

Proceedings of
17th International Conference on

NEPHROLOGY **&UROLOGY**

March 12-13, 2018 London, UK

Conference Series - America

One Commerce Center-1201, Orange St. #600, Wilmington, Zip 19899, Delaware, USA

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Conference Series - UK

Kemp House, 152 City Road, London EC1V 2NX, UK

Toll Free: +1-800-014-8923

Day 1 March 12, 2018

09:00-09:30 Registrations

Meeting Room: Johnson

conference**series.com** 09:30-10:00

Opening Ceremony

Keynote Forum

Introduction

10:00-10:40 Title: Thermobalancing therapy and Dr Allen's devices as an innovative treatment for prostate enlargement, chronic prostatitis and kidney stones

Simon Allen, Fine Treatment, UK

10:40-11:20 Title: Renal outer medullary potassium channel knockout models reveal Bartter's syndrome and dysfunction of potassium homeostasis

Tong Wong, Yale School of Medicine-Yale University, USA

Group photo

Networking and Refreshments Break 11:20-11:40 @ Breakout Area

11:40-12:20 Title: Extending the utilization of the davinci robotic surgical system to pyelolithotomy
Mohamad Waseem Salkini, West Virginia University, USA

Sessions: Nephrology | Dialysis | Kidney Transplantation | Urology | Pediatric Nephrology

Session Chair: Simon Allen, Fine Treatment, UK

Session Co-Chair: Tong Wong, Yale School of Medicine-Yale University, USA

Speaker Forum

12:20-12:50 Title: Vascular calcification: An imminent disease epidemic
Suresh Mathew, Christian Hospital, USA

Lunch Break 12:50-13:50 @ RBG

13:50-14:20 Title: Strategies, barriers and significance for renal supportive care: Role of the nurse practitioner

Laura Lunardi, Royal Adelaide Hospital, Australia

14:20-14:50 Title: Local CD34-positive capillary decreased with the progression of lesion in respective area of kidney in mice

Abdul Masum, Hokkaido University, Japan

14:50-15:20 Title: Outcomes of peritoneal dialysis catheter left in place after kidney transplantation

Saúl Pampa-Saico, Hospital Ramón YCajal, Spain

15:20-15:50 Title: Bladder augmentation and effect on renal function

Khamisa Almokali, King Abdullah Specialized Children Hospital, Saudi Arabia

Networking and Refreshments Break 15:50-16:10 @ Breakout Area

Panel Discussion

Day 2 March 13, 2018

Meeting Room: Johnson

Keynote Forum

09:45-10:00 Introduction

10:00-10:40 Title: Locally acting antiplatelet and anticoagulant APAC, a mimic of heparin proteoglycan, inhibits acute ischemic kidney injury

Riitta Lassila, Helsinki University Hospital, Finland

10:40-11:20	Title: Does early removal of foley catheter have any influence on infection of recipient post renal transplantation? Is it safe? A clinical trial study Afshar Zomorodi , Imam Reza Hospital-Tabriz University of Medical Sciences, Iran
Networking and Refreshments Break 11:20-11:40 @ Breakout Area	
Sessions: Chronic Kidney Disease Kidney Cancer Kidney Diseases Kidney Nutrition Urinary Tract Infections	
Session Chair: Mohamad Waseem Salkini, West Virginia University, USA	
Session Co-Chair: Riitta Lassila, Helsinki University Hospital, Finland	
Speaker Forum	
11:40-12:10	Title: Dr Allen's device for kidney care by dissolving renal calculi naturally prevents people with kidney stone disease from the development of secondary high blood pressure or diabetes Simon Allen , Fine Treatment, UK
12:10-12:40	Title: Ten-year outcome study in a cohort of non-metastatic renal cell carcinoma treated with curative intent at Shaukat Khanum Cancer Hospital & Research Centre Lahore: Survival and progression after radical nephrectomy in 344 patients Nouman Khan , Shaukat Khanum Cancer Hospital Lahore & Research Centre, Pakistan
Lunch Break 12.40-13.40 @ RGB	
Poster Presentations 13:40-14:10 @Foyer	
ICNU-1	Title: 24hour-pulse-wave-velocity-measurement as a mortality predictor in ESRD patients Louisa Maria Nerl , University of Munich, Germany
ICNU-2	Title: Spectrum of renin angiotensin aldosterone system disorders in young hypertensives of Pakistan Mehwish Gilani , Armed Forces Institute of Pathology, Pakistan
ICNU-3	Title: Is it possible to preserve the blood supply of erectile organs with anastomosing hypogastric artery in renal transplantation Afshar Zomorodi , Imam Reza Hospital-Tabriz University of Medical Sciences, Iran
Networking and Refreshments Break 14.10-14.30 @ Breakout Area	
Panel Discussion	
Awards & Closing Ceremony	

Bookmark your dates

18th International Conference on

NEPHROLOGY & UROLOGY

March 04-05, 2019 | Berlin, Germany

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Arabidopsis C. Elegans and Zebrafish	-
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Research & Reviews: Journal of Agriculture and Allied Sciences	2347-226X
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Rice Research	2375-4338
Traditional Medicine and Clinical Naturopathy (Homeopathy & Ayurvedic Medicine-2167-1206)	-

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Global Economics	2375-4389
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Analytical & Bioanalytical Techniques	2155-9872
Analytical & Electrochemical Insights	-
Bioenergetics: Open Access	2167-7662
Chemical Informatics	-
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Chromatography & Separation Techniques	2157-7064
Clinical & Medical Biochemistry: Open Access	-
Clinical Chemistry: Open Access	-
Environmental & Analytical Toxicology	2161-0525
Environmental Analytical Chemistry	-
Glycobiology	2168-958X
Herbal Medicine: Open Access	-

Immuno Chemistry: Open Access	-
Industrial Chemistry: Open Access	-
International Journal of Applied Biology and Pharmaceutical Technology	0976-4550
International Journal of Drug Development & Research	0975-9344
Mass Spectrometry: Open Access	-
Medicinal Chemistry	2161-0444
Modern Chemistry & Applications	2329-6798
Natural Products Chemistry & Research Journal	2329-6836
Neuro Chemistry: Open Access	-
Organic & Inorganic Chemistry	-
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Pharmaceutical Analytical Chemistry: Open Access	-
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RROIJ: Medicinal Chemistry	-
Structural Chemsitry & Crystallography Communication	-
Trends in Green Chemistry	-
Vitamins & Minerals	2376-1318

Clinical

Ageing Science	2329-8847
Ancient Diseases & Preventive Remedies	2329-8731
Anesthesia & Clinical Research	2155-6148
Annals of Clinical and Laboratory Research	2386-5180
Arrhythmia: Open Access	-
Atherosclerosis: Open Access	-
Cell Biology: Research & Therapy	2324-9293
Cellular & Molecular Pathology	-
Clinical & Experimental Cardiology	2155-9880
Clinical & Experimental Dermatology Research	2155-9554
Clinical & Experimental Nephrology	-
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Clinical & Experimental Ophthalmology	2155-9570
Clinical & Experimental Orthopaedics	-
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Clinical & Molecular Endocrinology	-
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Clinical Case Reports	2165-7920
Clinical Depression	-
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Clinical Research On Foot & Ankle	2329-910X
Clinical Respiratory: Open Access	-
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Clinical Trials	2167-0870
Clinics in Mother and Child Health	2090-7214
Cosmetology & Orofacial Surgery	-
Cosmetology & Trichology	-
Dermatitis	-
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Dialysis and Clinical Practice	-
Drug Intoxication & Detoxification : Novel Approaches	2327-4557
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Forensic Toxicology & Pharmacology	2325-9841
Glaucoma: Open Access	-
HIV & Retro Virus	-
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Insights in Pediatric Cardiology	-

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Interventional Cardiology: Open Access	-
JBR Journal of Clinical Diagnosis and Research	2376-0311
Optometry: Open Access	-
Phonetics & Audiology	-
Speech Pathology & Therapy	-
Stem Cell Research & Therapy	2157-7633
Toxicology: Open Access	-
Vasculitis	-

Earth & Environmental Sciences

Advances in Recycling	-
Astrobiology & Outreach	2332-2519
Biodiversity & Endangered Species	2332-2543
Biodiversity Management & Forestry	2327-4417
Bioremediation & Biodegradation	2155-6199
Biosafety	2167-0331
Climatology & Weather Forecasting	2332-2594
Coastal Zone Management	-
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Ecosystem & Ecography	2157-7625
Entomology, Ornithology & Herpetology	2161-0983
Expert Opinion On Environmental Biology	2325-9655
Fundamentals of Renewable Energy and Applications	2090-4541
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Geoinformatics & Geostatistics: An Overview	2327-4581
Geology & Geosciences	2329-6577
Geophysics & Remote Sensing	2169-0049
Hydrogeology & Hydrologic Engineering	2325-9647
Hydrology: Current Research	2157-7587
Industrial Pollution Control	-
Innovative Energy Policies	2090-5009
International Journal of Evolution	2324-8548
International Journal of Waste Resources	2252-5211
Marine Biology & Oceanography	2324-8661
Oceanography: Open Access	2332-2632
Oil & Gas: Open Access	-
Petroleum & Environmental Engineering	2157-7463
Plant Physiology & Pathology	2329-955X
Pollution Effects & Control	2375-4397
Research & Reviews: Journal of Ecology and Environmental Sciences	-

EEE

Electrical & Electronic Systems	2332-0796
Electrical Engineering & Electronic Technology	2325-9833

Engineering

Advances in Automobile Engineering	2167-7670
Advances in Robotics & Automation	2168-9695
Aeronautics & Aerospace Engineering	2168-9792
Applied Bioinformatics & Computational Biology	2329-9533
Applied Mechanical Engineering	2168-9873
Architectural Engineering Technology	2168-9717
Automatic Control of Physiological State and Function	2090-5092
Biochips & Tissue Chips	2153-0777
Bioengineering & Biomedical Science	2155-9538
Biomusical Engineering	2090-2719
Biosensors & Bioelectronics	2155-6210
Biosensors Journal	2090-4967
Civil & Environmental Engineering	2165-784X
Computer Engineering & Information Technology	2324-9307
Computer Engineering and Information Technology	2324-9307
Defense Management	2167-0374
Fashion Technology & Textile Engineering	2329-9568
Global Journal of Technology and Optimization	2229-8711
Global Research in Computer Science	2229-371X
Industrial Engineering & Management	2169-0316
Information Technology & Software Engineering	2165-7866

International Journal of Advanced Research in Electrical, Electronics and Instrumentation Engineering	2278-8875
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Irrigation & Drainage Systems Engineering	2168-9768
Lasers, Optics & Photonics	-
Lovotics	2090-9888
Membrane Science & Technology	2155-9589
Molecular Imaging & Dynamics	2155-9937
Nuclear Energy Science & Power Generation Technology	2325-9809
Research & Reviews: Journal of Engineering and Technology	2319-9873
Steel Structures & Construction	-
Telecommunications System & Management	2167-0919
Textile Science & Engineering	2165-8064

General Science

Computer Science & Systems Biology Journal	0974-7230
Ergonomics	2165-7556
Research and Development	-
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Metrology	-
Research & Reviews: Journal of Botanical Sciences	2320-0189
Research & Reviews: Journal of Chemistry	2319-9849
Tomography	-

Genetics & Molecular Biology

Advanced Techniques in Biology & Medicine	2379-1764
Advancements in Genetic Engineering	2169-0111
Advances in Molecular Diagnostics	-
Biochemistry & Analytical Biochemistry	2161-1009
Biochemistry & Molecular Biology Journal	-
Biochemistry & Physiology	2329-9029
Biological Systems	2329-6577
Biotechnology & Biomaterials	2155-952X
Bipolar Disorder: Open Access	-
Cell & Developmental Biology	2168-9296
Cell Science & Therapy	2157-7013
Cell Signaling	-
Cellular & Molecular Medicine: Open Access	-
Chemical Biology & Therapeutics	-
Clinical Epigenetics	-
Cloning & Transgenesis	2168-9849
Current Synthetic and Systems Biology	2332-0737
Cytology & Histology	2157-7099
Down Syndrome & Chromosome Abnormalities	-
Electronic Journal of Biology	-
Enzyme Engineering	2329-6674
Fertilization: in Vitro	2375-4508
Fungal Genomics & Biology	2165-8056
Gene Technology	2329-6682
Genetic Syndromes & Gene Therapy	2157-7412
Hereditary Genetics: Current Research	2161-1041
Human Genetics & Embryology	2161-0436
Insights in Cell Science	-
Insights in Stem Cells	-
International Journal of Genomic Medicine	2332-0672
Metabolomics: Open Access	2153-0769
Metabonomics & Metabolites	2325-9736
Microbial & Biochemical Technology	1948-5948
Microbial Methods & Assays Open Access	-
Molecular and Genetic Medicine	1747-0862
Molecular Biology	2168-9547
Molecular Biomarkers & Diagnosis	2155-9929
Molecular Cloning & Genetic Recombination	2325-9787
Nanomedicine & Biotherapeutic Discovery	2155-983X
Next Generation: Sequencing & Applications	-
Phylogenetics & Evolutionary Biology	2329-9002

Physiobiochemical Metabolism	2324-8793
Plant Biochemistry & Physiology	2329-9029
Proteomics & Enzymology	-
Single Cell Biology	2168-9431
Tissue Science & Engineering	2157-7552
Transcriptomics: Open Access	2329-8936
Translational Biomedicine	2172-0479

Health Care

Diversity and Equality and Health and Care	2049-5471
Health Care: Current Reviews	2375-4273
Health Science Journal	1791-809X
Pregnancy & Child Health	2376-127X
Primary Health Care	2167-1079
Quality in Primary Care	1479-1072
Tropical Diseases & Public Health	2329-891X
Women'S Health, Issues & Care	2325-9795

Immunology

Advances in Antibiotics & Antibodies	-
Allergy & Therapy	2155-6121
Autoimmune Diseases: Open Access	-
Clinical & Cellular Immunology	2155-9899
Cytokine Biology	-
Immunobiology	-
Immunogenetics: Open Access	-
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Immunotherapy: Open Access	-
Infectious Diseases & Immunological Techniques	2325-9752
Inflammatory Bowel Diseases & Disorders	-
Innate Immunity & Immunological Disorders	-
Interdisciplinary Journal of Microinflammation	-
Lupus: Open Access	-
Molecular Immunology	-
Osteoarthritis	-
Reproductive Immunology	-
Rheumatology: Current Research	2161-1149
Sarcoidosis	-
Vaccines & Vaccination	2157-7560

Informatics

Data Mining in Genomics & Proteomics	2153-0602
Glycomics and Lipidomics	2153-0637
Health & Medical Informatics	2157-7420
Proteomics & Bioinformatics	0974-276X
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Materials Science

Bioceramics Developments and Applications	2090-5025
Material Sciences & Engineering	2169-0022
Nano Research & Applications	-
Nanomaterials & Molecular Nanotechnology	2324-8777
Nanomedicine & Nanotechnology	2157-7439
Plastic & Polymer Sciences	-
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Research & Reviews: Journal of Material Sciences	2321-6212

Mathematics

Applied & Computational Mathematics	2168-9679
Biometrics & Biostatistics	2155-6180
Generalized Lie Theory and Applications	1736-4337
Physical Mathematics	2090-0902
Research & Reviews: Journal of Statistics and Mathematical Sciences	-

Medical

Abnormal and Behavioural Psychology	-
Acta Psychopathologica	-
Acta Rheumatologica	-
Addictive Behaviors , Therapy & Rehabilitation	2324-9005
Adenocarcinoma	-
Advances in Cancer Prevention	-
Advances in Genetic Engineering & Biotechnology	-
Advances in Weight Loss Management & Medical Devices	-

Aerobics & Fitness	-
Aesthetic & Reconstructive Surgery	-
Aids & Clinical Research	2155-6113
Air and Water Borne Diseases	2167-7719
Alternative & Integrative Medicine	2327-5162
Analgesia & Resuscitation : Current Research	2324-903X
Anaplastology	2161-1173
Anatomy & Physiology: Current Research	2161-0940
Andrology & Gynecology: Current Research	2327-4360
Andrology	2167-0250
Angiology: Open Access	2329-9495
Annals of Behavioural Science	-
Applied and Rehabilitation Psychology: Open Access	-
Archives in Cancer Research	2254-6081
Archives of Medicine	1989-5216
Archives of Surgical Oncology	-
Archivos De Medicina	1698-9465
Arthritis	2167-7921
Asthma and Bronchitis	-
Athletic Enhancement	2324-9080
Autacoids & Hormones	2161-0479
Biology and Medicine	0974-8369
Biomedical Engineering & Medical Devices	-
Biomedical Sciences	2254-609X
Bioterrorism & Biodefense	2157-2526
Blood	-
Blood & Lymph	2165-7831
Blood Disorders & Transfusion	2155-9864
Blood Pressure: Open Access	-
Bone Marrow Research	2329-8820
Bone Reports & Recommendations	-
Brain Tumors	-
Breast Cancer: Current Research	-
Cancer Biomarkers	-
Cancer Clinical Trials	-
Cancer Diagnosis	-
Cancer Medicine & Anticancer Drugs	-
Cancer Science & Therapy	1948-5956
Cancer Surgery	-
Carcinogenesis & Mutagenesis	2157-2518
Cardiovascular Diseases & Diagnosis	2329-9517
Cardiovascular Pathology: Open Access	-
Celiac Disease: Open Access	-
Cervical Cancer: Open Access	-
Chemotherapy	2167-7700
Chest Diseases	-
Childhood & Developmental Disorders	-
Childhood Obesity	-
Chronic Obstructive Pulmonary Disease: Open Access	-
Colorectal Cancer: Open Access	-
Communication Disorders, Deaf Studies & Hearing Aids	2375-4427
Community Medicine & Health Education	2161-0711
Complex Diseases and Treatment	-
Contraceptive Studies	-
Critical Care Obstetrics & Gynecology	-
Current Trends in Gynecologic Oncology	-
Dental Health: Current Research	-
Dental Implants and Dentures: Open Access	-
Dentistry	2161-1122
Depression and Anxiety	2167-1044
Dermatology Case Reports	-
Diabetes & Metabolism	2155-6156
Diabetes Medication and Care	-
Diabetic Complications and Medicine	-
Drug Abuse	-
Emergency Medicine	2165-7548
Endocrinology & Diabetes Research	-
Endocrinology & Metabolic Syndrome	2161-1017
Epidemiology: Open Access	2161-1165
Evidence based Medicine and Practice	-
Family Medicine & Medical Science Research	2327-4972
Forensic Biomechanics	2090-2697
Forensic Medicine	-

