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Cystatin-C as a marker for renal impairment in preeclampsia

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Background: Preeclampsia (PE) is a multisystem disorder of unknown etiology and is characterized by development of hypertension to the extent of 140/90 mm Hg or more with proteinuria after the 20th week in a previously normotensive and non-proteinuric woman. This study was done to compare and evaluate the diagnostic efficiency of serum Cystatin-C, Creatinine and Uric Acid levels in PE and Normal pregnant women.

Materials & Methods: This is a hospital based comparative cross-sectional study conducted in BPKIHS. One hundred and two study participants who provided the written consent were enrolled; of which fifty one participants were diagnosed cases of PE and fifty one served as Control. Serum Cystatin-C was done by Immunoturbidimetry method in Accent 200 Autoanalyser. Creatinine and Uric Acid was done by Jaffe's and Uricase method in cobas c311 Autoanalyser respectively. ROC curve was used to evaluate the diagnostic efficiency of Cystatin-C in PE. P-value<0.05 was considered to be significant.

Results: Mean Cystatin-C level and UA was significantly increased in PE compared to control group (1.15 ± 0.37 v/s 0.55 ± 0.12 and 5.40 ± 1.44 v/s 3.97 ± 0.68 respectively. ROC curve depicted that Cys-C had the highest diagnostic efficiency (Sensitivity-88.24%; Specificity-98.04%) compared to creatinine and UA in PE.

Inference: Cystatin-C level is significantly raised in PE compared to traditional renal markers (Creatinine and Uric Acid). Hence, it can detect an early and minimal change in renal function, thereby help in taking early preventive measures and impede the progression of Preeclampsia to Eclampsia.

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Barriers to kidney donation and strategies to increase public participation

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The theme of perceived risk will be addressed in conjunction with consumer behavior theory relating to perception; personality; motivation and learning attitudes towards kidney donation. Literature was collected from different sources including the Encyclopedia of Surgery. Consumers' perception is the process by which an individual selects, organizes and interprets stimuli's into meaningful coherent picture of the world. Consumers base decisions on perceptions rather than reality. Consumers typically perceive service decision rather than product decision. In terms of surgical operation one can never be guarantee the outcome with undeniable confidence. It is perceived that there is only a little opportunity to correct service error in kidney donation. It is also perceived that kidney donation can be painful, inconvenience and may leave lifelong consequence. There are perceived publicized scandals in some countries like South Africa on the exportation of kidney for money. Medical and health professionals must play a vital role in reshaping public perception and attitudes towards kidney donation through provision of information and expert guidance. Perception risk can be reduced by attracting donors through cognitive learning. Donors can be used as opinion leaders and Ambassadors to the rest of the public. They can use their personality and words to motivate the public that medical research has shown that humans can live a relatively normal and healthy life with just one Kidney. Revolutionary new Kidney Transplant operation, called Laparoscopic Live donor nephrectomy is a minimal- invasive procedure to harvest a kidney, and this can reduce postoperative pain, hospitalization and recuperation times. Finally it is essential that accurate information's are published and widely spread to combat existing scandals, misconceptions and myths about the selling of kidney. This will create new perceptions and attitudes in the general public.

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