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Hossein Tabriziani

Balboa Nephrology Medical Group (BNMG), USA

Kidney transplant: Solution or the cause of high blood pressure in kidney transplant recipients

After diabetes, hypertension (HTN) is the second leading cause of chronic kidney disease (CKD) and end stage renal disease (ESRD) in the US and in the world. Prevalence estimates vary widely among studies because of differences in the definition of hypertension and in methods of measuring blood pressure. Based on multiple studies, more than 50-60% of patients who are going under chronic hemodialysis and nearly 30% of patients who are going under chronic peritoneal dialysis have high blood pressure. Kidney transplantation is considered the gold standard treatment for ESRD patients who are a good candidate for this surgery. Hypertension in this group is a major traditional risk factor for cardio vascular disease (CVD). Atherosclerotic CVD is the leading cause of death and a major factor in death-censored graft failure in transplant recipients. The blood pressure achieved after transplant is related to postoperative kidney function. Higher glomerular filtration rate (GFR) usually result in lower incidence of high blood pressure. While many kidney transplant recipients experiencing a significant improvement in blood pressure control with fewer medications within months of surgery, the benefits of improved GFR and fluid status may be affected by the immunosuppression regimen. Immunosuppressive agents affect the blood pressure through a variety of mechanisms, including induced vasoconstriction and sodium retention. Calcineurin inhibitors (CNI) play a major role in increasing the blood pressure, cyclosporine (CsA) more so than tacrolimus (FK). Additionally, the combination of calcineurin- and mammalian target of rapamycin (mTOR)-inhibitor therapy is synergistically nephrotoxic and promotes hypertension. Steroid can also play a role by sodium retention even though steroid withdrawal and/or minimization strategies seem to have little or no impact on hypertension. Other important causes of hypertension after transplant, beyond deteriorating the kidney function and decrease in GFR, include transplant renal artery stenosis and squeals of antibody-mediated rejection.

Biography

Hossein Tabriziani is a well-known speaker who has special interest in kidney and pancreas transplantation. He has completed his Medical School at Iran University of Medical Sciences (IUMS) with Honors. He finished his Internal Medicine Residency at St. Barnabas Hospital, Weill Cornell Medical College in New York. Then he did his fellowship in Nephrology and Hypertension at Georgetown University in Washington, DC and continued his education at University of California San Francisco (UCSF) with a Transplant Nephrology fellowship. He was appointed as the Medical Director of Pancreas Transplantation at Westchester Medical Center, New York Medical College before moving to Loma Linda University in California to serve as an Assistant Professor of Medicine in Nephrology/Transplant division. He is a Diplomate of American Board of Internal Medicine (ABIM) as well as a Diplomate of American Board of Nephrology. He is also an active member of American Society of Nephrology (ASN) and American Society of Transplantation (AST).

hosstab@gmail.com

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