Forensic Nursing: Open Access	-
Forensic Odontology	-
Forensic Psychology	-
Forensic Research	2157-7145
Gastrointestinal & Digestive System	2161-069x
Gastrointestinal Cancer and Stromal Tumors	-
General Medicine	2327-5146
General Practice	2329-9126
Genetic Disorders & Genetic Reports	2327-5790
Genital System & Disorders	2325-9728
Geriatric Psychiatry	-
Gerontology & Geriatric Research	2167-7182
Gynecology & Obstetrics	2161-0932
Gynecology & Obstetrics- Case Report	-
Haematology & Thromboembolic Diseases	2329-8790
Hair: Therapy & Transplantation	2167-0951
Head and Neck Cancer Research	-
Health & Medical Economics	-
Health Care Communications	-
Health Economics & Outcome Research: Open Access	-
Health Education Research & Development (Biosafety & Health Education: Open Access-2332-0893)	-
Health Systems and Policy Research	2254-9137
Heart Transplant and Surgery	-
Heavy Metal & Chelation Therapy	-
Hepatology and Gastrointestinal Disorders	-
Hospital & Medical Management	-
Hypertension- Open Access	2167-1095
Hypo & Hyperglycemia	2327-4700
Imaging and Interventional Radiology	-
Medical Implants & Surgery	-
Informatics and Data Mining	-
Insights in Biomedicine	-
Insights in Medical Physics	-
Integrative Oncology	2329-6771
Internal Medicine	2165-8048
International Journal of Clinical & Medical Imaging	2376-0249
International Journal of Collaborative Research on Internal Medicine & Public Health	-
International Journal of Emergency Mental Health and Human Resilience	1522-4821
International Journal of Mental Health & Psychiatry	2327-4654
International Journal of Pediatric Neurosciences	-
International Journal of Physical Medicine & Rehabilitation	2329-9096
International Journal of Public Health and Safety	-
International Journal of School and Cognitive Psychology	-
Interventional Pediatrics	-
Invasive Cardiology Future Medicine	-
JBR Journal of Interdisciplinary Medicine and Dental Sciences	2376-032X
Kidney	-
Kidney Transplant	-
La Prensa Medica	0032-745X
Laser Surgery and Therapy	-
Leukemia	2329-6917
Liposuction	-
Liver	2167-0889
Liver: Disease & Transplantation	2325-9612
Lung Cancer Diagnosis & Treatment	-
Lung Diseases & Treatment	-
Malaria Control & Elimination	2090-2778
Maternal and Pediatric Nutrition	-
Medical & Surgical Pathology	-
Medical & Surgical Urology	2168-9857
Medical and Clinical Reviews	-
Medical Case Reports	-
Medical Diagnostic Methods	2168-9784
Medical Toxicology and Clinical Forensic Medicine	-
Melanoma and Skin Diseases	-
Mental Health in Family Medicine	2327-4972
Mental Illness and Treatment	-
Metabolic Syndrome	2167-0943
Molecular & Medical Histology	-
Molecular Medicine & Therapeutics	2324-8769
Neonatal Biology	2167-0897

Neonatal Studies	-
Neonatal Medicine	-
Neoplasm	-
Nephrology & Therapeutics	2161-0959
Neurobiotechnology	-
Neuroinfectious Diseases	2314-7326
Neurooncology: Open Access	-
Neurosurgery & Cardiac Surgery	-
Novel Physiotherapies	2165-7025
Nuclear Medicine & Radiation Therapy	2155-9619
Nutritional Disorders & Therapy	2161-0509
Obesity & Eating Disorders	-
Obesity & Weight Loss Therapy	2165-7904
Occupational Medicine Health Affairs	2329-6879
Omics Journal of Radiology	2167-7964
Oncology & Cancer Case Reports	-
Oncology Translational Research	-
Oral Health and Dental Management	2247-2452
Oral Health Case Reports	-
Oral Hygiene & Health	2332-0702
Orthodontics & Endodontics	-
Orthopedic & Muscular System: Current Research	2161-0533
Orthopedic Oncology	-
Osteoporosis & Physical Activity	2329-9509
Otolaryngology:Open Access	2161-119X
Otology & Rhinology	2324-8785
Pain & Relief	2167-0846
Pain Management & Medicine	-
Palliative Care & Medicine	2165-7386
Pancreatic Disorders & Therapy	2165-7092
Pediatric Care	-
Pediatric Dental Care	-
Pediatric Emergency Care and Medicine- Open Access	-
Pediatric Nephrology Practice	-
Pediatric Neurology and Medicine	-
Pediatric Nursing: Open Access	-
Pediatric Oncology: Open Access	-
Pediatric Physiotherapy	-
Pediatric Psychology and Psychiatry	-
Pediatrics & Therapeutics	2161-0665
Periodontics and Prosthodontics: Open Access	-
Pigmentary Disorders	2376-0427
Prevention Infection Control: Open Access	-
Preventive Medicine	-
Primary & Acquired Immunodeficiency Research	2324-853X
Prostate Cancer	-
Psoriasis & Rosacea Open Access	-
Psychiatry	2378-5756
Psychological Abnormalities in Children	2329-9525
Psychology & Psychotherapy	2161-0487
Pulmonary & Respiratory Medicine	2161-105x
Rare Disorders & Diseases	-
Regenerative Medicine	2325-9620
Reproductive Endocrinology & Infertility	-
Reproductive System & Sexual Disorders	2161-038x
Research & Reviews: Journal of Dental Sciences	2320-7949
Research & Reviews: Journal of Medical and Health Sciences	2319-9865
Research Journal of Biology	2322-0066
Sleep Disorders & Therapy	2167-0277
Sleep Disorders : Treatment & Care	2325-9639
Spine	2165-7939
Spine & Neurosurgery	2325-9701
Spine Research	-
Sports Medicine & Doping Studies	2161-0673
Sports Nutrition and Therapy	-
Steroids & Hormonal Science	2157-7536
Stroke Research & Therapy	-
Journal of Surgery [Jurnalul de Chirurgie]	1584-9341
Surgery: Current Research	2161-1076
The Headache Journal	-
The International Journal of Apitherapy	-
The Pancreas	1590-8577
Therapeutic Care and Physical Rehabilitation	-

Thrombosis and Circulation	-
Thyroid Disorders & Therapy	2167-7948
Translational Medicine	2161-1025
Transplant Reports : Open Access	-
Transplantation Technologies & Research	2161-0991
Trauma & Acute Care	-
Trauma & Treatment	2167-1222
Traumatic Stress Disorders & Treatment	2324-8947
Tropical Medicine & Surgery	2329-9088
Tumor Diagnostics and Reports	-
Universal Surgery	2254-6758
Vascular Medicine & Surgery	2329-6925
Vitiligo & Dermatomyositis	-
Voice Medicine & Surgery	-
Women's Health Care	2167-0420
Wound Medicine and Tissue Repair	-
Yoga & Physical Therapy	2157-7595

Microbiology

Advances in Influenza Research	-
Antimicrobial Agents	-
Antivirals & Antiretrovirals	1948-5964
Applied Microbiology: Open Access	-
Archives of Clinical Microbiology	1989-8436
Bacteriology and Parasitology	2155-9597
Clinical Infectious Diseases & Practice	-
Clinical Microbiology: Open Access	2327-5073
Colitis & Diverticulitis	-
Emerging Infectious Diseases	-
Fermentation Technology	2167-7972
Fibromyalgia: Open Access	-
Forensic Pathology	-
Hepatitis	-
Human Papillomavirus	-
Infectious Diseases and Diagnosis	-
Infectious Diseases and Therapy	2332-0877
Medical Microbiology & Diagnosis	2161-0703
Medical Mycology: Open Access	-
Meningitis	-
Mycobacterial Diseases	2161-1068
Pediatric Infectious Diseases: Open Access	-
Research & Reviews: Journal of Microbiology and Biotechnology	2320-3528
Research & Reviews: Journal of Inflammation	-
Research & Reviews: Journal of Pathology & Epidemiology	-
Virology & Mycology	2161-0517

Neuroscience

Addiction Research & Therapy	2155-6105
Alzheimers Disease & Parkinsonism	2161-0460
Autism-Open Access	2165-7890
Brain Disorders & Therapy	2168-975X
Child & Adolescent Behavior	2375-4494
Clinical & Experimental Neuroimmunology	-
Dementia & Mental Health	-
Epilepsy Journal	-
Insights in Clinical Neurology	-
International Journal of Neurorehabilitation	2376-0281
Multiple Sclerosis	2376-0389
Neurological Disorders	2329-6895
Neurology & Neurophysiology	2155-9562
Neurology and Neuroscience	2171-6625
Neuropsychiatry	-
Neuroscience & Clinical Research	-
Schizophrenia Journal	-

Health Care & Nursing

Advanced Practices in Nursing	-
Community & Public Health Nursing	-
Nursing & Care	2167-1168
Nursing & Clinical Research	-
Patient Care	-
Perioperative & Critical Intensive Care Nursing	-
Research & Reviews: Journal of Nursing and Health Sciences	-

Pharmaceutical Sciences

Advances in Pharmacoepidemiology & Drug Safety	2167-1052
Alcoholism & Drug Dependence	2329-6488
Bioanalysis & Biomedicine	1948-593X
Biochemistry & Pharmacology: Open Access Journal	2167-0501
Bioequivalence & Bioavailability	0975-0851
Biomarkers in Drug Development	2327-4441
Biomarkers Journal	-
Biomolecular Research & Therapeutics	2167-7956
Cardiovascular Pharmacology: Open Access	2329-6607
Clinical & Experimental Pharmacology	2161-1459
Clinical Pharmacology and Biopharmaceutics	2167-065X
Current Trends in Nutraceuticals	-
Developing Drugs	2329-6631
Diagnostic Techniques & Biomedical Analysis	-
Drug Designing: Open Access	2169-0138
Drug Metabolism & Toxicology	2157-7609
in Silico & in Vitro Pharmacology	-
Molecular Enzymology and Drug Targets	-
Molecular Pharmaceutics & Organic Process Research	2329-9053
Pharmaceutica Analytica Acta	2153-2435
Pharmaceutical Care & Health Systems	2376-0419
Pharmaceutical Microbiology	-
Pharmaceutical Regulatory Affairs: Open Access	2167-7689
Pharmaceutical Sciences & Emerging Drugs	-
Pharmaceutics & Drug Delivery Research	2325-9604
Pharmacoeconomics: Open Access	-
Pharmacogenomics and Pharmacoproteomics	2153-0645
Pharmacognosy & Natural Products	-
Pharmacokinetics & Experimental Therapeutics	-
Pharmacological Reports	-
Pharmacovigilance	2329-6887
Research & Reviews: Journal of Hospital and Clinical Pharmacy	-
Research & Reviews: Journal of Pharmaceutical Analysis	2320-0812
Research & Reviews: Journal of Pharmaceutical Quality Assurance	-
Research & Reviews: Journal of Pharmaceutics and Nanotechnology	2347-7857
Research & Reviews: Journal of Pharmacognosy and Phytochemistry	2321-6182
Research & Reviews: Journal of Pharmacy and Pharmaceutical Sciences	2320-1215
Virology & Antiviral Research	2324-8955

Physics

Astrophysics & Aerospace Technology	2329-6542
Research & Reviews: Journal of Pure and Applied Physics	2320-2459
Vortex Science and Technology	2090-8369

Social & Political Sciences

Anthropology	2332-0915
Arts and Social Sciences Journal	2151-6200
Civil & Legal Sciences	2169-0170
Forensic Anthropology	-
Global Media Journal	1550-7521
Intellectual Property Rights: Open Access	2375-4516
Mass Communication & Journalism	2165-7912
Political Science & Public Affairs	2332-0761
Research & Reviews: Journal of Educational Studies	-
Research & Reviews: Journal of Social Sciences	-
Socialomics	2167-0358
Sociology & Criminology	2375-4435

Veterinary Sciences

Animal Nutrition	-
Primatology	2167-6801
Research & Reviews: Journal of Veterinary Sciences	-
Research & Reviews: Journal of Zoological Sciences	2321-6190
Veterinary Science & Medical Diagnosis	2325-9590
Veterinary Science & Technology	2157-7579

Impact Factors* (IF)

Journal Name	Pubmed Short Name	Impact Factor
Biological Systems: Open Access	Biol Syst Open Access	0.76
Journal of Biotechnology & Biomaterials	J Biotechnol Biomater	1.94
Journal of Psychology & Psychotherapy	J Psychol Psychother	1.3
Advanced Techniques in Biology & Medicine	Adv Tech Biol Med	1.08
AIDS & Clinical Research	J AIDS Clin Res	2.7
Autism Open Access	Autism Open Access	3.52
Biochemistry & Physiology: Open Access	Biochem Physiol	1.03
Diversity Equality in Health & Care	Divers Equal Health Care	2.49
Drug Designing: Open Access	Drug Des	6
Fungal Genomics & Biology	Fungal Genom Biol	1.15
International Journal of Genomic Medicine	Int J Genomic Med	0.67
Journal of Addiction Research & Therapy	J Addict Res Ther	2.86
Journal of Alzheimers Disease & Parkinsonism	J Alzheimers Dis Parkinsonism	1.18
Journal of Fertilization: In Vitro	JFIV Reprod Med Genet	1
Journal of Genetic Syndromes & Gene therapy	J Genet Syndr Gene Ther	2.34
Journal of Microbial & Biochemical Technology	J Microb Biochem Technol	2.5
Journal of Nursing & Care	J Nurs Care	1.6
Journal of Osteoporosis and Physical Activity	J Osteopor Phys Act	0.66
Journal of Yoga & Physical Therapy	J Yoga Phys Ther	1.17
Molecular Biology	Mol Biol	1.85
Neurology & Neurophysiology	J Neurol Neurophysiol	0.77
Primary health care	Prim Health Care	1
Quality in Primary Care	Qual Prim Care	3.88
Tissue Science & Engineering	J Tissue Sci Eng	2.72
Biochemistry & Analytical Biochemistry	Biochem Anal Biochem	2.6
Molecular and Genetic Medicine	J Mol Genet Med	2.89
Advancements in Genetic Engineering	Adv Genet Eng	1
Enzyme Engineering	Enz Eng	2.3
Depression and Anxiety	J Depress Anxiety	1
Human Genetics & Embryology	Human Genet Embryol	1.2
Current Synthetic and Systems Biology	Curr Synthetic Sys Biol	0.8
Hereditary Genetics: Current Research	Hereditary Genet	1.2
International Journal of Emergency Mental Health and Human Resilience	Int J Emerg Ment Health	6.5
Spine	J Spine	1.9
Cloning & Transgenesis	Clon Transgen	1.5
Journal of Medical Microbiology & Diagnosis	J Med Microb Diagn	1.9
Biosensors Journal	Biosens J	0.33
Defense Management	J Def Manag	0.5
Review of Public Administration and Management	Review Pub Administration Manag	0.2
Single cell biology	Single Cell Biol	1
Gerontology & Geriatric Research	J Gerontol Geriatr Res	1
Neuroinfectious Diseases	J Neuroinfect Dis	2.4
Cell Science & Therapy	J Cell Sci Ther	1.37
Molecular Biomarkers & Diagnosis	J Mol Biomark Diagn	2.1
Brain Disorders & Therapy	Brain Disord Ther	1.6
Clinical Case Reports	J Clin Case Rep	1.2
Gene Technology	Gene Technol	0.83
Socialomics	J Socialomics	2.3
Journal of Trauma and Treatment	J Trauma Treat	0.6
Translational Biomedicine	Transl Biomed	1.06
Journal of Neurology and Neuroscience	J Neurol Neurosci	0.88
Research & Reviews: Journal of Botanical Sciences	J Bot Sci	0.33
Journal of Psychiatry	J Psychiatry	2.32
Anaplastology	Anaplastology	0.73
Tropical Medicine & Surgery	Trop Med Surg	0.4
Orthopedic & Muscular System: Current Research	Orthop Muscular Syst	0.32
Pediatrics & Therapeutics	Pediat Therapeut	1.32
Sports Medicine & Doping Studies	J Sports Med Doping Stud	1.45
Journal of Oral Hygiene & Health	J Oral Hyg Health	0.52
Emergency Medicine	Emerg Med (Los Angel)	0.875
Journal of Transplantation Technologies & Research	J Transplant Technol Res	1.39
Journal of Hypertension: Open Access	J Hypertens (Los Angel)	0.92
International Journal of Waste Resources	Int J Waste Resour	1.95
Surgery: Current research	Surgery Curr Re	0.587

Oral Health and Dental Management	Oral Health Dent Manag	1.23
International Journal of Advancement technology	Int J Adv Tech	5.08
Translational Medicine	Transl Med (Sunnyvale)	1.312
Air and Water Borne Diseases	Air Water Borne Diseases	0.6
Journal of Coastal Zone Management	J Coast Zone Manag	0.54
Biology and Medicine	Biol Med (Aligarh)	3.07
Journal of Bioterrorism and Biodefense	J Bioterror Biodef	0.38
Journal of Tropical Diseases & Public Health	J Trop Dis	0.83
Journal of Surgery	Journal of Surgery [Jurnalul de chirurgie]	0.08
Nephrology & Therapeutics	J Nephrol Ther	0.318
Journal of Fundamentals of Renewable Energy and Applications	J Fundam Renewable Energy Appl	1.41
Advances in Pharmacoepidemiology & Drug Safety	Adv Pharmacoepidemiol Drug Saf	1.37
Bioanalysis & Biomedicine	J Bioanal Biomed	1.67
Biochemistry & Pharmacology: Open Access	Biochem Pharmacol (Los Angel)	2.09
Bioequivalence & Bioavailability	J Bioequiv Availab	1.88
Biomolecular Research & Therapeutics	J Biomol Res Ther	1.67
Cardiovascular Pharmacology: Open Access	Cardiol Pharmacol	1.77
Clinical & Experimental Pharmacology	Clin Exp Pharmacol	1.83
Clinical Pharmacology & Biopharmaceutics	Clin Pharmacol Biopharm	1.69
Data Mining in Genomics & Proteomics	J Data Mining Genomics Proteomics	2
Drug Metabolism & Toxicology	J Drug Metab Toxicol	1.37
Ergonomics	J Ergonomics	1.38
Glycomics & Lipidomics	J Glycomics Lipidomics	1.82
Health & Medical Informatics	J Health Med Inform	1.98
Metabolomics: Open Access	Metabolomics (Los Angel)	3.03
Nanomedicine & Biotherapeutic Discovery	J Nanomedine Biotherapeutic Discov	2.69
OMICS Journal of Radiology	OMICS J Radiol	0.54
Pharmaceutica Analytica Acta	Pharm Anal Acta	1.83
Pharmaceutical Regulatory Affairs: Open Access	Pharm Regul Aff	1.88
Pharmacogenomics & Pharmacoproteomics	J Pharmacogenomics Pharmacoproteomics	1.69
Pharmacovigilance	J Pharmacovigil	2.65
Phylogenetics & Evolutionary Biology	J Phylogenetics Evol Biol	2.76
Proteomics & Bioinformatics	J Proteomics Bioinform	2.55
Advances in Automobile Engineering	Adv Automob Eng	1.750
Advances in Robotics & Automation	Adv Robot Autom	0.813
Arts and Social Sciences Journal	Arts Social Sci J	1.231
Bioceramics Developments and Applications	Bioceram Dev Appl	0.958
Business & Financial Affairs	J Bus & Fin Aff	2.000
Generalized Lie Theory and Applications	J Generalized Lie Theory Appl	1.750
Irrigation & Drainage Systems Engineering	Irrigat Drainage Sys Eng	4.286
Industrial Engineering & Management	Ind Eng Manage	0.474
Aeronautics & Aerospace Engineering	J Aeronaut Aerospace Eng	1.407
Applied & Computational Mathematics	J Appl Computat Math	0.581
Architectural Engineering Technology	J Archit Eng Tech	1.071
Accounting & Marketing	J Account Mark	0.500
Aquaculture Research & Development	J Aquac Res Development	1.272
Bioengineering & Biomedical Science	J Bioeng Biomed Sci	1.235
Biometrics & Biostatistics	J Biomet Biostat	1.272
Biosensors & Bioelectronics	J Biosens Bioelectron	2.137
Civil & Environmental Engineering	J Civil Environ Eng	1.294
Cytology & Histology	J Cytol Histol	0.569
Civil & Legal Sciences	J Civil Legal Sci	0.286
Ecosystem & Ecography	J Ecosyst Ecogr	1.806
Electrical & Electronic Systems	J Elec Electron Syst	0.533
Earth Science & Climatic Change	J Earth Sci Clim Change	2.082
Geography & Natural Disasters	J Geogr Nat Disast	0.800
Hotel & Business Management	J Hotel Bus Manage	1.600
Information Technology & Software Engineering	J Inform Tech Soft Engg	2.789
Molecular Imaging & Dynamics	J Mol Imaging Dynam	2.091

