
Editorial

Kidney diseases

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INTRODUCTION

Kidney disease is contracted, how to treat it, Treatments for renal disease include medications, dialysis, and kidney transplants. And more Symptoms include swelling, frequent urination; Kidney (renal) disease can cause fluid and waste build-up which can be potentially deadly. Anyone can get a kidney stone, If you have a very small kidney stone that moves easily through your urinary tract, you may not have any symptoms, and may never know that you had a kidney stone. He treatment for a kidney stone depends on the size of the stone, what it is made of, whether it is causing pain and whether it is blocking your urinary tract. Scan sometimes uses contrast dye.

Nephrologists considering implementing a new CKRT-RCA protocol should ask several key questions. First, which centres should consider adopting an RCA protocol? In centres with a relatively low volume of CKRT (e.g. CKRT patient treatment days per year), introduction of a complicated new anticoagulation protocol may not be feasible. There must be enough exposure to allow for proper training in the initial period, as well as to ensure on-going staff competency.

Logistic regression for the dichotomous outcomes and mixed effects models for the continuous outcome, with sequential adjustment for baseline covariates. Inverse probability of attrition weighting was implemented to account for informative attrition during the follow-up periods. Results Serum NEFA concentrations were not independently associated with kidney outcomes. In unadjusted and partially adjusted analyses, the highest quartile of serum NEFA concentration (compared to lowest) was associated with a higher risk of GFR decline at 4 years and faster rate of decline of eGFR. No associations were evident after adjustment for comorbidities, lipid levels, insulin sensitivity, medications, and vital signs: odds ratio 1.33 estimated glomerular filtration rate changes per year, Limitations Single NEFA measurements, no measurements of post-glucose load NEFA concentrations or individual NEFA species, no measurement of baseline urine albumin. Conclusions A single fasting serum NEFA concentration was not independently associated with long-term adverse kidney outcomes in a cohort of older community-living adults. Key words Non-esterified fatty acids free fatty acids kidney health kidney failure with replacement therapy KFRT. May present with painless obstruction or back pain. Nausea and vomiting frequently accompany renal colic. The clinical presentation varies depending on the location, size, and number of the stones typically localized to the flank and often radiating down to the groin. Renal colic is typically spasmodic in character, lasting several minutes. We found that UCP2 plays a pivotal role in regulating PGC-1 α , p38 MAPK and ROS. On one hand, UCP2 inhibits mitochondrial ROS production directly by uncoupling the oxidative phosphorylation from ATP production, On the other hand, UCP2 could further diminish the production of ROS by regulating the activity of PGC-1 α and p38 MAPK (Figure 6). Hence, UCP2 represents an important target for new strategies.

CONCLUSION

Around 12,000 isolates. in our study of 4 years with around 27,000 cases of UTI and High rates of ESBL-64% of E. coli and 54% Klebsiella isolates common in community acquired UTI. Co-trimoxazole and Amoxicillin clavulanic acid is resistant in around 50% of the isolates. Nitrofurantoin with 78% sensitivity is a good drug to use if the incriminating organism is E. coli. Lprofloxacin with low sensitivity (30% in E. coli and 52% in Klebsiella) has rendered this drug relatively useless. Carbapenem resistance in the isolates is a growing concern and should be used judiciously.

REFERENCES

1. Jha V, Garcia-Garcia G, Iseki K, et al. Chronic kidney disease: global dimension and perspectives. *Lancet*. 2013;382(9888):260-272.
2. Radhakrishnan J, Remuzzi G, Saran R, et al. Taming the chronic kidney disease epidemic: a global view of surveillance efforts. *Kidney Int*. 2014;86(2):246-250.
3. Alafrente P, Mastroianni-Kirsztajn G, Betônico GN, et al. Paulista Registry of glomerulonephritis: 5-year data report. *Nephrol Dial Transplant*. 2006;21:3098.
4. Crew RJ, Radhakrishnan J, Appel G. Complications of the nephrotic syndrome and their treatment. *Clin Nephrol*. 2004; 62:245.

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