The soluble serum transferin receptors in type 2 diabetic patients with proteinuria

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(Labeling Index: 25.5±2.8 vs. 45.9±4.1%; QS Index 10.7±0.9 vs. 14.4±1.4%; OUU vs. OVX-OUU). This study provides the first evidence that, in a model of aggressive and severe renal fibrosis, estrogens attenuate fibrosis and have beneficial effects on the progression of renal disease.

Soluble serum transferrin receptors in type 2 diabetic patients with proteinuria

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PP

Aim: To record the difference in the level of soluble serum transferrin receptors (sTfr) in type 2 diabetic patients with selective nephrotic proteinuria (SNP) compared to patients with non-selective nephrotic proteinuria (NNP), and confirm the thesis that the sTfr is good marker of iron status and erythropoesis in these patients. Methods: There were 63 type 2 diabetic patients with diabetic nephropathy and proteinuria included in the study. The patients were divided into 3 groups regarding largeness and selectivity of proteinuria. Twenty-four patients had SNP, and nineteen patients had NNP. Control group constitute twenty patients with selective nonnephrotic proteinuria <2.5 g/day. In all groups were measured: erythrocyte count, hemoglobin level, mean cell volume, C reactive protein, fibrinogen level, serum iron level, total iron binding capacity, unbound iron binding capacity, iron saturation, serum ferritin, creatinine clearance, serum protein electrophoresis, proteinuria (biuret), urinary protein immunoelectrophoresis, and sTfr. The sTfr were detected in serum using ELISA techniques, and quantified in mg/L. Results: We recorded significant difference in sTfr level between NNP group and SNP group, and between NNP group and control group (NNP 2.0+/-0.8; SNP 2.9+/-1.8; control 2.7+1.0; $p<0.05$; $p<0.05$), and significant difference in biuret and fibrinogen level between NNP and SNP group in compare to control group ($p<0.05$; $p<0.05$). Conclusion: Significantly lower sTfr in NNP group in compare to SNP and control group, and in absence of significant difference in both iron and erythropoesis markers and factors with possible negative contribution according to both of them (e.g. inflammation, stage of renal insufficiency), is probably result of loss of sTfr through heavily and largely damaged glomerular capillary membrane in NNP group. Therefore, sTfr is not good marker of iron status and erythropoesis in type 2 diabetic patients with NNP.

Frequency of Alport syndrome at dialysis center "Vrsac"-Vrsac

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Alport syndrome is relatively rare disease. In Vrsac county great frequency of Alport syndrome is noticed. There is a large percentage of this disease causing ESRD at our dialysis center. All patients are from one gipsy family with numerous members. This study is implemented with the aim to establish the frequency of this disease, to make a geneologic tree and to confirm the type of inheritance. Through the family inquiry as well as the review of the medical documentation, the genealogical tree was made. Various tests have been done: epidemiological, clinical, ophtalmological and audiometrical. The percentage patients with the Alport syndrome is 12,5% at our dialysis center, and this is compared with the data from the other registers. The data from UK and US shown that Alport syndrome causing ESRD in approximatively 0,6-2,3%.The data from other dialysis centers at our country is not more 1% of Alport syndrome as a cause of ESRD. Analyzing the geneology tree of this family, a direct X chromosome and autosomal recessive way of inheritance has not been confirmed, therefore the autosomal dominant variant is much more possible even the consanguinity. Considerably greater frequency of the Alport syndrome in our dialysis center is confirmed comparing to the other center in our country, which is probably caused by consanguinity or mutation that is not connected with the X chromosome.

Physician awareness of chronic kidney disease in a county hospital in Romania

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PP

The predicted increase of the prevalence of end-stage renal disease (ESRD) in the following years will pose a significant health cost and social burden. Physicians must inform their patients about having chronic kidney disease (CKD) in order to establish early intervention programs, which have been proven to delay the progression from CKD to ESRD. For this reason, we examined the awareness and patterns of practice of our colleagues, physicians of different specialities (general internal medicine, gastroenterology, cardiology, surgery) regarding CKD. We performed a retrospective study of the charts of the patients admitted during a three-month period (September-November 2004) in the respective departments. Due to financial constraints, we could not perform such a research targeting the family physicians in our county. We reviewed 1320 charts. No patient had an evaluation of GFR or creatinine clearance (CrCl) and diagnosis of chronic kidney

PP = Poster Presentation; OP = Oral Presentation