Earth Science & Climatic Change	J Earth Sci Clim Change	2.082
Geography & Natural Disasters	J Geogr Nat Disast	0.800
Hotel & Business Management	J Hotel Bus Manage	1.600
Information Technology & Software Engineering	J Inform Tech Soft Engg	2.789
Molecular Imaging & Dynamics	J Mol Imaging Dynam	2.091
Petroleum & Environmental Engineering	J Pet Environ Biotechnol	2.839
Stock & Forex Trading	J Stock Forex Trad	0.300
Textile Science & Engineering	J Textile Sci Eng	0.667
Tourism & Hospitality	J Tourism Hospit	1.190
Telecommunications System & Management	J Telecommun Syst Manage	0.800
Physical Mathematics	J Phys Math	4.500
Nanomedicine & Nanotechnology	J Nanomed Nanotechnol	4.68
Arabian Journal of Business and Management Review	Arab J Bus Manage Rev	1.42
Research and Reviews: Journal of Engineering and Technology	Engineering and Technology	0.14
Journal of Material Sciences & Engineering	J Material Sci Eng	1.31
Journal of Mass Communication & Journalism	J Mass Communicat Journalism	0.62
Journal of Powder Metallurgy & Mining	J Powder Metall Min	0.71
Journal of Applied Mechanical Engineering	J Appl Mech Eng	1.65
Archives of Clinical Microbiology		0.35
Dentistry	Dentistry	1.22
Journal of Diabetes & Metabolism	J Diabetes Metab	1.77
Otolaryngology: Current Research	Otolaryngol (Sunnyvale)	0.22
Journal of Metabolic Syndrome	J Metabolic Synd	1.27
Journal of Primatology	J Primatol	0.53
Journal of Thyroid Disorders & Therapy	Thyroid Disorders Ther	0.43
Journal of Novel Physiotherapies	J Nov Physiother	1.24
Journal of Stem Cell Research & Therapy	J Stem Cell Res Ther	2.78
Anatomy & Physiology: Current Research	Anat Physiol	1
Pancreatic Disorders & Therapy	Pancreat Disord Ther	0.54
Journal of Cancer Science & Therapy	J Cancer Sci Ther	4.203
Journal of Biomedical Sciences		0.2
Journal of Nutritional Disorders & Therapy	J Nutr Disord Ther	1.46
Medical & Surgical Urology	Med Surg Urol	0.3
Journal of Biochips & Tissue Chips	J Biochip Tissue Chip	1.7
Journal of Liver	J Liver	0.08
Journal of Family Medicine and Medical Research	Fam Med Med Sci Res	0.78
Gynecology & Obstetrics	Gynecol Obstet (Sunnyvale)	0.52
Journal of Integrative Oncology	J Integr Oncol	1.67
Journal of Neonatal Biology	J Neonatal Biol	0.55
Journal of Glycobiology	J Glycobiology	0.8
Journal of Blood & Lymph	J Blood Lymph	0.12
Journal of Arthritis	J Arthritis	1.87
Journal of Membrane Science & Technology	J Membra Sci Technol	1.18
Medicinal Chemistry	Med Chem (Los Angeles)	2.64
Journal of Physical Chemistry & Biophysics	J Phys Chem Biophys	0.75
Organic Chemistry: Current Research	Organic Chem Curr Res	1.94
Journal of Bioprocessing & Biotechniques	J Bioprocess Biotech	1.74
Journal of Environmental & Analytical Toxicology	J Environ Anal Toxicol	2.58
Journal of Chemical Engineering & Process Technology	J Chem Eng Process Technol	1.21
Journal of Computer Science & Systems Biology	J Comput Sci Syst Biol	1.62
Journal of Analytical & Bioanalytical Techniques	J Anal Bioanal Tech	2.16
Journal of Plant Biochemistry & Physiology	J Plant Biochem Physiol	2.28
Journal of Chromatography & Separation Techniques	J Chromatogr Sep Tech	1.78
Journal of Thermodynamics & Catalysis		0.91
Community Medicine & Health Education	J Community Med Health Educ	1.27
Epidemiology: Open Access	Epidemiology (Sunnyvale)	1.35
Obesity & Weight Loss Therapy	J Obes Weight Loss Ther	0.94

Pain & Relief	J Pain Relief	1.14
Palliative Care & Medicine	J Palliat Care Med	0.88
Steroids & Hormonal Science	J Steroids Horm Sci	0.65
Gastrointestinal & Digestive System	J Gastrointest Dig Syst	0.43
Hair: Therapy & Transplantation		0.6
Andrology	Andrology (Los Angel)	1.16
Endocrinology & Metabolic Syndrome	Endocrinol Metab Syndr	1.12
Internal Medicine		2.48
Sleep Disorders & Therapy	J Sleep Disord Ther	0.5
Nuclear Medicine & Radiation Therapy	J Nucl Med Radiat Ther	0.88
Alternative & Integrative Medicine	Altern Integr Med	1.11
Pulmonary & Respiratory Medicine	J Pulm Respir Med	1.01
Occupational Medicine Health Affairs	Occup Med Health Aff	0.85
Reproductive System & Sexual Disorders	Reprod Syst Sex Disord	1.25
Medical Diagnostic Methods		0.29
Blood Disorders & Transfusion	J Blood Disord Transfus	0.5
General Medicine	Gen Med (Los Angel)	0.86
Bioenergetics: Open Access	Bioenergetics	3.1
Chemotherapy: Open Access	Chemotherapy (Los Angel)	1.8
Clinical & Experimental Pathology	J Clin Exp Pathol	1.54
Carcinogenesis & Mutagenesis	J Carcinog Mutagen	1.9
Clinical Research & Bioethics	J Clinic Res Bioeth	0.95
Vaccines & Vaccination	J Vaccines Vaccin	1.8
Immunome Research	Immunome Res	7.1
Clinical & Experimental Ophthalmology	J Clin Exp Ophthalmol	1.11
Clinical & Experimental Dermatology Research	J Clin Exp Dermatol Res	0.5
Clinical & Experimental Cardiology	J Clin Exp Cardiol	1.33
Clinical Microbiology: Open Access	Clin Microbiol	0.7
Anesthesia & Clinical research	J Anesth Clin Res	0.7
Mycobacterial Diseases	Mycobact Dis	0.9
Clinical Toxicology	J Clin Toxicol	1.39
Clinical Trials & Research	J Clin Trials	1.33
Antivirals & Antiretrovirals	J Antivir Antiretrovir	1.27
Fermentation Technology	Ferment Technol	3.44
Clinical & Cellular immunology	J Clin Cell Immunol	2.019
Allergy & Therapy	J Allergy Ther	0.762
Bacteriology & Parasitology	J Bacteriol Parasitol	2.025
Rheumatology: Current Research	Rheumatology (Sunnyvale)	1.522
Virology & Mycology	Virol Mycol	0.69
Clinics in Mother and Child Health	Clinics Mother Child Health	0.432
Womens Health Care	J Womens Health Care	0.79
Marine Science: Research & Development	J Marine Sci Res Dev	0.45
Plant Pathology & Microbiology	J Plant Pathol Microbiol	1.75
Geology & Geophysics	J Geol Geophys	0.91
Fisheries Sciences	J Fisheries Sci	0.51
Fisheries and Aquaculture Journal	Fish Aquac J	0.69
Bioremediation & Biodegradation	J Bioremediat Biodegrad	2.1
Advances in Crop Science and Technology	Adv Crop Sci Tech	0.39
Journal of Remote Sensing & GIS	J Geophys Remote Sens	0.77
Biofertilizers & Biopesticides	J Biofertil Biopestic.	1.19
Hydrology: Current Research	Hydrol Current Res	1.12
Probiotics & Health	J Prob Health	0.69
Veterinary Science & Technology	J Veterinar Sci Technol	2.5
Medicinal & Aromatic Plants	Med Aromat Plants	2.02
Forest Research	Forest Res	1.69
International Journal of Sensor Networks and Data Communications	Sensor Netw Data Commun	1.66
Innovative Energy Policies	Innov Energ Policies	0.88
Biodiversity & Endangered Species	J Biodivers Endanger Species	0.25
Biosafety	Biosafety	0.49
Agrotechnology	Agrotechnol	0.69
Journal of Traditional Medicine and Clinical Naturopathy	J Tradition Med Clin Naturopth	0.49
Nutrition & Food Sciences	J Nutr Food Sci	1.14
Entomology, Ornithology & Herpetology	Entomol Ornithol Herpetol	1.26

Impact Factor Calculation:

Impact Factor was established by dividing the number of articles published in 2012 and 2013 with the number of times they are cited in 2014 based on Google search and the Scholar Citation Index database. If 'X' is the total number of articles published in 2012 and 2013, and 'Y' is the number of times these articles were cited in indexed journals during 2014 than, impact factor = Y/X

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Supporting Journals

Nephrology & Urology 2018

Supporting Journals

Journal of Nephrology & Therapeutics

www.omicsonline.org/editorialboard-nephrology-therapeutics-open-access.php

Journal of Hypertension: Open Access

www.omicsgroup.org/journals/editorialboard-hypertension-open-access.php

Journal of Kidney

www.omicsonline.org/kidney.php



Agri, Food, Aqua & Veterinary



21st Euro-Global Summit on Food and Beverages
 March 08-10, 2018 Berlin, Germany
 E: eurofood@foodtechconferences.com
 W: food.global-summit.com/europe

10th Euro-Global Summit on Aquaculture & Fisheries
 May 28-29, 2018 London, UK
 E: aquaeurope@aquaconferences.com
 W: aquaculture-fisheries.conferenceseries.com/europe

8th International Conference on Food Safety & Regulatory Measures
 June 11-12, 2018 Barcelona, Spain
 E: foodsafety@foodtechconferences.com
 W: foodsafety-hygiene.conferenceseries.com

11th International Veterinary Congress
 July 02-03, 2018 Berlin, Germany
 E: veterinary@veterinaryseries.com
 W: veterinary.conferenceseries.com

3rd International Conference on Food and Beverage Packaging
 July 16-18, 2018 Rome, Italy
 E: foodpackaging@foodtechconferences.com
 W: foodpackaging.conferenceseries.com

5th Annual Congress on Plant & Soil Science
 August 16-17, 2018 London, UK
 E: plant-soil@plantscienceconferences.com
 W: plantscience-biology.agriconferences.com

13th International Conference on Agriculture & Horticulture
 September 10-12, 2018 Zurich, Switzerland
 E: agri@foodtechconferences.com
 W: agriculture-horticulture.conferenceseries.com

21st International Conference on Food Technology & Processing
 October 02-04, 2018 London, UK
 E: foodtechnology@foodtechconferences.com
 W: foodtechnology.conferenceseries.com

22nd International Conference on Food Processing & Analysis
 October 11-13, 2018 Moscow, Russia
 E: eurofoodprocessing@foodtechconferences.com
 W: foodprocessing.foodtechconferences.org

6th Global Summit on Plant Science
 October 29-30, 2018 Valencia, Spain
 E: plantscience@plantscienceconferences.com
 W: plantscience.global-summit.com

9th European Food Safety & Standards Conference
 November 29-30, 2018 Dublin, Ireland
 E: eurofoodsafety@foodtechconferences.com
 W: foodsafety-hygiene.conferenceseries.com/europe

3rd International Conference on Food Microbiology
 November 26-28, 2018 Dublin, Ireland
 E: foodmicrobiology@foodtechconferences.com
 W: foodmicrobiology.conferenceseries.com

Alternative Healthcare



9th International Conference and Exhibition on Chinese Medicine, Ayurveda & Acupuncture
 March 12-13, 2018 Barcelona, Spain
 E: chinesemedicine@healthconferences.org
 W: chinesemedicine.conferenceseries.com

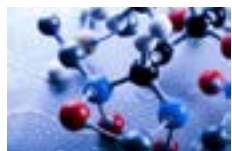
5th International Conference and Exhibition on Herbal and Traditional Medicine
 June 14-15, 2018 Rome, Italy
 E: herbalmedicine@annualconferences.org
 W: herbalconference.annualcongress.com

8th International Conference & Exhibition on Traditional & Alternative Medicine
 November 01-03, 2018 Valencia, Spain
 E: traditionalmedicine@healthconferences.org
 W: traditionalmedicine.conferenceseries.com



Biochemistry

Cardiology



3rd International Conference on
Enzymology and Molecular Biology
March 05-06, 2018 London, UK
E: enzymology@annualconferences.org
W: enzymology.conferenceseries.com

13th International Conference on
Metabolomics and Systems Biology
June 11-12, 2018 London, UK
E: eurometabolomics@annualconferences.org
W: europe.metabolomicsconference.com

4th International Conference on
Lipid Science & Technology
July 23-24, 2018 Birmingham, UK
E: lipids@biochemconferences.org
W: lipids.conferenceseries.com

4th Glycobiology World Congress
September 17-19, 2018 Rome, Italy
E: glycobiology@annualconferences.org
W: glycobiology.conferenceseries.com

14th International Conference on Structural Biology
September 24-26, 2018 Berlin, Germany
E: structuralbiology@biochemconferences.org
W: structuralbiology.conferenceseries.com

12th International Conference on
Advancements in Bioinformatics and Drug Discovery
November 29-30, 2018 Dublin, Ireland
E: bioinformatics@annualconferences.org
W: bioinformatics.conferenceseries.com

12th International Conference and Expo on
Proteomics and Molecular Medicine
November 26-28, 2018 Dublin, Ireland
E: proteomics@annualconferences.org
W: www.proteomicsconference.com

24th Annual Cardiologists Conference
June 11-13, 2018 Barcelona, Spain
E: cardiologists@cardiologyconference.org
W: annualmeeting.conferenceseries.com/cardiologists

26th Annual Conference on
Clinical & Medical Case Reports in Cardiology
July 05-06, 2018 Berlin, Germany
E: cardiologycasereports@annualconferences.org
W: casereports.cardiologymeeting.com

3rd International Conference on
Cardiovascular Medicine and Cardiac Surgery
July 05-06, 2018 Berlin, Germany
E: cardiovascular@cardiologyconference.org
W: cardiovascular.conferenceseries.com

4th International Conference on
Hypertension & Healthcare
September 10-11, 2018 Zurich, Switzerland
E: hypertension@cardiologymeetings.com
W: hypertension.conferenceseries.com

27th European Cardiology Conference
October 22-24, 2018 Rome, Italy
E: eurocardiology@cardiologyconference.org
W: cardiology.conferenceseries.com/europe

29th World Cardiology Conference
November 19-20, 2018 Edinburg, Scotland
E: worldcardiology@annualconferences.org
W: worldcardiology.conferenceseries.com



Chemical Engineering



Chemistry



8th International Conference on

Petroleum Engineering

May 17-18, 2018 Rome, Italy

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W: petroleumengineering.conferenceseries.com

8th World Congress on

Biopolymers

June 28-30, 2018 Berlin, Germany

E: biopolymercongress@chemseries.com

W: biopolymers.conferenceseries.com

11th World Bioenergy Congress and Expo

July 02-04, 2018 Berlin, Germany

E: bioenergy@chemseries.com

W: bioenergy.conferenceseries.com

12th Global Summit and Expo on

Biomass and Bioenergy

September 04-05, 2018 Zurich, Switzerland

E: eurobiomass@chemseries.com

W: materials.conferenceseries.com

13th World Congress on

Biofuels and Bioenergy

September 04-06, 2018 Zurich, Switzerland

E: biofuelscongress@chemseries.com

W: biofuels-bioenergy.conferenceseries.com/europe

5th International Conference on

Advances in Chemical Engineering & Technology

October 04-05, 2018 London, UK

E: eurochemengineering@chemseries.com

W: chemicalengineering.conferenceseries.com/europe

4th European Organic Chemistry Congress

March 01-03, 2018 London, UK

E: euroorganicchemistry@chemistryconference.org

W: organicchemistry.conferenceseries.com/europe

6th International Conference and Exhibition on

Materials Science and Chemistry

May 17-18, 2018 Rome, Italy

E: materialschemistry@chemistryconference.org

W: materialschemistry.conferenceseries.com

4th International Conference on

Electrochemistry

June 11-12, 2018 Rome, Italy

E: electrochemistry@chemistryconference.org

W: electrochemistry.conferenceseries.com

10th World Congress on

Medicinal Chemistry and Drug Design

June 14-15, 2018 Barcelona, Spain

E: medicinalchemistry@chemistryconference.org

W: medicinalchemistry.pharmaceuticalconferences.com/europe

7th World Congress on

Mass Spectrometry

June 20-22, 2018 Rome, Italy

E: euromassspectrometry@chemistryconference.org

W: massspectra.com/europe

8th European Chemistry Congress

June 21-23, 2018 Paris, France

E: eurochemistry@conferenceseries.net

W: chemistry.conferenceseries.com/europe

6th International Conference and Exhibition on

Advances in Chromatography & HPLC Techniques

August 02-03, 2018 Barcelona, Spain

E: hplc@chemistryconference.org

W: hplc.conferenceseries.com



7th International Conference and Exhibition on
Pain Research and Management
September 04-05, 2018 Zurich, Switzerland
E: painmanagement@chemistryconference.org
W: painmanagement.conferenceseries.com

9th International Conference and Expo on
Separation Techniques
September 13-14, 2018 Zurich, Switzerland
E: separationtechniques@chemistryconference.org
W: separationtechniques.conferenceseries.com

8th International Conference on
Environmental Chemistry and Engineering
September 20-22, 2018 Berlin, Germany
E: environmentalchemistry@chemistryconference.org
W: environmentalchemistry.conferenceseries.com

5th International Conference on
Physical and Theoretical Chemistry
October 11-13, 2018 Edinburgh, Scotland
E: physicalchemistry@chemistryconference.org
W: physicalchemistry.conferenceseries.com

