Editorial

Chronic Kidney Diseases are Recognized with an Increased risk of Cardiovascular Disease and end-stage Renal Disease

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Journal of Kidney Treatment and Diagnosis consists of the latest findings related to pathogenesis and treatment of kidney disease, hypertension, acid-base and electrolyte disorders, dialysis therapies, and kidney transplantation. Case Reports highlight new diseases, and potential therapeutic strategies. Besides, Journal alsopublishes narrative reviews, editorials, and articles focusing on translational research, clinical practice, and socioeconomic aspects of kidney disease and treatment.

The wide range of topic includes- Glomerular Diseases, Glomerular Filtration Rate, Haemodialysis, Kidney Abnormalities, Renal failure, Kidney Transplantation, Diabetic Kidney Disease, Hemorrhagic cystitis, Acute Tubular Necrosis, Analgesic Nephropathy, Angiotensin, Chronic kidney Disease, Cryoglobulinemia, Cytoscopy, IgA Nephropathy, Acupuncture Kidney Points, Microscopic Polyangiitis, Osmotic diuresis, Nephroptosis, Polycystic Kidney Disease, Pyelonephritis, Acute Kidney Failure, Acute Kidney Injury, Acute Necrosis, Radiation Nephropathy, Renal Failure, Urinary Tract Infections, Horseshoe Kidney, Kidney Biopsy, Kidney Cancer, Kidney Cancer Diagnosis, Kidney Cancer Prognosis, Kidney Cysts, Kidney Dialysis Diet, Kidney Dialysis Practice, Kidney Dialysis Prognosis, Kidney Neoplasms, Kidney Transplantation [1].

In many cases, it's only picked up because a routine blood or urine test indicates that the kidneys may not be working normally. Decreased kidney function results in buildup of substances such as urea, creatinine, and certain electrolytes in the blood [2]. Serum Creatinine Estimation of blood creatinine level helps to estimate the glomerular filtration rate (GFR). GFR: GFR-glomerular filtration rate is the best index to measure the kidney function and also use to determine stage of kidney disease. By using this result, the estimated glomerular filtration rate (eGFR) is calculated This is used to screen and detect early kidney damage, and help diagnose chronic kidney disease (CKD), and also monitor kidney status [3]. It is a calculated on the results of a blood creatinine test along with other variables such as age, sex, and race, depending on the equation used. Blood Urea Nitrogen: nitrogen from the waste product [4].

β-trace protein: BTP or lipocalin prostaglandin D2 synthase is a lipocalin glycoprotein. It is used for the evaluation of kidney function. Increased levels of BPT were positively associated with progression to ESRD, when compared with traditional markers of kidney function such as measured GFR [5]. BTP is not vary by age, sex, and race than creatinine and is also not affected by race than cystatin C. But BTP gives less accurate GFR estimates as compared to CKD-EPI creatinine and cystatin C equations [6]. Neutrophil Gelatinase-associated Lipocalin: NGAL may also be a good biomarker in patients with CKD. Higher urinary and serum NGAL levels are observed in various kidney diseases, which includes including nephropathy of IgA, autosomal polycystic kidney disease, and diabetic nephropathy [7]. NGAL was found to be a diagnostic biomarker for identifying CKD because of uncertain causes [8].

CKD is recognized for its association with an increased risk of cardiovascular disease and end-stage renal disease (ESRD). Major cause for chronic kidney disease may be by diabetes, high blood pressure and other disorders. Early detection and treatment can often useful to keep chronic kidney disease from getting worse [9]. When kidney disease progresses, it may eventually lead to end-stage renal disease (ESRD), which requires dialysis or a kidney transplant to sustain life.

The relatively poor outcomes of our off-shore post-transplant patients can be attributable to three sets of factors viz: transplant center factors, patient factors, and care-center factors. Transplant center factors include possible poor donor selection and poor HLA-matching influenced by transplant tourism [10]. Patient factors include poor clinic and medication adherence behaviours, while our care-center factors include the lack of capacities for immunosuppressive drug level assays, biopsy and histo-pathologic diagnosis of graft dysfunction as well as the poor stocking of immunosuppressive agents in the hospital [11].

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