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Hypertension after kidney transplantation: Multifactorial etiologies and transplant outcomes

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Hypertension is one of the most common causes of cardiovascular morbidity and mortality worldwide. Several factors contribute to the development of hypertension. Similar to non-transplant population, hypertension remains high prevalence in kidney transplant recipients. Among kidney transplant recipients with pre-transplant hypertension, the majority of them still continue to be hypertensive after successful kidney transplantation; however, some kidney transplant recipients become normotensive. Etiology of hypertension is difficult to determine and it is likely multifactorial including genetic and acquired conditions. Kidney is thought to be one contributing factor of hypertension and this may represent in the form of genetic kidney disease. Native nephrectomy in non-transplant patient is one possible way to manage uncontrolled hypertension. Our previous data demonstrated that kidney transplant recipients who received living-unrelated renal transplantation appeared to have lower prevalence of post-transplant hypertension compared to the recipients receiving living-related renal transplantation. For deceased donor renal transplantation, hypertensive patients receiving kidney transplantation from the same donor (mated kidney transplantation) seemed to convert to normotensive or remain hypertensive at the same direction. This may imply a potential role of genetic kidney diseases. In addition to potential genetic causes of post-transplantation hypertension, other traditional non-genetic risk factors of post-transplant hypertension are still important since these may be reversible or preventable conditions. These common conditions or diseases include obesity. Since post-transplant hypertension is high prevalent and crucial for kidney transplant outcomes both renal allograft and patient survivals, identifying the causes of post-transplant hypertension should lead to strategies for preventing post-transplant hypertension and mitigate poor kidney transplant outcomes.

Biography

Ekamol Tantisattamo has completed his MD from the Faculty of Medicine, Siriraj Hospital, Mahidol University in Bangkok, Thailand and pursued his specialty training in internal medicine at the University of Hawaii John A Burns School of Medicine. He then completed sub-specialty training in Nephrology at Emory University School of Medicine. Since his special interest is in clinical transplantation, he went to transplant nephrology fellowship training at Northwestern University Feinberg School of Medicine. He is currently a staff Physician at Multi-Organ Transplant Center, Division of Nephrology, Department of Internal Medicine, William Beaumont Hospital in Royal Oak, Michigan and Assistant Professor of Medicine at the Oakland University William Beaumont School of Medicine in Rochester, Michigan. He is interested in clinical research in the areas of Nephrology and Transplantation including clinical hypertension, clinical pancreas-kidney transplantation, transplant renal artery stenosis, Chronic Kidney Disease-Mineral Bone Disorder (CKD-MBD) and nutrition-related post-kidney transplantation, and vascular calcification.

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