3rd International Conference on
Pharmaceutical Chemistry
October 29-31, 2018 Brussels, Belgium
E: pharmaceuticalchemistry@pharmaceuticalconferences.org
W: pharmaceuticalchemistry.conferenceseries.com

Dentistry



21st Annual World Dental Summit
February 26-28, 2018 Paris, France
E: dentalworld@dentalcongress.com
W: worlddental.conferenceseries.com

25th International Conference on
Dental Education
April 9-10, 2018 Amsterdam, Netherlands
E: dentaleducation@annualconferences.org
W: dentaleducation.dentalcongress.com

24th Global Dentists and Pediatric Dentistry Annual Meeting
June 11-12, 2018 London, UK
E: dentists@dentalcongress.com
W: annualmeeting.conferenceseries.com/dentists/

25th World Congress on
Dentistry and Oral Health
July 09-10, 2018 Berlin, Germany
E: dentistrycongress@dentistryconferences.com
W: dentalevent.conferenceseries.com

23rd International Conference on
Dentistry and Dental Materials
July 19-20, 2018 Rome, Italy
E: dentalmaterials@dentalcongress.com
W: dentalmaterials.dentistryconferences.com

4th International Conference on
Dental and Clinical Dentistry
September 10-11, 2018 Copenhagen, Denmark
E: clinicaldentistry@dentistryconferences.com
W: clinicaldentistry.dentistryconferences.com

3rd International Conference on
Advanced Dental Education
November 15-16, 2018 Edinburgh, Scotland
E: advdentaeducation@annualconferences.org
W: advanced-dental-education.dentistryconferences.com

26th Euro Congress and Expo on
Dental and Oral Health
December 10-11, 2018 Rome, Italy
E: eurodentalcongress@dentistryconferences.com
W: www.dentalcongress.com/europe

Dermatology



17th European Dermatology Congress
March 01-03, 2018 Paris, France
E: dermatologycongress@dermatologyconference.org
W: ermatology.conferenceseries.com/europe



13th Global Dermatologists Congress

July 23-24, 2018 Moscow, Russia

E: dermatologists@dermatologyconference.org

W: annualmeeting.conferenceseries.com/dermatologists

14th International Conference and Exhibition on Cosmetic Dermatology and Hair Care

August 13-14, 2018 Madrid, Spain

E: cosmeticdermatology@dermatologyconference.org

W: cosmeticdermatology.conferenceseries.com

Diabetes



17th Global Diabetes Conference & Nursing Care

March 08-09, 2018 Paris, France

E: globaldiabetes@conferenceseries.net

W: globaldiabetes.conferenceseries.com

27th European Diabetes Congress

June 20-21, 2018 Rome, Italy

E: eurodiabetes@endocrineconferences.com

W: www.diabetesexpo.com/europe

3rd International Conference on Metabolic Syndrome & Clinical Management

June 18-19, 2018 Dublin, Ireland

E: metabolicsyndrome@endocrineconferences.com

W: metabolicsyndromes.conferenceseries.com

29th International Congress on Prevention of Diabetes and Complications

September 27-28, 2018 Berlin, Germany

E: diabetesmeeting@endocrineconferences.org

W: diabetesmeeting.conferenceseries.com

13th European Diabetes and Endocrinology Congress

November 26-27, 2018 Dublin, Ireland

E: euroendocrinology@endocrineconferences.com

W: europe.endocrineconferences.com

Engineering



2nd International Conference on 3D Printing Technology and Innovations

March 19-20, 2018 London, UK

E: 3dprinting@conferenceseries.net

W: 3dprinting.conferenceseries.com

4th International Conference and Business Expo on Wireless, Telecommunication & IoT

May 28-29 2018 London, UK

E: wireless@enggconferences.com

W: wirelesscommunication.conferenceseries.com

2nd World Congress on Wind and Renewable Energy

June 14-15, 2018 London, UK

E: windenergy@enggconferences.com

W: winenergy.conferenceseries.com

3rd International Conference on Power and Energy Engineering

June 18-19, 2018 Rome, Italy

E: powerengineering@annualconferences.org

W: power-energy.conferenceseries.com

4th International Conference and Exhibition on Satellite & Space Missions

June 18-20, 2018 Rome, Italy

E: satellite@annualconferences.org

W: satellite.conferenceseries.com

5th International Conference on Big Data Analysis and Data Mining

June 20-21, 2018 Rome, Italy

E: bigdata@enggconferences.com

W: datamining.conferenceseries.com

4th Global Summit and Expo on Multimedia & Artificial Intelligence

July 19-21, 2018 Rome, Italy

E: multimedia@enggconferences.com

W: multimedia.global-summit.com



International Conference on
Aerospace and Aerodynamics
August 02-03, 2018 Barcelona, Spain
E: aerospace@annualconferences.org
W: aerospace-engineering.conferenceseries.com

9th Euro Biosensors and Bioelectronics conference
September 13-14, 2018 London, UK
E: eurobiosensors@conferenceseries.net
W: biosensors.conferenceseries.com/europe

5th International Conference and Exhibition on
Automobile Engineering
September 20-21, 2018 Rome, Italy
E: automobile@enggconferences.com
W: automobile.conferenceseries.com/europe

International Conference on
Cloud Computing and Data Analysis
September 06-07, 2018 London, UK
E: cloudcomputing@annualconferences.org
W: cloud-computing.conferenceseries.com

3rd International Conference on
Battery and Fuel Cell Technology
September 10-11, 2018 London, UK
E: batterytech@enggconferences.com
W: batterytech.conferenceseries.com

2nd International Conference on
Membrane Science and Technology
September 13-14, 2018 London, UK
E: membranescience@annualconferences.org
W: membranescience.conferenceseries.com

2nd International Conference on
Mechatronics, Automation and Control Systems
September, 17-18, 2018 Berlin, Germany
E: mechatronics@enggconferences.com
W: mechatronics.conferenceseries.com

3rd International Conference on
Fluid Dynamics & Aerodynamics
October 25-26, 2018 Berlin, Germany
E: fluidynamics@enggconferences.com
W: fluid-aerodynamics.global-summit.com

International Conference on
Agricultural Engineering and Food Security
November 12-13, 2018 Frankfurt, Germany
E: foodsecurity@annualconferences.com
W: agri-foodsecurity.agriconferences.com

3rd International Conference on
Design and Production Engineering
December 03-04, Valencia, Spain
E: productionengineering@annualconferences.org
W: design-production.conferenceseries.com

Environmental Sciences



World Conference on Ecology
March 19-20, 2018 Berlin, Germany
E: ecology@annualconferences.org
W: ecology.conferenceseries.com

8th World Congress and Expo on
Recycling
June 25-26, 2018 Berlin, Germany
E: recyclingexpo@conferenceseries.net
W: recycling.conferenceseries.com

5th World Congress and Expo on
Green Energy
June 14-16, 2018 London, UK
E: greenenergycongress@earthscienceconferences.com
W: greenenergy.conferenceseries.com/europe

4th International Conference on
Pollution Control and Sustainable Environment
July 26-28, 2018 Rome, Italy
E: pollutioncontrol@conferenceseries.net
W: pollutioncontrol.conferenceseries.com

5th World Conference on
Climate Change
October 04-06, 2018 London, UK
E: climatechange@annualconferences.org
W: climatechange.conferenceseries.com



Gastroenterology



12th Global Gastroenterologists Meeting

March 15-16, 2018 Barcelona, Spain

E: gastro@gastroconferences.org

W: gastro.conferenceseries.com

6th World Congress on

Hepatitis & Liver Diseases

June 18-20, 2018 Dublin, Ireland

E: hepatitis@gastroconferences.com

W: hepatitis.conferenceseries.com

13th Euro-Global Gastroenterology Conference

August 20-21, 2018 Rome, Italy

E: gastrocongress@gastroconferences.com

W: gastroenterology.conferenceseries.com/europe

3rd International conference on

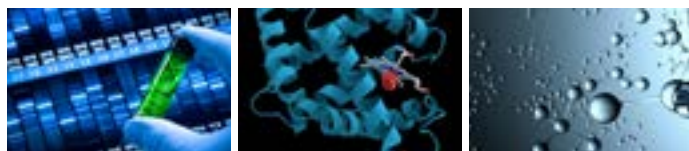
Digestive Diseases

October 22-24, 2018 Berlin, Germany

E: digestivediseases@gastroconferences.com

W: digestivediseases.conferenceseries.com

Genetics and Molecular Biology



7th International Conference and Exhibition on

Cell and Gene Therapy

March 15-17, 2018 London, UK

E: celltherapy@conferenceseries.net

W: cellgenetherapy.conferenceseries.com

20th Global Congress on

Biotechnology

March 05-07, 2018 London, UK

E: biotechcongress@geneticconferences.com

W: biotechnology.conferenceseries.com

6th International Conference on

Integrative Biology

May 21-23, 2018 Barcelona, Spain

E: integrativebiology@conferenceseries.net

W: integrativebiology.conferenceseries.com

10th International Conference on

Genomics and Molecular Biology

May 21-23, 2018 Barcelona, Spain

E: genomics@conferenceseries.net

W: genomics.conferenceseries.com

4th International Conference on

Synthetic Biology and Tissue Engineering

June 11-12, 2018 Rome, Italy

E: syntheticbiology@conferenceseries.net

W: syntheticbiology.conferenceseries.com

4th International Conference on

Bioscience

July 02-03, 2018 Vienna, Austria

E: bioscience@conferenceseries.net

W: bioscience.conferenceseries.com

10th Annual Conference on

Stem Cell and Regenerative Medicine

August 13-14, 2018 London, UK

E: stemcellcongress@conferenceseries.net

W: stemcell-regenerativemedicine.conferenceseries.com

21st Euro Biotechnology Congress

October 11-12, 2018 Moscow, Russia

E: eurobiotechnology@geneticconferences.com

W: www.biotechnologycongress.com/europe

11th International Conference on

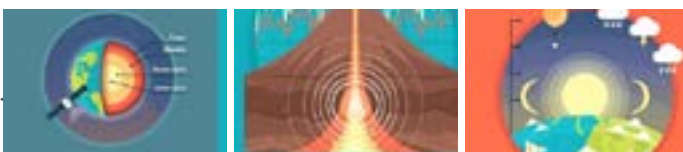
Tissue Engineering & Regenerative Medicine

October 18-20, 2018 Rome, Italy

E: regenerativemedicine@geneticconferences.com

W: tissuescience-regenerativemedicine

Geology and Earth Sciences



2nd Annual Congress on

Soil and Water Sciences

June 14-15, 2018 Dublin, Ireland

E: soilscience@annualconferences.org

W: soilscience.conferenceseries.com



4th International Conference on
GIS and Remote Sensing
September 27-28, 2018 Berlin, Germany
E: giscongress@earthscienceconferences.com
W: gis-remotesensing.conferenceseries.com/europe

Healthcare



3rd World Congress on
Public Health & Nutrition
February 26-28, 2018 London, UK
E: publichealthcongress@healthconferences.org
W: publichealth.global-summit.com

3rd World Congress on
Health Economics & Patient Safety
April 12-13, 2018 Amsterdam, Netherlands
E: healthconomics@healthconferences.org
W: healthconomics.global-summit.com

5th International Conference on
Tropical Medicine & Infectious Diseases
May 21-22, 2018 Barcelona, Spain
E: tropicalmedicine@healthconferences.org
W: tropicalmedicine.annualcongress.com

13th World Congress on
Healthcare & Technologies
June 14-15, 2018 Dublin, Ireland
E: healthcaresummit@healthconferences.org
W: healthcare.global-summit.com/europe

2nd International Conference on
Social Sciences & Interdisciplinary Studies
June 18-19, 2018 Rome, Italy
E: socialsciences@healthconferences.org
W: socialsciences.conferenceseries.com

6th International Conference on
Medical Informatics & Telemedicine
July 05-06, 2018 Berlin, Germany
E: medicalinformatics@healthconferences.org
W: medicalinformatics.conferenceseries.com

8th International Conference on
Geriatrics Gerontology & Palliative Nursing
July 30-31, 2018 Barcelona, Spain
E: geriatrics@healthconferences.org
W: geriatrics-gerontology.conferenceseries.com

3rd International Conference on
General Practice & Primary Care
August 16-17, 2018 Madrid, Spain
E: generalpractice@healthconferences.org
W: generalpractice.conferenceseries.com

4th World Congress on Health Economics, Health
Policy and Healthcare Management
September 13-14, 2018 Zurich, Switzerland
E: health-economics@healthconferences.org
W: healthconomics.healthconferences.org

7th International Conference on
Epidemiology & Public Health
September 17-19, 2018 Rome, Italy
E: epidemiology@healthconferences.org
W: epidemiology.conferenceseries.com

3rd International Conference on
Environmental Health & Preventive Medicine
October 15-16, 2018 Warsaw, Poland
E: environmentalhealth@healthconferences.org
W: environmentalhealth.conferenceseries.com

3rd International Conference on
Advances in Skin, Wound Care and Tissue Science
October 18-19, 2018 Rome, Italy
E: woundcongress@healthcarevents.com
W: woundcare.conferenceseries.com/europe

3rd International Conference on
Healthcare & Hospital Management
October 25-26, 2018 Athens, Greece
E: hospitalmanagement@healthcarevents.com
W: hospitalmanagement.conferenceseries.com

7th International Conference on
Medical & Nursing Education
October 29-30, 2018 Brussels, Belgium
E: medicaleducation@healthconferences.org
W: medicaleducation.conferenceseries.com

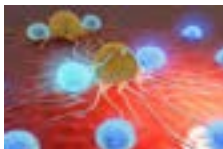
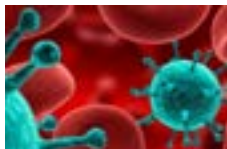


5th International Conference on
Healthcare and Hospital Management
December 03-05, 2018 Rome, Italy
E: hospitalmanagement@healthconferences.org
W: hospital-management.healthconferences.org

3rd International Conference on
Autoimmunity
November 26-27, 2018 Dublin, Ireland
E: autoimmunity@immunologyconferences.org
W: autoimmunity.conferenceseries.com

Immunology

Infectious Diseases



9th Molecular Immunology & Immunogenetics Congress
March 08-09, 2018 London, UK
E: molecularimmunology@immunologyconferences.org
W: molecularimmunology.conferenceseries.com

5th International Congress on
Infectious Diseases
March 01-02, 2018 Berlin, Germany
E: infectioncongress@infectiousconferences.com
W: infectioncongress.conferenceseries.com

9th European Immunology Conference
June 14-16, 2018 Rome, Italy
E: euroimmunology@conferenceseries.net
W: immunology.conferenceseries.com/europe

4th World Congress on
Rare Diseases and Orphan Drugs
June 11-12, 2018 Dublin, Ireland
E: rarediseasecongress@infectiousconferences.com
W: rarediseases.conferenceseries.com/europe

5th International Conference on
Parasitology
July 12-13, 2018 Paris, France
E: parasitology@immunologyconferences.org
W: parasitology.conferenceseries.com

4th International Conference on
Influenza and Zoonotic Diseases
July 02-03, 2018 Vienna, Austria
E: influenza@infectiousconferences.com
W: influenza.conferenceseries.com

10th International Conference on
Clinical and Cellular Immunology
August 06-07, 2018 Madrid, Spain
E: immunologyworld@annualconferences.org
W: immunology.immunologyconferences.org

9th International Conference on
Emerging Infectious Diseases
August 27-28, 2018 Zurich, Switzerland
E: emerginginfections@annualconferences.org
W: emerging-diseases.infectiousconferences.com

11th Annual Congress on
Immunology & Immunotechnology
September 13-14, 2018 Zurich, Switzerland
E: immunologycongress@annualconferences.org
W: immunologycongress.immunologyconferences.org

6th World Congress on
Control and Prevention of HIV/AIDS, STDs & STIs
August 27-29, 2018 Zurich, Switzerland
E: std@infectiousconferences.com
W: globalhiv-aids-std.infectiousconferences.com

12th International Conference on
Allergy, Asthma & Clinical Immunology
October 01-02, 2018 Moscow, Russia
E: allergy@immunologyconferences.org
W: allergy.conferenceseries.com

10th Euro-Global Conference on Infectious Diseases
September 27-29, 2018 Rome, Italy
E: europe@infectiousconferences.com
W: infection.conferenceseries.com/europe



13th World Congress on
Infection Prevention and Control
October 11-12, 2018 Moscow, Russia
E: ipcc@infectiousconferences.com
W: infectionprevention.conferenceseries.com

7th International Chronic Obstructive
Pulmonary Disease Conference
October 22-23, 2018 Rome, Italy
E: copdconferences@annualconferences.org
W: copd.conferenceseries.com/europe

Materials Science



3rd Annual Conference and Expo on
Biomaterials
March 05-06, 2018 Berlin, Germany
E: biomaterials@materialsconferences.org
W: biomaterials.conferenceseries.com

16th International Conference on
Emerging Materials and Nanotechnology
March 22-23, 2018 London, UK
E: emergingmaterialscongress@materialsconferences.org
W: emergingmaterials.materialsconferences.com

4th International Conference and Expo on
Ceramics and Composite Materials
May 14-15, 2018 Rome, Italy
E: ceramics@materialsconferences.org
W: ceramics.conferenceseries.com

19th World Congress on
Materials Science and Engineering
June 11-13, 2018 Barcelona, Spain
E: materialscongress@materialsconferences.org
W: materialsscience.conferenceseries.com/europe

7th International conference on
Smart Materials and Structures
July 02-03, 2018 Vienna, Austria
E: smartmaterialscongress@annualconferences.org
W: smartmaterials.materialsconferences.com

20th International Conference on
Advanced Energy Materials and research
August 13-14, 2018 Dublin, Ireland
E: advancedenergymaterials@annualconferences.org
W: energymaterials.materialsconferences.com

21st International Conference on
Advanced Materials & Nanotechnology
September 04-06, 2018 Zurich, Switzerland
E: materials@materialsconferences.org
W: materials.conferenceseries.com

International Conference on
Advanced Materials and Simulations
September 11-12, 2018 University of Derby, UK
E: materialssimulation@materialsconferences.org
W: advanced-materials-simulation.materialsconferences.com

3rd International Conference on
Graphene, Carbon Nanotubes, and Nanostructures
September 17-18, 2018 Berlin, Germany
E: carboncongress@materialsconferences.org
W: carbon.materialsconferences.com

Microbiology



16th International Pharmaceutical Microbiology and
Biotechnology Conference
May 21-23, 2018 Vienna, Austria
E: pharmaceutical@microbiologyconferences.org
W: pharmaceuticalmicrobiology.conferenceseries.com/europe

10th International Virology Congress and Expo
July 02-04, 2018 Vienna, Austria
E: eurovirology@microbiologyconferences.org
W: virology.conferenceseries.com/europe

13th International Congress on
Microbial Interactions and Microbial Ecology
July 19-20, 2018 Rome, Italy
E: microbialinteraction@microbiologyconferences.org
W: microbialinteraction.conferenceseries.com

