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Hormonal therapy in women: Renal adverse effects

Chronic Kidney Disease (CKD) is commonly associated with menstrual disorders, infertility, and premature menopause. Nephrologists are often considered as the primary care providers by their patients, but perceptions of nephrologists on management of these issues are currently unknown. Studies proved there was a high level of uncertainty among Nephrologists with regard to the role of Hormonal Therapy (HT) in women with CKD. Primary ovarian function appears to be preserved in the setting of CKD, ovulatory and menstrual irregularities observed in the CKD are likely to be the consequence of hypothalamic and pituitary, rather than ovarian. Increases renal tubular responsiveness to changes in sodium intake leading to an increased GFR and filtration fraction, an increase in renal nitric oxide and an increase in Renin–Angiotensin Activity (RAS), which has been linked to a greater risk of diabetic nephropathy while hormonal replacement therapy was associated with a 19% reduction in ACR (P=0.008) and an odds ratio of 0.67 (95% confidence interval, 0.43 to 1.01; P=0.06).

Biography

Sameh Mohamed Abouzeid is the Assistant Professor of Internal Medicine and Nephrology, Theodor Bilharz Research Institute (TBRI). He is the Director of Nephrology unit of Al Shorouk Hospital, Consultant Nephrologist and Head of Nephrology Departments at Mahmoud Hospitals Group.

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