## 22nd European Nephrology Conference

October 15-16, 2018 | Warsaw, Poland

# Scientific Tracks & Abstracts
# Day 1

Euro Nephrology 2018

# Day-1

## SESSIONS

**Nephrology | Kidney Transplantation | Glomerular Disorders | Renal Pathology-Immunology | Kidney Diseases**

**Chair: Jose L Reyes,** National Polytechnic Institute, Mexico
**Co-Chair: Andrew L Lobashevsky,** Indiana University Health, USA

## SESSION INTRODUCTION

**Title: Efficacy and safety of etelcalcetide in patients receiving hemodialysis with secondary hyperparathyroidism: Real life data**
**Ioannis Griveas,** NEFROIATRIKI Ltd., Greece

**Title: Folic acid induced acute kidney injury and recovery: Using HK2 cells as experimental model**
**Yihe Li,** University of Nottingham, UK

**Title: The renal replacement therapy in critically ill patients: Practical approaches in specific situations based on case reports**
**Nadezda Petejova,** University of Ostrava, Czech Republic

**Title: Managing urethral strictures using cooks S-curve dilator: Is it economical as an outpatient procedure?**
**Ahmed Omer Yousif,** University of Liverpool, UK

Ioannis Griveas et al., J Nephrol Ther 2018, Volume 8
DOI: 10.4172/2161-0959-C6-066

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## Efficacy and safety of etelcalcetide in patients receiving hemodialysis with secondary hyperparathyroidism: Real life data

**Ioannis Griveas, M Aktsiali, C Andriopoulos** and **P Sitaras**
NEFROIATRIKI Ltd., Greece

Secondary hyperparathyroidism (SHPT), complication of chronic kidney disease, is characterized by disturbances in mineral metabolism. Calcium-sensing receptor (CaSR) is the main physiological regulator of parathyroid hormone (PTH) secreation. We tried to evaluate efficacy and safety of etelcalcetide, a new IV calcimimetic in our hemodialysis (HD) population. We prospectively followed 60 HD patients for a six month period. The primary endpoint of the study was the proportion of patients with serum intact parathyroid hormone (iPTH) between 200-350 pg/ml until the end of the study period. The following parameters were determined as secondary efficacy endpoints: Measured and percent changes from baseline in serum iPTH, Ca, pH, Alb, Hct, Hb, SAP, cardiac function at each time point. The safety and tolerability profiles of etelcalcetide were assessed based on AEs (advanced encryption standard). After a month of treatment with etelcalcetide, PTH reduced significantly from 823 pg/mL to 654.8 pg/mL ($p<0.05$). pH levels were also significantly reduced from 7.28 to 5.04 mg/dl ($p<0.05$). Ca levels remained stable after a week of therapy (from 8.68 mg/dl to 8.61 mg/dl, p=NS). In five patients Ca levels were below 7.5 mg/dl. In three of them Ca levels returned to baseline after a month, in one dose of etelcalcetide reduced, and one had to stop medication temporarily. None of our patients had GI adverse effects. After 2 months notification, the new second-generation calcimimetic etelcalcetide effectively reduces PTH, pH with an acceptable safety profile. Hopefully at the end of our study protocol we will reach to more solid conclusions regarding better control of SHPT.

### Biography

Ioannis Griveas, MD, PhD is a Medical Director of Nephrology Department 417 Veterans Army Administration Hospital of Athens (NIMTS), Professor-Consultant Hellenic Open University, Medical Director of Private Dialysis Unit "Nefroiatriki", Athens, Greece, Consultant Nephrologist and Lt. Colonel of the Greek Army. He is also the owner of private renal clinic, Athens-Nephrology. He has more than 152 presentations in Greek and international conferences and 61 publications in Greek and international journals. He is the Editor-Author of the books *"Principles of Renal Medical Procedures"* and *"Principles of Cellular Immunity in Peritoneal Dialysis Patients"*. He has given more than 40 lectures in Greek and international conferences and he is currently Special Secretary of the board of National Hellenic Society.

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## Folic acid induced acute kidney injury and recovery: Using HK2 cells as experimental model

**Yihe Li** and **Simon Wilham**
The University of Nottingham, UK

Folic acid-induced kidney injury has similar syndromes as human acute kidney injury, it is considered as an experimental model for evaluation of epithelial regeneration and interstitial fibrosis. We intended to make use of human proximal tubule cells (HK2) to test the damage and recovery after treating cells with folic acid (FA). HK2 cells were seeded in 96-well plates and incubated with FA (10 mM, 14 mM, 18 mM and 23 mM) in fetal bovine serum (FBS)-free Dulbecco's Modified Eagle's medium (DMEM) for 24 hours or 48 hours. Cells were then allowed to recover in DMEM with 10% FBS for up to 120 hours. MTT assays were performed and cell viability was calculated as percentage to non-treated cells. Cell viability was affected by both dose-dependent and time-dependent manners. It had a significantly decrease for 24 hours FA treatment at 18 mM and 23 mM ($p<0.05$). This pattern was similarly observed for 48 hours treatment. Cell viability was significantly decreased at 18 mM, 23 mM FA treated cells by massively 80% and 90% respectively after 48 hours incubation ($p<0.05$). During recovery, cell viability of 24 hours treated cells showed no significant difference to those of control after 48 hours recovery, and cell viability of 48 hours treated cells showed no significant difference to those of control after 72 hours recovery. To conclude, HK2 cells were able to respond to injury induced by FA in dose and time dependent pattern, and HK2 cells were capable to recover after injury.