47th World Congress on Microbiology
September 10-11, 2018 London, UK
E: microbiology@microbiologyconferences.org
W: microbiology.conferenceseries.com/europe



9th international summit on
Clinical Microbiology
October 08-09, 2018 Zurich, Switzerland
E: microbiologysummit@microbiologyconferences.org
W: clinicalmicrobiology.conferenceseries.com/europe

5th World Congress and Expo on
Applied Microbiology
November 15-16, 2018 Frankfurt, Germany
E: appliedmicrobiology@microbiologyconferences.org
W: microbiology.conferenceseries.com

Nanotechnology



23rd International Conference on
Nanomaterials and Nanotechnology
March 15-16, 2018 London, UK
E: nanomaterials@nanotechconferences.org
W: nanomaterials.conferenceseries.com

24th World Nano Conference
May 07-08 | 2018 Rome, Italy
E: nano@nanotechconferences.org
W: nano.conferenceseries.com

25th Nano Congress for Future Advancements
August 16-17, 2018 Dublin, Ireland
E: nanocongress@nanotechconferences.org
W: nanocongress.conferenceseries.com

26th International Conference on
Advanced Nanotechnology
October 04-05, 2018 Moscow Russia
E: advancednano@nanotechconferences.org
W: advancednano.nanotechconferences.org

3rd World Congress and Expo on
Graphene and 2D Materials
November 26-28, 2018 Barcelona, Spain
E: graphene@nanotechconferences.org
W: graphene.conferenceseries.com/europe

28th International Conference on
Nanosciences and Nanotechnology
November 26-28, 2018 Barcelona, Spain
E: nanoscience@nanotechconferences.org
W: nanotechnology.conferenceseries.com

Nephrology



17th International Conference on
Nephrology & Urology
March 12-13, 2018 London, UK
E: nephrology-urology@annualconferences.org
W: nephrology-urology.nephroconferences.com

19th Global Nephrologists Annual Meeting
May 14-15, 2018 Rome, Italy
E: nephrologists@nephroconferences.com
W: annualmeeting.conferenceseries.com/nephrologists/

22nd European Nephrology Conference
October 15-16, 2018 Warsaw, Poland
E: euronephrology@nephroconferences.com
W: nephrology.conferenceseries.com/europe

Neuroscience



21st World Congress on **Neurology and Therapeutics**
March 15-17, 2018 London, UK
E: neurology@neuroconferences.com
W: neurologyconference.com



22nd International Conference on
Neurology & Neurophysiology
April 23-24, 2018 Rome, Italy
E: neurophysiology@neuroconferences.com
W: neurophysiology.conferenceseries.com

23rd International Conference on
Neurology and Neurosurgery
April 23-24, 2018 Rome, Italy
E: neurosurgery@neuroconferences.org
W: neurosurgery.conferenceseries.com

24th International Conference on
Neuroscience and Neurochemistry
May 21-22, 2018 Birmingham, UK
E: neurochemistry@neuroconferences.com
W: neurochemistry.conferenceseries.com

11th International Conference on
Alzheimers Disease & Dementia
May 24-25, 2018 Vienna, Austria
E: dementiacongress@neuroconferences.com
W: alzheimers-dementia.neurologyconference.com

3rd International Conference on Spine and Spinal Disorders
June 11-12, 2018 London, UK
E: spine@neuroconferences.com
W: spine.conferenceseries.com

25th World Congress on Neurology & Neuroscience
June 18-19, 2018 Dublin, Ireland
E: neurosciencecongress@neuroconferences.com
W: neuroscience.neurologyconference.com

27th Euro-Global Neurologists Meeting
July 23-25, 2018 Moscow, Russia
E: neurologistsconference@neuroconferences.com
W: neurologists.neurologyconference.com

11th International Conference on Vascular Dementia
July 23-25, 2018 Moscow, Russia
E: vasculardementiacongress@neuroconferences.com
W: vasculardementia.neurologyconference.com

7th World Congress on
Addictive Disorders & Addiction Therapy
July 16-18, 2018 London, UK
E: addiction@neuroconferences.com
W: addictiontherapy.conferenceseries.com/europe

26th European Neurology Congress
August 6-8, 2018 Madrid, Spain
E: neurologycongress@neuroconferences.com
W: neurologyconference.com/europe

4th International Conference on Epilepsy & Treatment
August 29-30, 2018 Zurich, Switzerland
E: epilepsy@neuroconferences.com
W: epilepsytreatment.conferenceseries.com

4th World Congress on Parkinsons & Huntington Disease
August 29-30, 2018 Zurich, Switzerland
E: parkinson@neuroconferences.com
W: parkinsons.neurologyconference.com

6th International Conference on
Brain Disorders and Therapeutics
September 13-15, 2018 Copenhagen, Denmark
E: braindisorders@neuroconferences.com
W: braindisorders.conferenceseries.com

7th International Conference on Neurological Disorders & Stroke
September 20-21, 2018 Rome, Italy
E: strokecongress@neuroconferences.com
W: stroke.neurologyconference.com

27th International Conference on
Neurology and Cognitive Neuroscience
October 18-19, 2018 Warsaw, Poland
E: neurocognitive@neuroconferences.com
W: neurocognitivedisorders.conferenceseries.com

12th International Conference on
Alzheimer's Disease & Dementia
October 29-31, 2018 Valencia, Spain
E: dementia@neuroconferences.com
W: alzheimers-dementia.conferenceseries.com

4th International Conference on Spine Surgery
November 1-2, 2018 Brussels, Belgium
E: spinesurgeryconference@neuroconferences.com
W: spinalsurgery.neurologyconference.com

28th Global Neurologists Annual Meeting on
Neurology and Neurosurgery
November 1-3, 2018 Brussels, Belgium
E: neurologists@neuroconferences.com
W: annualmeeting.conferenceseries.com/neurologists



4th International Conference on Spine and Spinal Disorders
November 12-13, 2018 Frankfurt, Germany
E: spinecongress@neuroconferences.com
W: spine.conferenceseries.com/europe

4th International Conference on
Central Nervous System Disorders & Therapeutics
November 12-14, 2018 Edinburgh, Scotland
E: cns@neuroconferences.com
W: cns.conferenceseries.com

Nursing



47th Global Nursing & Healthcare Conference
March 01-03, 2018 London, UK
E: nursingglobal@nursingconference.com
W: global.nursingconference.com/europe

7th World Congress on Breast Cancer
May 10-11, 2018 Frankfurt, Germany
E: breastcancer@conferenceseries.net
W: breastcancer.conferenceseries.com

3rd International Conference on
Reproductive Health and Medicine
May 21-22, 2018 Vienna, Austria
E: reproductivemedicine@healthconferences.org
W: reproductivehealth.conferenceseries.com/europe

48th World Congress on
Advanced Nursing Research
June 14-15, 2018 Dublin, Ireland
E: nursingresearch@annualconferences.org
W: nursingresearch.nursingmeetings.com

2nd World Congress on
Patient Safety & Quality Healthcare
June 21-22, 2018 Dublin, Ireland
E: patientsafety@healthconferences.org
W: patientsafety.conferenceseries.com

49th International Congress on
Nursing Care Plan and Health
16-18 July 2018 Rome, Italy
E: nursingcareplan@annualconferences.org
W: nursingcareplan.nursingmeetings.com

50th World Congress On Men in Nursing
July 16-17, 2018 Rome, Italy
mennursing@annualconferences.org
W: men.nursingmeetings.com

5th Annual Congress on
Emergency Nursing & Critical Care
July 16-17, 2018 London, UK
E: emergencynursing@annualconferences.org
W: emergency.nursingmeetings.com

26th Cancer Nursing & Nurse Practitioners Conference
July 16-17, 2018 London, UK
E: cancernursing@nursingconference.com
W: cancernursing.nursingconference.com

31st World Congress on
Advanced Nursing Practice
August 16-18, 2018 Madrid, Spain
E: nursingpractice@nursingconference.com
W: nursingpractice.nursingconference.com

29th International Conference on
Pediatric Nursing & Healthcare
August 16-17, 2018 Madrid, Spain
E: pediatricnursing@nursingconference.com
W: pediatric.nursingconference.com

17th World Congress on
Clinical Nursing and Practice
August 29-30, 2018 Zurich, Switzerland
E: clinicalnursing@annualconferences.org
W: clinical.nursingmeetings.com

5th World Congress on
Midwifery & Women's Health
September 13-14, 2018 Frankfurt, Germany
E: euromidwifery@nursingconference.com
W: midwifery.conferenceseries.com/europe

24th World Nursing and Healthcare Conference
September 13-15, 2018 Copenhagen, Denmark
E: worldnursing@annualconferences.org
W: world.nursingconference.com



51st World Nursing Leadership & Management Conference

October 04-05, 2018 Moscow, Russia
E: nursingleadership@annualconferences.org
W: nursingleadership.nursingmeetings.com

5th International Conference on

Gynecology and Obstetrics

October 8-10, 2018 Zurich, Switzerland
E: gynecology@nursingconference.com
W: gynecology.conferenceseries.com

33rd Euro Nursing & Medicare Summit

October 8-10, 2018 Edinburgh, Scotland
E: euronursing@nursingconference.com
W: europe.nursingconference.com

27th World Nursing Education Conference

November 12-14, 2018 Frankfurt, Germany
E: nursingeducation@nursingconference.com
W: nursingeducation.nursingconference.com

Nutrition



15th International Conference on Clinical Nutrition

May 24-26, 2018 Vienna, Austria
E: clinicalnutrition@nutritionalconference.com
W: clinicalnutrition.conferenceseries.com

21st European Nutrition and Dietetics Conference

June 11-13, 2018 Dublin, Ireland
E: nutritioncongress@nutritionalconference.com
W: nutritionalconference.com/europe

14th International Congress on Advances in Natural Medicines, Nutraceuticals & Neurocognition

July 19-20, 2018 London, UK
E: nutraceuticals@nutritionalconference.com
W: nutraceuticals.pharmaceuticalconferences.com

6th International Conference on

Sports Nutrition & Fitness

August 16-17, 2018 Dublin, Ireland
E: sports-nutrition@annualconferences.org
W: sportsnutrition.nutritionalconference.com

17th World Congress on

Nutrition and Food Chemistry

September 13-15, 2018 London, UK
E: nutri-foodchemistry@nutritionalconference.com
W: nutrition-foodchemistry.conferenceseries.com

22nd European Nutritional Science Congress

November 26-27, 2018 Barcelona, Spain
E: nutritionalscience@nutritionalconference.com
W: nutritionalscience.nutritionalconference.com

Obesity



11th International Conference on

Childhood Obesity and Nutrition

March 15-16, 2018 Barcelona, Spain
E: childhoodobesity@annualconferences.org
W: childhoodobesity.conferenceseries.com

14th Euro Obesity and Endocrinology Congress

September 13-14, 2018 London, UK
E: euroobesity@obesityconference.org
W: obesity.nutritionalconference.com

Oncology & Cancer



12th World Hematologists Congress

March 15-16, 2018 London, UK
E: hematologists@oncologymeet.com
W: hematology.conferenceseries.com/europe

6th International Congress on

Gynecology & Gynecologic Oncology

July 23-24, 2018 Rome, Italy
E: gynecologyconference@annualconferences.org
W: gynecologyconference.annualcongress.com



29th Euro-Global Summit on
Cancer Therapy & Radiation Oncology
July 23-25, 2018 Rome, Italy
E: eurocancer@oncologyseries.com
W: cancer-radiationoncology.conferenceseries.com

28th Euro Congress on Cancer Science & Therapy
August 09-10, 2018 Madrid, Spain
E: cancerscience@oncologyseries.com
W: cancerscience.conferenceseries.com

4th World Congress on
Medical Imaging and Clinical Research
September 03-04, 2018 London, UK
E: medicalimaging@oncologyseries.com
W: clinical-medicalimaging.conferenceseries.com

4th International Congress on
Epigenetics and Chromatin
September 03-04, 2018 London, UK
E: epigenetics@oncologyseries.com
W: epigenetics.conferenceseries.com

3rd Cancer Diagnostics Conference & Expo
September 20-21, 2018 Berlin, Germany
E: cancerdiagnostics@oncologyseries.com
W: cancerdiagnostics.conferenceseries.com

36th World Cancer Conference
October 11-13, 2018 Zurich, Switzerland
E: worldcancer@annualconferences.org
W: cancer.global-summit.com

13th World Biomarkers Congress
November 29-30, 2018 Dublin, Ireland
E: worldbiomarkers@oncologyseries.com
W: molecular-cancer-biomarkers.conferenceseries.com

Ophthalmology



19th Ophthalmology Summit
Feb 26-27, 2018 Berlin Germany
E: ophthalmologysummit@ophthalmologyconferences.com
W: ophthalmologysummit.conferenceseries.com

3rd Global Pediatric Ophthalmology Congress
March 22-23, 2018 London, UK
E: pediatricophthalmology@ophthalmologyconferences.com
W: pediatricophthalmology.conferenceseries.com

2nd International Conference on
Cataract and Advanced Eye Care
June 14-16, 2018 Rome, Italy
E: cataract@ophthalmologyconferences.com
W: cataract.conferenceseries.com

2nd Global Meeting and Expo on
Vision Science & Eye
August 29-30, 2018 Zurich, Switzerland
E: visionscience@ophthalmologyconferences.com
W: visionscience.conferenceseries.com

3rd International Conference and Expo on
Optometry and Vision Science
October 8-9, 2018 Edinburgh, Scotland
E: optometry@ophthalmologyconferences.com
W: optometry.conferenceseries.com

17th International Conference on
Clinical & Experimental Ophthalmology
October 1-3, 2018 Moscow, Russia
E: ophthalmology@ophthalmologyconferences.org
W: ophthalmology.conferenceseries.com

28th European Ophthalmology Congress
November 26-28, 2018 Dublin, Ireland
E: ophthalmologycongress@ophthalmologyconferences.com
W: ophthalmology.conferenceseries.com/europe

Pathology



13th International Conference on
Laboratory Medicine and Pathology
June 25-26, 2018 Berlin, Germany
E: laboratorymedicine@pathologyconferences.org
W: laboratorymedicine.conferenceseries.com

14th International Conference on
Surgical Pathology & Cancer Diagnosis
May 17-18, 2018 Rome, Italy
E: surgicalpathology@annualconferences.org
W: surgicalpathology.conferenceseries.com



8th European Conference on **Predictive, Preventive, Personalized Medicine & Molecular Diagnostics**

August 20-21, 2018 Rome, Italy

E: europersonalizedmedicine@confernceseries.net

W: personalizedmedicine.conferenceseries.com/europe

Pediatrics



3rd International Conference on **Pediatric Surgery**

May 7-8, 2018 Frankfurt, Germany

E: pediatricsurgery@annualconferences.org

W: pediatricsurgery.conferenceseries.com

17th International Conference on **Clinical Pediatrics**

June 14-16, 2018 Rome, Italy

E: clinicalpediatrics@pediatricsconferences.org

W: clinicalpediatrics.conferenceseries.com

Advances in Neonatal and Pediatric Nutrition

July 19-21, 2018 London, UK

E: neonatalnutrition@annualconferences.org

W: pediatricnutrition.pediatricsconference.com

20th International Conference on

Pediatrics Primary Care

September 03-04 2018 Zurich, Switzerland

E: pediatricprimarycare@annualconferences.org

W: primarycare.pediatricsconferences.com

18th International Conference on

Pediatrics Health

August 06-07, 2018 Madrid, Spain

E: pediatricshealth@annualconferences.org

W: health.pediatricsconferences.com

24th European Pediatrics Conference

September 10-12, 2018 Copenhagen, Denmark

E: europediatrics@pediatricsconferences.org

W: pediatrics.conferenceseries.com/europe

24th World Pediatrics Conference

October 18-20, 2018 Warsaw, Poland

E: worldpediatrics@annualconferences.org

W: worldpediatrics.pediatricsconferences.org

26th International Conference on

Neonatology and Perinatology

November 15-17 2018 Edinburgh, Scotland

E: neonatology@pediatricsconferences.com

W: neonatology.conferenceseries.com

Petroleum



9th International Conference and Expo on
Oil and Gas

August 9-10, 2018 Madrid, Spain

E: petroleum@oilgasconferences.org

W: oil-gas.conferenceseries.com

Physical Therapy & Rehabilitation



5th International Conference and Expo on

Novel Physiotherapies

March 19-20, 2018 Berlin, Germany

E: novelphysiotherapies@annualconferences.org

W: novelphysiotherapies.conferenceseries.com

6th International Conference & Exhibition on

Physiotherapy & Physical Rehabilitation

August 13-14, 2018 London, UK

E: physiotherapy@annualconferences.org

W: physiotherapy.annualcongress.com

Pharma



12th World Congress on

Pharmaceutical Sciences and Innovations in Pharma Industry

February 26- 27, 2018 London, UK

E: pharmaindustry@pharmaceuticalconferences.org

W: industry.pharmaceuticalconferences.com



**16th International Conference and Exhibition on
Pharmaceutics & Novel Drug Delivery Systems**
March 19-21, 2018 Berlin, Germany
E: pharmaceutica@pharmaceuticalconferences.org
W: novel-drugdelivery-systems.pharmaceuticalconferences.com

11th European Biosimilars Congress
April 26-27, 2018 Rome, Italy
E: eurobiosimilars@pharmaceuticalconferences.org
W: biosimilars-biologics.pharmaceuticalconferences.com/europe

15th Annual European Pharma Congress
May 07-09, 2018 Frankfurt, Germany
E: pharmaeurope@pharmaceuticalconferences.org
W: europe.pharmaceuticalconferences.com

**4th World Congress and Exhibition on
Antibiotics and Antibiotic Resistance**
June 14-15, 2018 Barcelona, Spain
E: antibiotics@pharmaceuticalconferences.org
W: antibiotics.pharmaceuticalconferences.com

**9th International Conference and Exhibition on
Pharmacovigilance**
June 21-22, 2018 London, UK
E: pharmacovigilance@pharmaceuticalconferences.org
W: pharmacovigilance.pharmaceuticalconferences.com

**4th International Conference and Exhibition on
Natural Products, Medicinal Plants & Marine Drugs**
June 11-12, 2018 Rome, Italy
E: naturalproducts@pharmaceuticalconferences.org
W: naturalproducts.pharmaceuticalconferences.com

**16th International Conference and Exhibition on
Pharmaceutical Formulations**
July 26-27, 2018 Rome, Italy
E: formulations@pharmaceuticalconferences.org
W: formulation.pharmaceuticalconferences.com

10th World Congress on Pharmacology
July 30-Aug 01, 2018 Barcelona, Spain
E: pharmacology@pharmaceuticalconferences.org
W: pharmacology.pharmaceuticalconferences.com

**4th International Conference and Expo on
Drug Discovery, Designing & Development**
September 06-07, 2018 London, UK
E: drugdiscovery@pharmaceuticalconferences.org
W: drug-discovery.pharmaceuticalconferences.com

