Editorial

Miami Kidney Dialysis due to medical errors lead to risk Cardiovascular

Disease and end-stage Renal Disease

Yatle*

Journal of Kidney Treatment and Diagnosis consists of the latest findings related to pathogenesis and treatment of kidney disease, hypertension, acidbase 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.

Miami kidney dialysis leads to Glomerular Diseases, Glomerular Filtration 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, 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].

The stage Renal function leads to the Miami i.e miss dialysis which was mostly occur due to the medical errors these errors were occurred because during dialysis if the blood with different group in many cases, it's only picked up because a routine blood or urine test indicates that the kidneys may not be working normally. The functioning of kidney results in buildup of substances such as urea, creatinine, and certain electrolytes in the blood if the blood group was changed then these following electrolytes building in the may slowly decreased [2]. Estimation of blood glucose levels in creatinine level helps to estimate the glomerular filtration rate (GFR) [3]. The main specifications of kidney have many to do during filtration of the blood rate leads to Glomerular Filtration rate is the best index to measure the kidney function and also use to determine Renal stage of kidney disease [4]. By using this result, it becomes more easier to estimated glomerular filtration rate (eGFR) during calculated.

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[7]. The diagnostic biomarkers for identifying CKD because of uncertain causes [8].

The progresses of the kidney disease, it may eventually lead to end-stage renal disease (ESRD), which requires perfect dialysis or a suitable kidney transplant to sustain life.

Reference

- O'Hare AM, Choi AI, Bertenthal D, et.al. Age affects outcomes in chronic Kidney disease. J Am Soc Nephrol. 2007; 18(10):2758-65.
- Naicker S. Burden of End Stage Renal Disease in sub-Saharan Africa. Clin Nephrol. 2010; 74(Suppl 1):13-6.
- Schnaper HW. Remnant Nephron physiology and the progression of chronic kidney disease . Pediatr Nephrol. 2014;29(2):193202.
- Transplant Work Group. KDIGO clinical practice guideline for the care of kidney transplant recipients. Am J Transplant. 2009;9(Suppl 3):1-157.
- Rajapurkar M, Dabhi M. Burden of disease-prevalence and incidence of renal disease India. Clin Nephrol. 2010;74(Suppl 1):9-12.
- Cusumano AM, Gonzalez BMC, Garcia G, et-al. Latin American Dialysis and Renal Transplant Registry: 2008 Report (data2006). Clin Nephrol. 2010;74(Suppl 1):3-8.
- Del Coco VF, Molina NB, Basualdo JA, et al. Blastocystis spp.: avances, controversias y desafios futuros. Rev Argent Microbiol. 2017;49:1108.
- 8. Roberts T, Stark D, Harkness J, et al. Update on the pathogenic potential and treatment options for Blastocystis sp. Gut Pathog. 2014;6:1-9.

Department of Nephrology, Medical School, Worcester University, England

* Correspondence: Yatle, Department of Pathology, Medical School, Worcester University, Poland, E-mail: yatle@gmail.com.

Received date: July 08, 2020; Accepted date: July 19, 2020; Published date: July 26, 2020

OPEN ORACCESS This open-access article is distributed under the terms of the Creative Commons Attribution Non-Commercial License (CC BY-NC) (http:// creativecommons.org/licenses/by-nc/4.0/), which permits reuse, distribution and reproduction of the article, provided that the original work is properly cited and the reuse is restricted to noncommercial purposes. For commercial reuse, contact reprints@pulsus.com

J Kidney Treat Diagn. Vol.3 No.2 2020