### Biography

Yihe Li graduated from the University of Nottingham in Nutrition in 2011. She is studying for her PhD in the Department of Nutritional Science at the University of Nottingham, under the supervision of Prof. David Gardner and Dr. Simon Welham. Her research focuses on the roles of genes involved in kidney recovery after acute kidney injury.

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**Notes:**

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## The renal replacement therapy in critically ill patients: Practical approaches in specific situations based on case reports

**Nadezda Petejova**
University of Ostrava, Czech Republic

Acute kidney injury (AKI) is a common diagnosis in daily clinical practice, occurring in virtually all fields of medicine. Critically ill patients are especially prone to the development of AKI due to frequent hemodynamic instability, multiple risk factors and, diagnostic and/or treatment complications. For these and other reasons, critical care nephrology plays an irreplaceable role in treating critically ill patients in ICUs. The aim is to present overview using relevant scientific research results, along with the authors own practical clinical experience with renal replacement therapy (RRT) in specific clinical situations (case reports) from the University Hospital of Ostrava in the Czech Republic. Treatment of AKI associated with rhabdomyolysis in patient with abdominal aortic aneurysm and ischemia-reperfusion syndrome. Efficacy of plasmapheresis for hypertriglyceridemia induced acute pancreatitis in pregnancy associated with abdominal compartment syndrome and the practical use of hemoperfusion with Cytosorb in patients suffered from sepsis and multiple organ dysfunction syndromes. Many issues can be expected in these specific situations including complications and benefits of treatment. Knowledge of the indications, existing data on the actual results of and not least, the complications of extracorporeal blood purification techniques, provide a perspective for the clinician.

### Biography

Nadezda Petejova successfully completed her Doctoral studies in the Field of Internal Medicine at the Faculty of Medicine, Palacky University in Olomouc (CR) in 2012 and received her PhD. She has been working as Nephrologist at Department of Internal Medicine at University Hospital Ostrava, (CR). Her research interests span various aspects of internal and critical care medicine but center mainly in critical care nephrology including renal replacement therapy in critically ill patients. She has published more than 20 papers in reputed journals and has been serving as a part-time Lecturer at Faculty of Medicine, University of Ostrava (CR).

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## Managing urethral strictures using Cook S-curve dilator: Is it economical as an outpatient procedure?

**Ahmed Omer Yousif**
University of Liverpool, UK

**Background:** Urethral strictures contribute to 17,000 admissions and 12,000 operations yearly with an estimated cost over 10 million in the UK. Current management techniques all involve general anesthetic thus leading to prolonged hospital stay and an increase in NHS resources. A new technique allowing urethral strictures to be managed as an outpatient basis using an instrument called an S curve dilator has been developed.

**Aim:** The primary objective is to assess whether utilizing the S-curve dilator technique was more economical than other techniques employed and secondary objective is to assess the aetiology behind urethral strictures and therefore allow steps to reduce them.

**Methodology:** This was a retrospective study that looked at all the urethral strictures that were treated using S–curve dilators between 23/06/2015 till 03/08/2016. All the S-curve dilator technique operations were performed by one trained consultant over that time period. The study was set in a 400–bed district general hospital covering a population of 731,500 where this technique has recently been utilized since 2015.

**Results:** The national average cost of treating urethral strictures using the S curve dilators is £363 as compared to £1559 as an elective procedure using other procedures requiring general anesthetic. The most common aetiology underlying urethral strictures is iatrogenic damage following trans-urethral resection of the prostate (TURP) operations.

**Conclusion:** The new S Cook dilators allow urethral strictures to be managed as an outpatient procedure, thus; reducing theatre waiting lists, reduced inpatient stay and reduced cost (3 times cheaper). Furthermore, it offers advantages over blind procedures in that there are no false passages and there is reduced risk of damage and failure. Urethral strictures most commonly occur following TURP operations which could be related to urinary catheters being left in too long prior to the operation.

**Recommendations:** Continue using S-curve dilators and train more urologists/ nurses to do them; ensure catheters are not left for too long whilst awaiting TURP operations and perform a qualitative study regarding patient satisfaction and experience with urethral stricture operations using S-curve dilators.

**Limitations:** The main limitation was the small sample size and the lack of literature on S Cook dilators.

### Biography

Ahmed Omer Yousif is currently working as a Foundation 2 Doctor in Nottingham Queens Medical Centre, UK. He graduated from the University of Liverpool in 2016, after which he worked in Pilgrim Hospital, Boston in East Lincolnshire for one year. There he started his research in Urology and under the guidance of Dr. Shaukat Memon (Consultant Urologist) performed a research audit into urethral strictures. He has since presented a poster in the international conference of Psychiatry 2017 and has been involved in various teaching projects.

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**Notes:**