**6th International Conference on
Advanced Clinical Research and Clinical Trials**
September 10-11, 2018 Zurich, Switzerland
E: clinicalresearch@pharmaceuticalconferences.org
W: clinicalresearch.pharmaceuticalconferences.com

18th World Pharma Congress
October 18-19, 2018 Warsaw, Poland
E: pharmacongress@pharmaceuticalconferences.org
W: world.pharmaceuticalconferences.com

18th Annual Pharmaceutical and Chemical Analysis Congress
November 05-06, 2018 Madrid, Spain
E: analysis@pharmaceuticalconferences.org
W: analysis.pharmaceuticalconferences.com

**3rd International Conference on
Generics Drugs and Biosimilars**
November 15-17, 2018 Frankfurt, Germany
E: genericpharma@pharmaceuticalconferences.org
W: generic-market.pharmaceuticalconferences.com

**9th Global Experts Meeting on
Neuropharmacology**
November 15-16, 2018 Frankfurt, Germany
E: neuro@pharmaceuticalconferences.org
W: neuro.pharmaceuticalconferences.com

**23rd International Conference on
Pharmaceutical Biotechnology**
December 10-11, 2018 Rome, Italy
E: pharmabiotech@pharmaceuticalconferences.org
W: biotech.pharmaceuticalconferences.com

Physics



3rd International Conference on Nuclear and Plasma Physics
June 07-08, 2018 London, UK
E: plasmaphysics@annualconferences.org
W: plasmaphysics.physicsmeeting.com

**5th International Conference on
Theoretical and Applied Physics**
July 02-03, 2018 Vienna, Austria
E: appliedphysics@annualconferences.org
W: appliedphysics.physicsmeeting.com



Psychiatry



9th International Conference on
Optics, Photonics & Lasers
July 02-04, 2018 Berlin, Germany
E: eurooptics@annualconferences.org
W: optics.physicsmeeting.com

4th International Conference on
Condensed Matter and Materials Physics
August 16-17, 2018 London, UK
E: materialsphysics@annualconferences.org
W: materialsphysics.physicsmeeting.com

3rd International Conference on
Quantum Optics and Quantum Computing
September 10-11, 2018 London, UK
E: quantumoptics@annualconferences.org
W: quantumoptics.physicsmeeting.com

4th International Conference on **Physics**
September 17-18, 2018 Berlin, Germany
E: physics@physicsconferences.org
W: physics.conferenceseries.com

4th International Conference on
Quantum Physics and Quantum Technology
October 18-19, 2018 Rome, Italy
E: quantumphysics@physicsconferences.org
W: quantumphysics.conferenceseries.com

3rd International Conference on
Astronomy and Space Science
October 18-19, 2018 Rome, Italy
E: astrospace@physicsconferences.org
W: astronomy-space.physicsmeeting.com

3rd International Conference on
Magnetism and Magnetic Materials
October 22-23, 2018 Rome, Italy
E: magneticmaterials@annualconferences.org
W: magneticmaterials.physicsmeeting.com

4th International Conference on
High Energy & Particle Physics
December 03-04, 2018 Valencia, Spain
E: highenergy@physicsconferences.org
W: highenergyphysics.conferenceseries.com

4th International Conference on
Mental Health & Human Resilience
April 26-27, 2018 Rome, Italy
E: mentalhealth@conferenceseries.net
W: mentalhealth.conferenceseries.com

4th International Conference on
Depression, Anxiety and Stress Management
May 10-11, 2018 Frankfurt, Germany
E: stress@psychiatrycongress.com
W: stressmanagement.global-summit.com

27th World Congress on
Psychiatry & Psychological Syndromes
June 21-23, 2018 London, UK
E: psychiatrycongress.com

28th Euro Congress on
Psychiatrists and Psychologists
July 05-06, 2018 Vienna, Austria
E: europsychiatry@psychiatrycongress.com
W: psychiatry.global-summit.com/europe

29th International Conference on
Psychiatry & Psychology Health
July 09-10, 2018 Paris, France
E: psychologyhealth@annualconferences.org
W: psychologyhealth.conferenceseries.com

33rd International Conference on
Adolescent Medicine & Child Psychology
Sep 04-05, 2018 Zurich, Switzerland
E: childpsychology@conferenceseries.net
W: childpsychology.conferenceseries.com

3rd International Congress on
Forensic Science and Psychology
October 22-23, 2018 Athens, Greece
E: forensiccongress@psychiatrycongress.com
W: forensic.conferenceseries.com



35th International Conference on
Psychiatry & Psychosomatic Medicine
November 01-03, 2018 Brussels, Belgium
E: psychosomaticmedicine@psychiatrycongress.com
W: psychosomatic.conferenceseries.com

Surgery



3rd International Conference on
Metabolic and Bariatric Surgery
March 15-16, 2018 Barcelona, Spain
E: bariatricsurgery@annualconferences.org
W: bariatricsurgery.conferenceseries.com

7th International Conference and Exhibition on Surgery
June 21-23, 2018 Dublin, Ireland
E: surgery@surgeryconferences.org
W: surgery.conferenceseries.com

3rd International Conference on Anesthesia
June 21-22, 2018 Dublin, Ireland
E: anesthesia@annualconferences.org
W: anesthesia.conferenceseries.com

13th International Conference on
Arthroplasty and Orthopedics
August 08-09, 2018 Rome, Italy
E: arthroplasty@annualconferences.org
W: orthopedics.surgeryconferences.com

8th International Conference and Expo on
Cosmetology, Trichology & Aesthetic Practices
August 13-14, 2018 Madrid, Spain
E: cosmetologycongress@surgeryconferences.org
W: cosmetology.surgeryconferences.com

World Congress on
Neurology and Neuromuscular Disorders
September 13-14, 2018 Frankfurt, Germany
E: neuromuscular@annualconferences.org
W: neuromuscular.neuroconferences.com

3rd European Otolaryngology-ENT Surgery Conference
October 08-10, 2018 London, UK
E: ent@surgeryconferences.org
W: ent.conferenceseries.com

2nd International Conference on
Craniofacial Surgery
October 08-09, 2018 London, UK
E: craniofacial@annualconferences.org
W: craniofacial.surgeryconferences.com

9th European Congress of Rheumatology,
Autoimmunity and Orthopedics
October 16-17, 2018 Warsaw, Poland
E: rheumatology@annualconferences.org
W: rheumatology.conferenceseries.com

Toxicology



15th Euro-Global Summit on
Toxicology and Applied Pharmacology
July 02-04, 2018 Berlin, Germany
E: eurotoxicology@annualconferences.org
W: toxicology.global-summit.com/europe

16th Annual Meeting on
Environmental Toxicology and Life Sciences
August 13-14, 2018 London, UK
E: euroenvitox@annualconferences.org
W: environmentaltoxicology.toxicologyconferences.com

Vaccines



29th International Conference on
Vaccines and Immunization
March 19-20, 2018 London, UK
E: vaccinessummit@immunologyconferences.org
W: vaccines-immunization.conferenceseries.com

31st Euro Global Summit and Expo on
Vaccines & Vaccination
June 14-16, 2018 Barcelona, Spain
E: eurovaccines@vaccineconference.com
W: europe.vaccineconferences.com





17th International Conference on

NEPHROLOGY & UROLOGY

March 12-13, 2018 London, UK

Keynote Forum

Day 1

Nephrology & Urology 2018

17th International Conference on

NEPHROLOGY & UROLOGY

March 12-13, 2018 London, UK



Simon Allen

Fine Treatment, UK

Thermobalancing therapy® and Dr. Allen's devices as an innovative treatment for prostate enlargement, chronic prostatitis and kidney stones

Thermobalancing therapy® (TT) and Dr. Allen's therapeutic devices (DATD) provide a side effects free treatment for common chronic urological diseases, such as benign prostatic hyperplasia (BPH), chronic prostatitis and kidney stone disease. TT and DATD received US patent as "Therapeutic Device and Method". TT is based on a new understanding of the origin of diseases that states that all chronic internal diseases have the same root, the pathological activity of capillaries. As a result of changes in small blood vessels, the focus of hypothermia becomes a continuous trigger in the affected tissue, which gradually increases the pressure in the affected organ that leads to its malfunction. Therapeutic device applies a natural thermoelement, which accumulates the body heat, to the projection of the affected organ eliminating the focus of hypothermia. For prostate problems, thermoelement must be applied to the coccyx area and to dissolve kidney stones 2 thermoelements must be applied to the projection of kidneys. Dr. Allen's device is a class 1 medical device, so it can be used by everyone at home. Two clinical trials on TT confirmed its effectiveness. After six-month use of DATD in 124 men with BPH, the prostate volume (mL) decreased from 45.1 to 31.8 and urinary symptoms score from 14.3 to 4.7. In men with chronic prostatitis, after six-month use of DATD pain reduction ranged from 10.3 to 3.5, and prostate volume (mL) from 31.7 to 27.0. There were no changes in the control groups. Thus, TT is an effective tool for urological conditions.

Biography

Simon Allen obtained his PhD in Medicine in 1978. For many years he was treating patients with chronic internal diseases, including various kidney problems: nephritis, nephrosis, chronic kidney failure and kidney stones, developing diets for them. Later he headed Health Clinic for the treatment of chronic internal conditions. Then, he devoted two decades to further medical research and developed Thermobalancing therapy® and Dr. Allen's devices for chronic internal diseases, which received a patent in the USA, as "Therapeutic Device and Method". He is Director of Fine Treatment, United Kingdom, which distributes these devices worldwide.

finetreatment@gmail.com

Notes:

17th International Conference on

NEPHROLOGY & UROLOGY

March 12-13, 2018 London, UK

**Tong Wang**

Yale School of Medicine - Yale University, USA

Renal outer medullary potassium channel knockout models reveal Bartter's syndrome and dysfunction of potassium homeostasis

The renal outer medullary potassium channel (ROMK) is an ATP-sensitive inward-rectifier potassium channel (Kir1.1 or KCNJ1) highly expressed in the kidney. We have demonstrated that ROMK^{-/-} mice show a similar phenotype to Bartter's syndrome of salt wasting and dehydration due to reduced Na-K-2Cl-cotransporter activity in the thick ascending limb (TAL). Patch clamp studies showed that ROMK is required to form both the small-conductance (30-pS, SK) K and the 70-pS (IK) K channels in the kidney. At least three ROMK isoforms have been identified in the kidney; however, unique functions of any of the isoforms in nephron segments are still poorly understood. We have generated a mouse deficient only in ROMK 1 by selective deletion of the ROMK 1-specific first exon using an ES cell Cre-LoxP strategy and examined the renal phenotypes, ion transporter expression, ROMK channel activity and localization under normal and high K intake. Unlike ROMK^{-/-} mice, there was no Bartter's phenotype with reduced NKCC2 activity and increased NCC expression in ROMK1^{-/-} mice. The SK activity showed no difference of channel properties or gating in the collecting tubule (CCD) between ROMK1^{+/+} and ROMK1^{-/-} mice. High K intake increased SK channel number per patch and the ROMK channel intensity in the apical membrane of the CCD in ROMK1^{+/+}, but such regulation was diminished with significant hyperkalemia in ROMK1^{-/-} mice. These results are consistent with previous studies that ROMK1 does not localize in the TAL, and that ROMK1 is a key target of PTK-mediated ROMK trafficking in response to K⁺ intake.

Biography

Tong Wang has completed her MD and Clinical Trainings at Beijing University, School of Medicine in China. She then spent two Postdoctoral training period at the University of Illinois at Chicago and Yale University School of Medicine with Dr. Gerhard Giebisch. Currently, she is a Full Professor, Director of the Small Animal Physiology Core in the Department of Cellular and Molecular Physiology and Co-Director of the Renal Physiology Core in the George M O'Brien Kidney Center at Yale University. She has published more than 100 papers in reputed journals and has been serving as an active member of NIH KMBD study section.

tong.wang@yale.edu

Notes:

17th International Conference on

NEPHROLOGY & UROLOGY

March 12-13, 2018 London, UK



Mohamad Waseem Salkini

West Virginia University, USA

Extending the utilization of the da Vinci® robotic surgical system to pyelolithotomy

Percutaneous Nephrolithotripsy (PCNL) is considered the standard treatment for large kidney stone (>2 cm) and large stone burden. However, and in certain patients, the technique can be challenging and fails. We utilized the da Vinci® surgical robotic system to remove kidney stone in certain circumstances. Robotic assisted laparoscopic pyelolithotomy (RALPL) was performed at our institute to treat large kidney stones (>2 cm) in morbidly obese patient (BMI >35), patients with skeletal deformity that prevent percutaneous access to the kidney or positioning for the access, and after PCNL failure. We also performed RALPL whenever the robotic system was used for other purpose like pyeloplasty, partial nephrectomy, ureteral reconstruction on the same kidney. RALPL allowed us to utilize other endoscopic instruments to achieve high rate of stone clearance. Seventeen patients underwent RALPL at our institute including 19 renal units. Average BMI in all patients was 38.5 kg/m² (range 17.7-61.4 kg/m²) and all had prior abdominal surgeries. The indication for RALPL was morbid obesity (n=8, mean BMI 56.4 kg/m²), need for concurrent renal surgery (n=3), severe contractures limiting positioning for retrograde endoscopic or percutaneous nephrolithotripsy (n=2), symptomatic calyceal diverticular stone with failed endoscopic approach (n=2) and patient preference over percutaneous nephrolithotripsy after failed PCNL (n=2). Patients had a mean of 2.3 stones and total stone volume of 16.5 cm³ (range 0.7-75 cm³) per kidney. Average blood loss was 57.8 mL and mean operative time was 180 minutes. Mean hospital stay was 3.5 days. Mean follow-up was 54 days and 91 % of patients were rendered stone free.

Biography

Mohamad Waseem Salkini is an Associate Professor of Urology and Chief of Urologic Oncology. He is also a Director of Simulation and Robotic Surgery Program at West Virginia University. He earned his MD from Damascus University in 1998, and completed Urology Residency Program in 2003 at Damascus University. He was fellow with Heidelberg University and University of Cincinnati for the years 2003-2004 and 2007-2009 respectively. He served as Research Fellow with University of Arizona from 2004-2007.

msalkini@hsc.wvu.edu

Notes:



17th International Conference on

NEPHROLOGY & UROLOGY

March 12-13, 2018 London, UK

Scientific Tracks & Abstracts Day 1

Nephrology & Urology 2018

Sessions:

Day 1 March 12, 2018

Nephrology | Dialysis | Kidney Transplantation | Urology | Pediatric Nephrology

Session Chair

Simon Allen

Fine Treatment, UK

Session Co-Chair

Tong Wong

Yale School of Medicine - Yale University, USA

Session Introduction

Title: Vascular calcification: An imminent disease epidemic

Suresh Mathew, Christian Hospital, USA

Title: Strategies, barriers and significance for renal supportive care: Role of the nurse practitioner

Laura Lunardi, Royal Adelaide Hospital, Australia

Title: Local CD34-positive capillary decreased with the progression of lesion in respective area of kidney in mice

Abdul Masum, Hokkaido University, Japan

Title: Outcomes of peritoneal dialysis catheter left in place after kidney transplantation

Saúl Pampa-Saico, Hospital Ramón Y Cajal, Spain

Title: Bladder augmentation and effect on renal function

Khamisa Almokali, King Abdullah Specialized Children Hospital, Saudi Arabia

17th International Conference on

NEPHROLOGY & UROLOGY

March 12-13, 2018 London, UK

Vascular calcification: An imminent disease epidemic

Suresh Mathew

Christian Hospital, USA

Vascular calcification reduces vessel elasticity. The consequence of this leads to cardiovascular morbidity and mortality. The extent of calcium deposits in vessel walls are key risk factors for ischemic events. The best studied is coronary artery calcification because of CT based imaging modalities. Coronary artery calcification is markedly increased in patients with chronic kidney disease. Research has shown vascular calcification is an active and complex process that involves numerous mechanisms responsible for calcium deposition in arterial walls. Indeed, the majority of vascular calcification is thought to be de-differentiation of vascular smooth muscle cells to osteoblast/chondrocyte like cells. The pathology, molecular biology, potential mechanism and the latest therapeutic options will be discussed.

Biography

Suresh Mathew obtained his Bachelor's degree in Biochemistry and his Medical degree at Temple University, Philadelphia, Pennsylvania. After completing his Residency in Internal Medicine at Temple University, he obtained his fellowship in Nephrology at the Johns Hopkins University. He worked as Assistant Professor of Nephrology at Cooper University Hospital Camden, New Jersey. Later he joined in Washington University School of Medicine, Saint Louis, Missouri to do his research in vascular calcification which led to several publications. Currently he works as a Nephrologist at Christian Hospital which is a part of BJC Health Care. He is a Member of the American Society of Nephrology and is Board Certified in Internal Medicine and Nephrology. He also serves as Medical Director for one of the DaVita dialysis facility.

smathew111@gmail.com

17th International Conference on

NEPHROLOGY & UROLOGY

March 12-13, 2018 London, UK

Strategies, barriers and significance for renal supportive care: Role of the nurse practitioner

Laura Lunardi

Royal Adelaide Hospital, Australia

A renal supportive care nurse practitioner (NP) role was created in Adelaide, Australia in October 2014. The integration of the role has brought with it service-wide changes in clinical practice and culture within our unit. There is now a closer integration with the local palliative care team, a greater emphasis on quality of life and active management of symptoms with more informed choices and care planning now available. This paper aims to describe the role of the NP in renal supportive care (RSC) as it has emerged in South Australia. It also identifies barriers and strategies used by the RSC NP to enhance appropriate decision-making and conservative care for patients facing end stage kidney disease (ESKD). Differing models of RSC are emerging across Australasia. The strengths and weaknesses of the South Australia approach are elucidated and the challenges facing RSC too. The transformative effects of the role have been explored and key enablers for success identified. The full integration of a meaningful supportive care pathway for patients facing ESKD involves more than fine words and good intentions. It requires significant leadership, considerable resources and service-wide cultural and clinical practice changes. The emergence of RSC is the key to a comprehensive renal service, demonstrating maturation of our shared aspirations in providing: interdisciplinary care that fine-tunes the balance between organ-based and whole-of-person care, engagement in full and open decision-making support with people facing renal treatment options and recognising and respecting the natural endpoint of an end-stage disease process.

