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1. Glomerulonephritis

Glomerulonephritides are a group of kidney diseases that affect the glomeruli. They fall into two major categories: glomerulonephritis refers to an inflammation of the glomeruli and can be primary or secondary, and glomerulosclerosis refers to scar- ring of the glomeruli. Even though glomerulonephritis and glomerulosclerosis have different causes, both can lead to ESRD. Glomerulonephritis ranks second after diabetes as the foremost cause of ESRD in Europe. And is the second leading cause of ESRD in the United States. Approximately 20 to 35 percent of patients requiring RRT have a glomerular disease.

Glomerular diseases are more prevalent and severe in tropical regions and low income countries. A common mode of presentation is the nephritic syndrome, with the age of onset at five to eight years. Estimates indicate that 2 to 3 percent of medical admissions in tropical countries are caused by renal- related complaints, most resulting from glomerulonephritis.

The eradication of endemic infections, along with improvements in socioeconomic status, education, sanitation, and access to treatment, is a crucial step toward decreasing the incidence of glomerular diseases in developing countries.

1. Acute Renal Failure

Acute renal failure refers to a sudden and usually temporary loss of kidney function that may be so severe that RRT is needed until kidney function recovers. Even though acute renal failure can be a reversible condition, it carries a high mortality rate. Acute renal failure is a prominent feature of major earthquakes, where many suffer from crush syndrome accompanied by severe dehydration and rapid release of muscle cell contents, including potassium. Kidney function shuts down unless body fluid and blood pressure are rapidly corrected and frequent hemodialysis is available.

1. Hypertension

Hypertension and kidney disease are closely related. Most primary renal diseases eventually produce hypertension. Arterial hypertension accelerates many forms of renal disease and hastens the progression to ESRD. Recent studies have firmly established the importance of continuous blood pressure reduction to slow the progression of many forms of renal injury, particularly glomerular disease. Over the long term, damage to the heart and cardiovascular system resulting from hypertension represents the major cause of morbidity and mortality among ESRD patient. Before the development of effective antihypertensive agents, 40 percent of hypertensive patients developed kidney damage and 18 percent developed renal insufficiency over time.

1. Genetic Diseases

Knowledge of inherited kidney disease has changed radically with advances in molecular biology and gene-sequencing technology. The characterization of inherited kidney diseases has improved, and novel mutations leading to selective renal defects have been described. Inherited kidney diseases are rare, with the exception of autosomal dominant polycystic kidney disease, the fourth most common cause of ESRD in developed countries. Many other inherited diseases can lead to ESRD, but together they account for only a small percentage of all people with ESRD.

5. Diabetes

Diabetes is one of the most common non-communicable diseases. With the serious complication of nephropathy, diabetes has become the single most important cause of ESRD in the United States and Europe, and the United States Renal Data System. Diabetes may account for one-third of all ESRD cases. Family-based studies and segregation analyses suggest that inherited factors play a major role in people’s susceptibility to diabetic renal complications.