was performed in 61.2% children and others were treated conservatively. Mortality rate was 11.9% among the study patients and septicemia (P=0.012) was the important risk factor of mortality.

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Epidemiology, clinical characteristics and outcome of acute kidney injury and novel biomarkers in intensive care units of Alexandria University Hospitals

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Background: Acute kidney injury (AKI) considered as a major public health problem that affects millions of patients worldwide and leads to decreased survival and increased progression of chronic kidney disease (CKD).

Aim: To check incidence of acute kidney injury in patients admitted to Alexandria University Hospitals over six months.

Methods: All patients who were admitted to intensive care units (ICUs) at Main Alexandria University Hospitals were prospectively studied. Patients who developed ICU-acquired acute renal failure were collected in the period over six months.

Results: Our study included 500 patients in general ICU. General ICU patients classified according to renal impairment: 303 cases (no AKI) 60.6%, 74 cases (CKD) 14.8%, 55 cases (AKI) 11%, 38 cases (acute on top of CKD) 7.6%, 28 cases (ESRD) 5.6%, 2 cases (obstructive uropathy) 0.4%. Bimodal distribution of age in patients developed AKI at 18-30 years of age and 62-85 years of age. 75 toxicological cases, 3 developed AKI (2 organophosphorus and 1 scorpion bite). The most common cause of AKI in our study was septic AKI 60% and among 128 cases of sepsis 32% did not developed AKI, 25.8% developed septic AKI, 32% acute on top of CKD and 10.2% ESRD. Mortality rate all over general ICU patients was 140/500 (28%) while allover AKI patients in general ICU 30/55 (54%) and allover septic AKI 26/33 (79%). AUC was higher for TIMP1 (1.00) followed by TIMP3 (0.99) then NGAL (0.96) then TIMP2 and procalcitonin (0.94) then TIMP4 (0.92) and lastly serum creatinine (0.83).

Conclusions: AKI is a worsening problem, but its true incidence is in need of huge work. Our study is 1st in Alexandria to our knowledge to check the incidence of AKI; hence planning for better outcome. TIMP1 followed by TIMP3 then NGAL then TIMP2 and procalcitonin then TIMP4 can predict AKI early before serum creatinine.

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Dietary zinc modifies diabetic-induced renal pathology in rats

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This study was conducted to investigate how far dietary zinc (Zn) modifies the histomorphological alterations induced by diabetes in rat kidneys. The animals were divided into negative control group (10 rats) and diabetes was induced in 30 animals by streptozotocin. After confirming diabetes, the animals were divided into three groups (n=10). Group-2 fed on standard diet, group-3 fed on Zn deficient diet and group-4 fed on Zn supplemented diet. Stereological procedures were used to measure the quantity of the immune stain and the surface area of the Bowman's space. The renal cortices of group-2 rats revealed apparent widening of Bowman's spaces with few apoptotic figures. EM examination of the filtration barrier showed thickening of the basement membrane. The proximal convoluted tubules showed patchy loss of the apical microvilli with swollen mitochondria. The distal convoluted tubules revealed area of irregular basal enfolding. The picture was aggravated by Zn deficiency in group-3 besides areas of cortical interstitial fibrosis. The histopathological alterations were minimal in the cortices of group-4. A significant increase of the Bowman's space surface area in group-2 and 4, while decrease in group-3 compared with group-1. The expression of caspase-3 density was significantly increased in group-2 and 3 compared with group-1 while in group-4 was non-significant. In conclusion, dietary Zn modulated renal cortical changes caused by diabetes in rats.

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Etiological survey of chronic kidney disease patients on maintenance hemodialysis in different centers of Chittagong, Bangladesh

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Background & Objectives: Chronic kidney disease (CKD) is a common health problem in Bangladesh. Etiological factors of CKD are very vital for management but largely unknown in our setting. Hence, the main objective of the study is to identify etiology of CKD of patients who are on maintenance hemodialysis (MHD) at different dialysis units of Chittagong.

Methods: This descriptive study was conducted on 107 patients of CKD who were on MHD in different dialysis centers of Chittagong town, Bangladesh. A pretested questionnaire was adopted from previous study addressing different etiology of the CKD. This study was based solely on history and previous health records. After collection of data, it was compiled and analyzed manually.

Results: In the present study, there were 61.62% males and 38.31% females and male female ratio was 1.61:1. Majority (42 [39.25%]) of the patients were in the age group of 50-60 years, next to which was 40-50 years (23 [21.49%]). Diabetes mellitus (DM) with or without hypertension (HTN) was found as the most common etiology (70 [65.45%]) of CKD in our study, next to which was HTN (53 [49.53%]), non-steroidal anti inflammatory drug (NSAID) (15 [14.1%]), chronic glomerulonephritis (7 [6.54%]), polycystic kidney disease (6 [5.60]), systemic lupus erythematosus (1 [0.93%]), contrast induced (1 [0.93%]) and following acute kidney injury (1 [0.93%]). Only 4 (3.73%) cases were found to have biopsy confirmed nephritis.

Conclusion: DM was found the most common etiology of CKD among patients who are on MHD in Bangladesh, next to which was HTN. Maximum patients had no biopsy proof of CKD and NSAID constituting a significant segment of etiology which is a potentially preventable etiology, in our setting.

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Effect of Tacrolimus in idiopathic membranous nephropathy: A meta-analysis

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Background & Aim: The efficacy and safety of immunosuppression for idiopathic membranous nephropathy (IMN) are still controversial. Recent studies showed tacrolimus is effective in the treatment of IMN. To evaluate the efficacy and safety of tacrolimus (TAC) for IMN, we conducted a meta-analysis of published medical literatures.

Methods: Studies addressing the effect of tacrolimus in IMN were searched on PUBMED, EMBASE, The Cochrane Library and ClinicalTrials.gov (March 2013). Trials comparing tacrolimus with corticosteroid versus control group (cyclophosphamide with corticosteroid) were included. The quality of the studies was assessed using Jadad method. Statistical analyses were performed using Review Manager 5.2 and the results were summarized by calculating the risk ratio (RR) for dichotomous data or the mean difference (MD) for continuous data with 95% confident interval (CI).

Results: A total of four studies (259 patients) were included. It was shown that therapy with tacrolimus plus corticosteroid had a higher complete remission rate compared to therapy with cyclophosplamide plus corticosteroid (RR=1.53, 95% CI: 1.05-2.24, P<0.05) but not significant on total remission, partial remission and adverse effects. Also, no significant alterations were observed in proteinuria and serum albumin level between the two groups. During the entire follow-up period, serum creatinine level remained stable in both groups without ≥50% increase in its level.

Conclusions: TAC is more effective than cyclophosphamide (CTX) by achieving complete remission in patients with IMN. Multi-ethnic RCTs are needed to evaluate its long-term efficacy and safety.

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