Biography

Laura Lunardi is a highly qualified Health Practitioner with 20 years of consolidated experience working predominantly with renal patients in public and private health sector in Australia and Argentina. She has proven ability and experience in clinical assessment, management and treatment of renal diseases, including different modalities of dialysis and conservative management for patients with ESKD. She currently works as a Nephrology Nurse Practitioner Candidate subspecialized in Renal Supportive Care at Central Northern Adelaide Renal and Transplantation Service in South Australia. In 1996, she completed her Bachelor's degree in Medicine at the University of Buenos Aires in Argentina; become Nephrologist and; Specialist in General Medicine in 2002. In 2006, she moved permanently to Australia where she completed the Bachelor of Nursing, Renal Certificate and Master's in Clinical Nursing in 2015. In 2017, she completed the requirements for Nephrology Nurse Practitioner and is ready to apply for Nurse Practitioner Registration in 2018.

dralunardi@yahoo.com.au

Notes:

17th International Conference on

NEPHROLOGY & UROLOGY

March 12-13, 2018 London, UK

Local CD34-positive capillary decreased with the progression of lesion in respective area of kidney in mice

Abdul Masum^{1,2}, Osamu Ichii¹, Yaser Hosny Ali Elewa^{1,3}, Teppei Nakamura^{1,4} and Yasuhiro Kon¹¹Graduate School of Veterinary Medicine - Hokkaido University, Japan²Sher-e-Bangla Agricultural University, Bangladesh³Zagazig University, Egypt⁴Chitose Laboratory - Japan Food Research Laboratories, Japan

Renal vasculatures have important roles in both homeostasis and pathology as kidney is a highly vascular organ. This study examined the pathological correlation between local capillary and lesion in respective area in the mouse kidneys. The glomerular lesions (GLs) of six-months old autoimmune disease-prone BXSB/MpJ-Yaa (Yaa) mice and tubulointerstitial lesions (TILs) of nine-weeks old C57BL/6 (B6) mice treated by unilateral ureteral obstruction (UUO) for seven days were focused in this study. Collected kidneys were examined by histopathological and electron microscopic techniques. Yaa mice developed severe autoimmune glomerulonephritis, and the number of capillary positive for CD34 was significantly decreased in GLs rather than TILs compared with healthy control mice. On the other hand, UUO-treated B6 mice showed severe TILs, and CD34-positive capillaries were significantly decreased in the TILs with the progression of fibrosis but not in glomerulus, compared with untreated kidneys. Infiltrated T-cells and macrophages were significantly increased in the kidneys of both disease models compared to respective controls ($P < 0.05$). Vascular corrosion cast examined under scanning electron microscopy revealed segmental absences of capillaries in GLs and TILs of Yaa and UUO-treated B6 mice, respectively. Peritubular capillary visualized by microfil rubber perfusion were also segmentally absent in UUO-treated B6 mice. Further, transmission electron microscopy revealed the alternations of capillary endothelium, such as thickened cytoplasm and detaching to capillary lumen. The number of CD34 positive glomerular capillary was negatively correlated with that of infiltrated T-cells, injured renal tubules, podocytes and total glomerular cells and size in Yaa ($P < 0.05$). In UUO-treated mice, the number of CD34-positive peritubular capillary negatively correlated with that of all examined histopathological parameters for inflammation and fibrosis in TILs ($P < 0.01$). Inflammatory process would affect the quantity and/or functional phenotype of local renal capillary, resulting in the progression of lesions in respective area of kidneys.

Biography

Abdul Masum has completed his MS degree from Bangladesh Agricultural University. He worked as Assistant Professor in the Faculty of Animal Science and Veterinary Medicine, Sher-e-Bangla Agricultural University. He has published more than nine papers in reputed journals. Now, he is a Japan Government Scholar and doing his PhD degree in Graduate School of Veterinary Medicine, Hokkaido University, Japan.

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Outcomes of peritoneal dialysis catheter left in place after kidney transplantation

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Background: No clear consensus has been reached regarding the optimal time to remove peritoneal dialysis catheter (PDC) after kidney transplantation (KT). This study was undertaken to evaluate the clinical outcomes and potential complications associated with PDC left in place after KT.

Methods: Retrospective observational study conducted in a single peritoneal dialysis (PD) unit, which included all PD patients who received a KT during 1995-2015. Main demographic and clinical parameters of prognostic interest were recorded and used to analyze PD catheter related complications.

Results: 132 PD patients who received a KT (mean age 50 ± 12 years, 69% male). Twenty patients were excluded from the study: 17 patients due to early removal of the PDC (12 had active infection of the exit site or surgical difficulties at the time of grafting and 5 had surgical transplant complications in the early post-transplant period before hospital discharge) 3 patients who had non-functioning KT and could return to PD. Of the remaining 112 (85%) patients with functioning KT were discharged with their PDC left in place, and had it removed in a mean interval of 5 ± 3 months from KT, after achieving optimal graft function. During this follow-up period, 7 patients (6%) developed exit site infection and 2 cases (2%) peritonitis; all of them were successfully treated.

Conclusion: Delayed PDC removal after KT is associated with low complication rates, although regular examination is needed so that mild infections can be early detected, and therapy promptly instituted.

Biography

Saul Pampa-Saico is currently working as Nephrologist & Research Assistant in the Hospital Universitario Ramón y Cajal. He has published more than 20 papers in reputed journals.

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Bladder augmentation and effect on renal function

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Bladder augmentation it is a surgical procedure done when the bladder loses its function and become contracted, spastic and lead to leakage. It is an effective method by which we can increase bladder capacity and reducing pressure on the urinary system. Bladder augmentation is used in an attempt to preserve and improve renal function. In spite of this, There is a lot of controversy regarding wither this procedure is suitable to maintain kidney function or might increase the risk of hasten the renal deterioration to end stage renal failure.

Biography

Khamisa Almokali is a Pediatric Nephrologist Consultant working in King Abdullah Specialized Children Hospital, Riyadh. She did her MD at King Saud University and Pediatric Residency programme at King Abdulaziz Medical City, Riyadh. Then she did her fellowship at Sick Kid Hospital, Toronto, Canada. And currently she is working as Consultant Pediatric Nephrologist as well she is the Program Director of the Pediatric Nephrology fellowship.

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Locally acting antiplatelet and anticoagulant APAC, a mimic of heparin proteoglycan, inhibits acute ischemic kidney injury

APACs are unique dual antiplatelet and anticoagulant molecules, which mimic the vascular tissue residing mast cell heparin proteoglycans. Platelet activation and interaction with vascular wall with ensuing coagulation are important pathogenic mechanisms underlying various diseases, including kidney disease. We have shown that in ANCA-vasculitis kidney function is associated with strong coagulation activity during the acute phase, and that vascular access problems are prevalent in dialysis patients with coagulation abnormalities or thrombophilias. We have studied our potent, naturally occurring, locally acting antithrombotic in prevention of ischemic short- and long-term reversible or irreversible kidney injuries. APACs show strong inhibition of collagen induced platelet aggregation and procoagulant activity in association with vascular damage. In various animal models we have shown that APAC is able to target vascular injury site from the circulation and upon local application, having a long vascular retention time. Being highly negatively charged large molecules (MW 200-400 kDa) APACs interact avidly with vascular von Willebrand factor, laminin and collagen, whereas PECAM and podocalyxin positive vascular sites fail to colocalize with APAC. When infused intravenously 10 min prior to arterial clamping APAC protected kidneys from ischemic reperfusion injury, assessed both by clinical and laboratory or pathology findings. Intriguingly, in severe irreversible injury of 60 min ischemia time, APAC provided renoprotection. We are currently working with a diabetic nephropathy mouse model to study the possible role of APAC in the development of streptozotocin-induced diabetes and kidney damage.

Biography

Riitta Lassila has completed her MD in 1983 from Helsinki University, PhD in 1989, and Postdoctoral studies at Mount Sinai University School of Medicine in NY. She is an Internist and the Head of Coagulation Disorders Unit in Helsinki University Hospital since 2000 and Professor of Coagulation Medicine in Helsinki University since 2013. She has published more than 220 papers in peer-reviewed journals and has served as Editor in *Thrombosis Research* and Editorial Board Member of *Haemophilia* journal. She is the Secretary of European Association of Haemophilia and Allied Disorders and Steering Committee Member of EUHANET and EUHASS. She is CSO in Aplagon Oy developing APACs as pharmaceutical entities.

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Does early removal of Foley catheter have any influence on infection of recipient post renal transplantation? Is it safe? A clinical trial study

Introduction: Kidney transplant is a fair option for treatment of a chronic renal failure, although the outcome and results of kidney transplant are good, but it may be associated with some complications. One of the important complications is urinary infection. The aim of this study was to investigate the role of early removing of the catheter in renal transplant patients on the reduction of urinary tract infections.

Materials & Methods: This study was conducted as a clinical trial. 88 transplanted patients were enrolled and randomly divided into two groups. In the first group, the catheter of patients was taken 3 days after the transplant, and in the second group, the catheter of patients were removed 7 days after the transplantation. Urine culture was performed on two occasions. Then, the patient data entered the SPSS v20 statistical analysis program and analyzed the data.

Results: In this study, 25 patients (56.8%) were male in the first group and the mean age of the patients was 43.52 ± 13.6 years. In the second group, 25 patients (56.8%) were female and the mean age of the patients was 43.20 ± 14.39 years. After examining patients' urine tests and analyzing data with T test, the incidence of infection on the day after catheter exits ($P=0.000$) and 7 days after the expulsion of the catheter ($P=0.009$) in the patients in the first group (three days). It was significantly less than the second group.

Conclusion: Early removal of catheter has fundamental effects on UTI post kidney transplant and it seems that early removal of urethral catheter may be safe and reasonable in renal transplant of the recipient patient.

Biography

Afshar Zomorodi is a Professor of Urology and Kidney Transplant Surgeon, Chief of Organ Transplant Department of Imam Reza Hospital, Tabriz Medical Science University, Tabriz-Iran. He completed his education in Tehran University (1974-1981), Tehran, Iran, and MD degree during 1986-1990. He gained a Fellowship in Kidney Transplantation during 1992-1994 from Tabriz Medical Science University, Tabriz, Iran. He gained an Observership in Kidney Transplant and Pediatric Urology, Sickkid's Hospital, Toronto, Canada in 2001.

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Scientific Tracks & Abstracts Day 2

Nephrology & Urology 2018

Sessions:

Day 2 March 13, 2018

Chronic Kidney Disease | Kidney Cancer | Kidney Diseases | Kidney Nutrition | Urinary Tract Infections

Session Chair
Mohamad Waseem Salkini
West Virginia University, USA

Session Co-Chair
Riitta Lassila
Helsinki University Hospital, Finland

Session Introduction

Title: **Dr Allen's device for kidney care by dissolving renal calculi naturally prevents people with kidney stone disease from the development of secondary high blood pressure or diabetes**

Simon Allen, Fine Treatment, UK

Title: **Ten-year outcome study in a cohort of non-metastatic renal cell carcinoma treated with curative intent at SKCH & RC: Survival and progression after radical nephrectomy in 344 patients**

Nouman Khan, Shaukat Khanum Cancer Hospital Lahore & Research Centre, Pakistan

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Dr Allen's device for kidney care by dissolving renal calculi naturally prevents people with kidney stone disease from the development of secondary high blood pressure or diabetes

Simon Allen
Fine Treatment, UK

Allen's therapeutic devices (DATD) that provides Thermobalancing therapy (TT) is a class 1 medical device, so it can be used by everyone at home. 2 thermoelements in DATD accumulate the body heat and become a source of energy. The application of these thermoelements to the back, to the projection of kidneys by DATD dissolves renal calculi gradually. This method for treatment of chronic internal diseases was granted with the US patent as "Therapeutic Device and Method". It is a fact, confirmed by different clinical investigations that extracorporeal shock wave lithotripsy (ESWL) have serious side effects that can end with the development of high blood pressure and diabetes. Kidney surgeries, even minimal invasive percutaneous nephrolithotomy (PCNL) can develop severe complication, including secondary hypertension. The only way to dissolve kidney stones without side effects is to use DATD. This new therapy is based on a new understanding of the origin of diseases. According to TT, all chronic internal diseases have the same root, the pathological activity of capillaries. These changes in the small blood vessels, the focus of hypothermia becomes a continuous trigger in the affected tissue, which gradually increases the pressure in the affected organ that leads to its malfunction. The clinical investigations confirmed the effectiveness of TT in 124 men with BPH and 45 men with chronic prostatitis. The collected data during the last decade has shown that TT with DATD has dissolved any type and size of kidney stones in all users. People usually forget about kidney stones within days. However, they should use DATD for several months, depending on the size of renal calculi. Thus, to avoid secondary hypertension and diabetes people with kidney stone disease should use DATD as the first line treatment.

Biography

Simon Allen has obtained his PhD in Medicine in 1978. For many years he was treating patients with chronic internal diseases, including various kidney problems: nephritis, nephrosis, chronic kidney failure and kidney stones, developing diets for them. Later he headed health clinic for the treatment of chronic internal conditions. Then, he devoted two decades to further medical research and developed Thermobalancing therapy® and Dr. Allen's Devices for chronic internal diseases, which received a patent in the USA, as "Therapeutic Device and Method". He is Director of Fine Treatment, United Kingdom, which distributes these devices worldwide.

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Ten-year outcome study in a cohort of non-metastatic renal cell carcinoma treated with curative intent at Shaukat Khanum Cancer Hospital & Research Centre Lahore: Survival and progression after radical nephrectomy in 344 patients

Nouman Khan

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Background: Radical nephrectomy (RN) is a standard treatment of cure for non-metastatic renal cell carcinoma (NMRCC). Long-term outcome data are limited for Pakistani population. Our aim was to assess the long-term outcomes of RCC (renal cell carcinoma) treated with curative intent with radical nephrectomy (RN).

Objectives: To study the 5 and 10 years of outcomes in patients with NMRCC who underwent radical nephrectomy.

Methods: This is a retrospective analysis of prospectively collected data between February 2006 and December 2016. We included all the adult patients (age ≥ 18 years) with NMRCC from both genders irrespective of their histologic subtypes who underwent radical nephrectomy (RN) with a curative intent. The data were analyzed for overall survival and recurrence rates at 5 and 10 years using Kaplan-Meier survival analysis. Multivariate analysis was done using Cox-regression to identify risk factors associated with poor overall outcome in terms of recurrence and mortality.

Results: 344 patients with 195 (55.5%) males and 149 (44.2%) females with a mean age of 53.5 ± 14.1 years were followed for a mean follow-up of 31.1 ± 26.77 months (range: 3–132 months), with 46 (13.4%) deaths. 49 (14.2%) cases had disease recurrence with 33 (9.5%) deaths from disease progression. The five-year progression-free survival was 37% (95% CI: 49.04–2.76) with the median time to recurrence was 33 months (95% CI: 27.6–38.4) and the median overall survival was 103.7 months (95% CI: 95.7–111.7). The five-year overall survival was 76.1% (95% CI: 75.2–77) while 10-year survival was 70.8%. There was a significant median survival difference for cases with and without recurrence (log-rank χ^2 : 117.5, $p < 0.001$) T stage, Fuhrman's grade, and early postoperative recurrence.

Conclusion: Radical nephrectomy offers the best survival for non-metastatic renal cell carcinoma patients with excellent postoperative survival and progression-free profile.

Biography

Nouman Khan has completed his MBBS from Khyber Medical college Peshawar and Fellowship in Urology from the College of Physicians and Surgeon Pakistan (FCPS-Urology) in December 2015. He worked as Registrar Urology at North West General Hospital Peshawar for one year and later moved to Lahore city for fellowship in Urological Oncology at Shaukat Khanum Cancer Hospital Lahore. He is currently working as a Fellow of Urological-Oncology at Shaukat Khanum Cancer Hospital & Research Centre, Lahore. He has published 8 papers in Pakistani journals and 6 articles are ready for publication.

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24 hour-pulse-wave-velocity-measurement as a mortality predictor in ESRD patients

Louisa Maria Nerl

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Background: Arterial stiffness is a known cardiovascular risk factor in end-stage-renal-disease (ESRD) patients. ESRD patients in need of dialysis are generally of an advanced age, which combined with disease factors lead to a high mortality rate. Arterial stiffness, as assessed by pulse wave velocity (PWV), has been found to be linked to arterial hypertension. Here, we propose that PWV can be used to predict all-cause mortality in ESRD patients.

Methods: In this prospective study, 235 patients from 8 dialysis centers in Munich were placed under observation. As a baseline, data concerning age, sex and comorbidities were recorded. 164 patients underwent 24 hours monitoring of PWV with Mobil-O-Graphs. At the 6-year-follow-up, 108 were deceased, 47 were loss-to-follow-up (LTFU) and 80 were still alive and on active dialysis. The LTFU group included patients who received kidney transplantation or who underwent a change of dialysis center.

Results: Statistical analysis showed that patients with a PWV > 10 m/s had a median survival (as defined by half of the included patients in a group being deceased) of 1362 days (standard deviation = 281). The median survival for patients with a PWV < 10 m/s could not be assessed to-date as ~51% of these patients were still alive after 72 months.

Conclusion: PWV was found to represent an effective measure to predict all-cause mortality in ESRD. Measurements with Mobil-O-Graph are easily performed and reproducible, therefore monitoring PWV instead of arterial hypertension to determine efficacy of treatment could be an important aspect in future treatment of ESRD patients.

Biography

Louisa Maria Nerl studies Medicine in Munich. First two years of the course, she studied at the 'Ludwig-Maximilian-Universität' (LMU) afterwards at the 'Technische Universität München' (TUM). In 2015, she studied one semester abroad at the University of Bern in Switzerland. In September 2016, she joined Prof. Dr. Schmaderer's research team in the TUM Graduate School. From October 2017, she continued her research on a full-time basis.

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Spectrum of renin angiotensin aldosterone system disorders in young hypertensives of Pakistan

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The study was a cross sectional study conducted at the Department of Chemical Pathology and Endocrinology, Armed Forces Institute of Pathology (AFIP) Rawalpindi from Jan 2016 to Dec 2016. One hundred and sixty-five young hypertensive subjects, aged 17-40 years of either gender presenting in the outpatient department (OPD) were recruited from local population of Rawalpindi. All subjects were having blood pressure more than 140/90 mm of Hg and were not on any anti-hypertensive medicine. Patients with renal dysfunction, heart failure, pregnancy and secondary hypertension were excluded from the study. Blood sample was taken from each patient to analyze arterial blood gases, plasma renin, serum aldosterone and electrolytes. Sandwich chemiluminescence immunoassay and ELISA techniques were used to analyze plasma renin and serum aldosterone level. Arterial blood gases and electrolytes like sodium and potassium were measured by potentiometry, while bicarbonate was calculated. Normally distributed continuous variables were presented as mean+SD and others as median. Multiple regression analysis was performed to compute association of age, electrolytes, systolic and diastolic blood pressure in OPD and Endocrine Clinic AFIP with essential hypertension and primary hyperaldosteronism. $P < 0.05$ was considered statistically significant. Out of 80 subjects, 72 were diagnosed with essential hypertension and 8 with primary hyperaldosteronism. None of the patients had Liddle syndrome, apparent mineralocorticoid excess or Gordon syndrome. Mean age of patients having essential hypertension was 30.97 ± 7.13 years, whereas those with primary hyperaldosteronism was 29.25 ± 7.1 years. Mean serum sodium was 137.8 ± 6.5 mmol/l and potassium was 4.23 ± 0.6 mmol/l. Mean systolic blood pressure of patients measured in OPD was 172.7 ± 19.2 mm of Hg whereas diastolic blood pressure was 100.0 ± 8.3 mm of Hg. Mean systolic blood pressure measured in Endocrine Clinic AFIP was 142.7 ± 10.5 mm of Hg and diastolic blood pressure was 90.3 ± 6.5 mm of Hg. Diastolic blood pressure was significantly higher ($p = 0.001$) among all the patients reported in OPD. No statistically significant association was found between age, systolic and diastolic blood pressure ($p < 0.05$) in either OPD or endocrine clinic. Therefore, it was concluded that hypertension is not uncommon in young population of Pakistan. Primary hyperaldosteronism as compared to other RAAS disorders, remains the leading cause of hypertension in young population.

