

Experience and Challenges of the Kidney Treatment and Diagnosis and its Outcomes

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Journal of Kidney Treatment and Diagnosis is a peer-reviewed, Open Access journal focused on Clinical Nephrology practice and related diseases and it also includes wide range of topics like Glomerular Diseases, Glomerular Filtration Rate, Haemodialysis, Kidney Abnormalities, Renal failure, Kidney Transplantation, Diabetic Kidney Disease, Hemorrhagic cystitis, Analgesic Nephropathy, Angiotensin, Chronic kidney Disease, Cryoglobulinemia, Cytoscopy, IgA Nephropathy, Acupuncture Kidney Points, Microscopic Polyangiitis, Osmotic diuresis, Nephroptosis, Polycystic Kidney Disease, Pylonephritis, Acute Kidney Failure, Acute Kidney Injury, Acute Tubular Necrosis, Radiation Nephropathy, Renal Failure, Urinary Tract Infections, Kidney Biopsy, Kidney Cancer, Kidney Cancer Diagnosis, Kidney Cancer Prognosis, Kidney Cysts, Kidney Dialysis Diet, Kidney Dialysis Practice, Kidney Transplantation.

This open Access journal 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 also publishes narrative reviews, editorials, and articles focusing on translational research, clinical practice, and socioeconomic aspects of kidney disease and treatment. One of the best achievement of this journal was it does most of the advertisement's social media by spending time on these channels Users are active on social media platforms because these channels offer easy way to network and connected with what's going on in the world Connecting with your target audience can be easy if you are active on the channels that they use most often.

The article entitled "Experience and challenges of care of post kidney transplant patients in a resource poor non-transplant center" was done on a Kidney transplant is the gold standard therapy for patients with end stage renal disease (ESRD). The global incidence and prevalence for kidney transplantation is on the increase due to rising prevalence of ESRD globally, especially in the developing countries [1,2]. Currently well over half a million people world-wide are living with kidney grafts [1,3]. In advanced countries the protocol of care of kidney transplant patients (pre and post-transplant) is well standardised, according to internationally accepted clinical care guidelines [4]. In the low- and middle-income countries (LMIC) of Latin America, Asia and middle east, transplant activities are also on the increase with current average annual transplant rates ranging from 5 to 13 per million population (pmp) [5,6].

The other research work was done on Blastocystis spp is a cosmopolitan enteric protozoan that inhabits the gut of humans and many animals. According to the taxonomic consensus, due to its extensive genetic diversity, all species of the genus Blastocystis receive the same denomination, independent of the host. Thus, the species previously called Blastocystis hominis is currently known as Blastocystis spp [7]. Due to its pleomorphism, the parasite has already been considered a fungus, sporozoan and even as a cyst of other organisms [8]. Although it has been described more than a hundred years ago by Alexeieff, little is known about its pathogenic potential, genetic diversity, host interactions and treatment. Only in the last decade advances on its biology have been achieved. More recently, molecular studies based on the PCR technique led to the identification of 17 subtypes (ST) and among them, nine have been found infecting humans with a variable prevalence. In fact, only four are common (ST1, ST2, ST3 and ST4) representing about 90% of the isolated subtypes with the vast majority of human infections

attributable to the ST3 subtype.

However, it is now known that this parasite can damage the intestinal epithelium and release toxins, favoring the occurrence of intestinal and extra intestinal injury, especially in immunosuppressed patients, such it seems to be the case for ESRD patients. The Center for Disease Control and Prevention (CDC) advises that symptomatic patients in whom no other causes are found, once this parasite is identified, treatment becomes necessary.

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. 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.

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