Biography

Mehwish Gilani has completed his MBBS from Army Medical College Rawalpindi, National University of Sciences & Technology in 2009. Currently, he is undergoing FCPS part II training in Chemical Pathology in Armed Forces Institute of Pathology, Rawalpindi. He is actively involved in research projects and two more projects are in the pipeline.

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Is it possible to preserve the blood supply of erectile organs with anastomosing hypogastric artery in renal transplantation?

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Introduction: Three modalities available for treatment of chronic renal failure including peritoneal dialysis, hemodialysis, and kidney transplantation. From all of them kidney transplantation is cost benefit and also associates with near normal lifestyle in patient. In this approach almost external iliac artery of patient is selected for anastomosis but if anastomosis would be associated with complication, sometimes it will be disaster event with loss of foot. Traditional approach for anastomosing renal artery to internal iliac artery (end to end) may be associated with multiple pelvic organ ischemia, if in this approach end to end anastomosis will be replaced by end to side, it will be safer than external iliac artery approach. We present some cases in them end to side anastomosis with internal iliac artery have been carried out

Methodology: In 10 cases with chronic renal failure, 8 males and 2 females aged between 25-50 years in them anastomosis of renal artery of allograft with internal iliac artery instead of end to end, end to side have been carried out

Results: After declamping of vessels, all patients had diuresis, creatinine of them was in normal range and blood flow in branch of internal iliac artery by color Doppler was detectable.

Conclusion: In some chronic renal failure patients with large diameter of internal iliac artery end to side anastomosis may be possible and this approach is safe than external iliac artery.

Biography

Afshar Zomorodi is a Professor of Urology and Kidney Transplant Surgeon, Chief of Organ Transplant Department of Imam Reza Hospital, Tabriz Medical Science University, Tabriz-Iran. He completed his education in Tehran University (1974-1981), Tehran, Iran, and MD degree during 1986-1990. He gained a Fellowship in Kidney Transplantation during 1992-1994 from Tabriz Medical Science University, Tabriz, Iran. He gained an Observership in Kidney Transplant and Pediatric Urology, Sickkid's Hospital, Toronto, Canada in 2001.

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Acute kidney injury biomarkers in patients with ureteric stones after retrograde ureterolithotripsy

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Introduction: The conventional diagnosis of acute kidney injury is based on serum creatinine measurement, but this marker is not appropriate for early recognition. During last decade there were a lot of studies evaluating biomarkers of kidney injury after minimally invasive treatment of kidney stones. However, there is no published data about biomarkers level after treatment of ureteric stones. The aim of our study was to evaluate impact of different treatment methods on kidney parenchyma in patients with proximal ureteric stones.

Materials & Methods: From 1st January to 31st October 2017 a total of 75 patients with unilateral large proximal ureteric stones were prospectively included in our study. They were randomized in three groups. In group 1 patient's undergone to retrograde ureterolithotripsy, in group 2 ESWL was performed and in group 3 mini-percutaneous antegrade ureterolithotripsy was treatment method. In all groups some biomarkers level were measured, including KIM-1, NAG and cystatin C, preoperatively, 2 hours, 24 hours and 72 hours after procedure. Also, we evaluate stone-free rate (residual fragments < 4 mm) and complications rate. In all cases KUB and renal ultrasound were performed one month after intervention.

Results: The mean stone size was 12 mm (9-13), 11 (8-12) and 13 mm (8-14) ($p < 0.05$). The mean age was 56 years (64, 57 and 62 years respectively). Stone-free rate in group 1, 2 and 3 was 76%, 60% and 88%. In all groups there was no significant difference in baseline biomarker level, except slight elevation of cystatin C in group 2 ($p > 0.05$). In all groups the mean KIM-1, cystatin C and NAG level increased two hours after intervention. However, after 1 and 7 days in group 1 the level of all biomarkers was not significantly different compared to baseline level. In group 2 and 3 KIM-1 and NAG level increased after 1 and 7 days after intervention, but in group 2 elevation at 7 days was not significant. Complication rate in group 1, 2 and 3 was 16%, 8% and 28%. There was greater grade 2 complication (according to Clavien-Dindo).

Conclusions: Our study showed that retrograde ureterolithotripsy is safe treatment method, which cause minimal kidney parenchyma injury, according to biomarkers level change. Percutaneous antegrade ureterolithotripsy is the most invasive but the most efficient method; however, first day after intervention biomarker elevation is comparable with ESWL, despite on its minimally-invasive nature. These data must be confirmed in large study with strict laboratory and clinical follow-up.

Biography

Kirill Shiranov has completed Medicine from Rostov State Medical University and graduated in Urology from Urologic Residency in 2013. He has surgical experience that includes ESWL (> 200 case per year), flexible endoscopy (> 50 cases per year), PCNL (25 cases per year), TUR (> 20 cases per year), TURP (20 cases per year), TURBT (20 cases per year) and HoLEP (20 cases per year). In 2012-2013, he was a member in ESRU NCO, Russia. He worked as EAU guidelines translator from English to Russia in 2010, 2011, 2014, 2016, and 2017.

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Epstein-Barr virus infection in a group of post renal transplant patients in two main renal transplant centers in a South Asian country

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Pre-transplant serology guided monitoring of high-risk renal transplant recipients {donor positive (D+)/recipient negative (R-)} is recommended to initiate early pre-emptive therapy to prevent EBV disease/post-transplant lymphoproliferative disorder. Sri Lanka is yet to implement this due to limited resources, although many renal transplants are performed annually. This descriptive cross-sectional study aims to evaluate the practice of pre-transplant EBV serology testing, determine the magnitude of high-risk population and to describe active EBV infection within first post-transplant year. Plasma of 118 adult post-transplant patients over four months tested for EBV DNA with a commercially validated quantitative real-time PCR kit. EBV serology and other transplant details collected using clinical records. Majority were males with mean age of 44.97 years (SD 12.48). 54.3% were >6 months post-transplant, 90.8% received a live related kidney all were on maintenance with Tacrolimus, MMF and Prednisolone. Pre-transplant serology is available in 37/118 recipients. Donor serology available in 27/118 recipients, 12 IgM, 13 IgG and two had both. Sero-compatibility details available in 15/118 with 20% being D+/R-. All samples were negative for EBV DNA despite ensuring maximum viral DNA recovery. Study concludes that pre-transplant screening for EBV infection was poor with incorrect antibody selection in donor. Many belonged to high-risk category emphasizing the need for implementing routine pre-transplant EBV screening guided post-transplant monitoring to improve the quality of care. None had active EBV infection, use of single sample per patient, few recruits were in early transplant period and short study period may have affected the EBV DNA detection rate.

Biography

A I K Mahanama has completed her MBBS degree from the Faculty of Medicine, Colombo and Post Graduate Diploma in Medical Microbiology from the Post Graduate Institute of Medicine, Sri Lanka. She currently works as a Postgraduate trainee in MD in Medical Virology at Medical Research Institute, a premier research institution in Sri Lanka. She has several local and international publications in her name and is also engaged in several research studies at the moment.

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A comparison of the effects of fentanyl, midazolam-fentanyl and pregabalin-fentanyl on the pain control in patients undergoing extracorporeal shock wave lithotripsy

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Extracorporeal shock wave lithotripsy (ESWL) was first used in the 1980s for renal and ureteral stones, which later became one of the main treatments for urinary tract stones. In order to have the patient's compliance, it's necessary to have a potent pain reliever with least side effects. For this purpose, different painkillers including opioids, NSAIDs, local anesthetics and combination of such drugs have been used. The aim of this study was to lower the need for opioids and to compare pain control and recovery period of fentanyl alone, in combination with midazolam and in combination with pregabalin. Among 141 patients, one third were given 4 mg fentanyl (10 minutes before the procedure), another group were given 2 mg fentanyl in combination with 1 mg midazolam and the other 47 patients were given 3 mg fentanyl in combination with 75 mg pregabalin (30 minutes before the procedure as it was used orally). The pain intensity was evaluated by numeric rating scale (NRS) before, during 1 hour and 2 hours after the procedure. Comparing these drugs show that using both midazolam and fentanyl can lessen the extra required dose of fentanyl, but increased recovery time due to midazolam mechanism of action, which was desirable for the patients as it decreased their stress but is not suitable for low health facility areas. Combination of pregabalin and fentanyl increased nausea and vomit before starting the procedure which was hard to tolerate for the patients. Using fentanyl alone, decreased recovery period and the patient's pain without requiring any other medications.

Biography

Mohammad Safaei Saruei is a Senior Medical student. He is a member of Student Research Committee. He is a young enthusiastic researcher, eager to for on Urology and Radiology projects.

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Peri-operative modifications and post-operative events after nephrectomy in kidney donation

Abdellaoui Imen

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Introduction: Living-donor kidney transplantation is a well-established treatment of choice for the ever-increasing number of patients with ESRD, offering longer survival and a better quality of life at a lower cost than dialysis. The harmlessness of kidney donation seems to be questioned, especially in Arabic Muslim developing country like Tunisia, where lack of cadaveric donors is continuously leading to an increase in living donors' numbers. The aim of this study is to evaluate the surgical, clinical and biological outcomes of nephrectomies in the early post-operative period and factors related to the hospital stay length.

Materials & Methods: This is a longitudinal mono-centric study, involving a cohort of 106 living kidney donors where nephrectomies were performed during November 2007-April 2015. In April 2016, the data of followed up donors were collected. Criterion of exclusion was lack of complete data at time of donation. The IBM SPSS 20 was used to analyze data and Chi-2 Test was used to compare variables.

Results: 106 donors (66 female and 40 male) were assessed before nephrectomy. The mean age was 42.8 ± 10.6 years (range 21–68 years). In 93% of cases, nephrectomy was performed on the left kidney. The operation procedure was subcostal lobotomy in 102 donors (96%) and laparoscopic nephrectomy in 4 donors. Complications during the operation were encountered in few cases: 1 case of cardiovascular collapses due to hemorrhagic incident, 3 cases of ventilation trouble and 7 cases of pleural wound without pneumothorax. No cases of anaphylactic reaction, bronchospasm or death were noted. The median length of hospital stay after nephrectomy was 9 days (6.13). Mean hospital stay was correlated with age ≥ 40 years ($p=0.04$) and baseline BMI >30 kg/m² ($p=0.05$). This duration was independent of the surgical approach ($p=0.36$). Modifications in biological parameters of donors are detailed in the Table1. In the post-operative period, some clinical events were encountered in 44% of cases (detailed in Table 2). No death was noted during eight years of kidney sampling.

Conclusion: Age greater than 40 years and obesity BMI >30 kg/m² are the main factors associated with prolonged duration of postoperative hospitalization but do not increase the risk of per-operative complications that seem rare in kidney donation.

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Assessment of urinary netrin-1 as a marker for progression of acute kidney injury in critically ill patients: Prospective cohort study

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Introduction: The incidence of AKI ranges from 20-60% in critically ill patients, in whom it is associated with adverse outcomes including increased length of ICU and hospital stay, development of CKD and increased short- and long-term mortality risk. Recently, several candidate biomarkers of AKI have been identified including netrin-1 which has been shown to be excreted in urine as early as 1 h after injury and reach a dramatic 30-40 fold increase by 3 h and a peak by 6 h after the insult.

Objective: This study aimed to identify risk factors for progression of AKI in critically ill adult patients in the medical ICU in Alexandria Main University Hospitals and to assess urinary netrin-1 as a marker for progression of AKI.

Design & Methodology: The study included 80 AKI patients who were followed during their ICU stay for primary outcome (progression to severe AKI; KDIGO stage 2 or 3) and secondary outcomes (need for RRT, ICU mortality, length of ICU stay and SCr at the time of discharge from the ICU). All participants were subjected to history taking, full clinical examination and laboratory investigations. Urine samples were collected from all patients at the time of ICU admission and urinary netrin-1 was measured.

Results: Almost one third (33.75%) of the study patients were identified as progressors. Progression was significantly more common among patients with history of CKD ($p<0.001$), hypotensive patients ($p=0.002$), septic patients ($p=0.041$), those who needed RRT ($p<0.001$) and those who died ($p=0.003$). Progressors had lower MBP and serum albumin level ($p=0.007$, 0.008 , respectively). They had higher APACHE II score and longer ICU stay ($p=0.037$, 0.020 , respectively). They also had higher basal blood urea, basal SCr. SCr levels at the time of presentation and discharge ($p<0.001$ for all). Urinary netrin-1 levels were not significantly different in progressors and non-progressors, those who needed RRT and those who did not, and in survivors and non-survivors. Results of the multivariate analysis revealed that CVD, hypotension and higher basal blood urea level were independent risk factors for AKI progression.

Conclusions: The results of this study suggest that history of CKD, hypotension and sepsis are associated with progression of AKI in critically ill patients and that urinary netrin-1 has a poor sensitivity and a poor specificity as a predictor of AKI progression, the need for RRT and ICU mortality.

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The relation between diabetes and dementia for patients undergoing dialysis

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Introduction: Patients suffering from kidney deficiency of the final stage and undergo an inveterate dialysis often suffer from depression and dementia. However, the relation between diabetes and depression and/or dementia to those patients who are subjected to dialysis has not yet been efficiently investigated.

Objective: The purpose of the study was to investigate the effect of diabetes on depression and on dementia for the patients undergoing continuous dialysis.

Methodology: 53 patients of an average age 69.57 ± 13.02 years (male/female=38/15) out of which 27 were diabetic and 26 were not, who were undergoing chronic dialysis for 28.34 ± 56.36 months. All the patients provided replies to standardized questionnaires Mini Mental State Examination (MMSE) and Hospital Anxiety and Depression Scale (HADS) in the form of an interview during dialysis so that to ascertain the level of depression and dementia. Moreover, blood samples were taken in order to determine hemoglobin, the efficiency of the dialysis (kt/V) the levels of natrium, potassium, calcium and phosphorus in their blood, as well as the levels of C-reactive protein (CRP).

Results: The level of depression and dementia of the whole of the patients examined was correspondent to a moderate level of illness (13.91 ± 10.56 and 15.00 ± 5.49 respectively). In a comparison between the diabetics and the non-diabetics the results indicated a statistically notable difference for the patients suffering from diabetes who displayed a high-level depression (17.63 ± 10.63 vs. 10.04 ± 9.15 , $p < 0.05$). The level of dementia was that of an average degree both for the diabetics and the non-diabetic, however there was a significant gap in numbers between the two teams (13.19 ± 5.19 vs. 16.88 ± 5.23 , $p < 0.05$). In the results of the non-diabetic patients a noteworthy difference regarding the depression level between men and women was established (8.79 ± 7.70 vs. 13.43 ± 12.35 , $p < 0.05$). Nevertheless, the same distinguishable difference concerning the level of dementia was not statistically determined. Regarding the group of the diabetic patients a substantial difference between the two genders was not determined. There has also been discovered a connection between the levels of CRP non-diabetic patients ($r = 0.487$, $p < 0.05$) but not of the diabetic patients. As far as the rest of the parameters are concerned there was no noteworthy correlation.

Conclusions: Depression is closely related with the presence of diabetes for the patients undergoing dialysis and is of a higher degree for the diabetics. The degree of dementia is higher in those suffering from diabetes but not alarmingly high.

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Improvement of renal function after human umbilical cord mesenchymal stem cell treatment on chronic renal failure and thoracic spinal cord entrapment: A case report

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Chronic renal failure is an important clinical problem with significant socioeconomic impact worldwide. Thoracic spinal cord entrapment induced by a metabolic yield deposit in patients with renal failure results in intrusion of nervous tissue and consequently loss of motor and sensory function. Human umbilical cord mesenchymal stem cells are immune naïve and they are able to differentiate into other phenotypes, including the neural lineage. Over the past decade, advances in the field of regenerative medicine allowed development of cell therapies suitable for kidney repair. Mesenchymal stem cell studies in animal models of chronic renal failure have uncovered a unique potential of these cells for improving function and regenerating the damaged kidney. We report a case of a 62-year-old ethnic Indonesian woman previously diagnosed as having thoracic spinal cord entrapment with paraplegic condition and chronic renal failure on hemodialysis. She had diabetes mellitus that affected her kidneys and had chronic renal failure for two years, with creatinine level of 11 mg/dl, and no urinating since then. She was treated with human umbilical cord mesenchymal stem cell implantation protocol. This protocol consists of implantation of 16 million human umbilical cord mesenchymal stem cells intrathecally and 16 million human umbilical cord mesenchymal stem cells intravenously. Three weeks after first intrathecal and intravenous implantation she could move her toes and her kidney improved. Her creatinine level decreased to 9 mg/dl. Now after eight months she can raise her legs and her creatinine level is 2 mg/dl with normal urinating.

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Outcomes after kidney injury in surgery (OAKS): Protocol for a multicentre, observational cohort study of acute kidney injury following major gastrointestinal and liver surgery

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Introduction: Acute kidney injury (AKI) is associated with increased morbidity and mortality following cardiac surgery. Data focusing on the patterns of AKI following major gastrointestinal surgery could inform quality improvement projects and clinical trials, but there is a lack of reliable evidence. This multicentre study aims to determine the incidence and impact of AKI following major gastrointestinal and liver surgery.

Methodology: Prospective, collaborative, multicentre cohort study will include adults undergoing gastrointestinal resection, liver resection or reversal of ileostomy or colostomy. The primary end point is the incidence of AKI within seven days of surgery; identified using an adaptation of the National Algorithm for detecting AKI based on the Kidney disease improving global outcomes (KDIGO) AKI guidelines. The 30-day adverse event rate was measured using the Clavien-Dindo scale.

Results: Almost 20% of patients nationally do not have a pre-operative creatinine test. Post-operative creatinine testing, and thus indication of renal functions demonstrated 98.4% compliance. Nationally, 14 centres have AKI rates above the 95% confidence interval and 2 above the 99.7% confidence interval for AKI rates, and the overall national rate was 13.1%. Using the Clavien-Dindo scoring system, major complication rate was found to be higher in patients who developed AKI, demonstrating it is a significantly associated with morbidity, mortality and cost.

Discussion & Conclusions: Pre- and post-operative creatinine measurements can be helpful to stratify risk, direct anaesthetic choices, and guide postoperative management. Patients who have developed an AKI are more likely to go on and develop major complications. It is therefore the hope of the authors that this study will define targets for future quality improvement programmes and clinical trials. Identifying risk factors for AKI will allow stratification of patients to prioritise future interventions aimed at enhancing preoperative optimisation and perioperative monitoring.

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Seroconversion to hepatitis B virus in maintenance hemodialysis patients: A case study

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Introduction: Hepatitis B infection is still a major concern in hemodialysis units, responsible for significant morbidity among these patients. Hepatitis B virus (HBV) infection is a major global health problem, especially in Asia, Africa, southern Europe and Latin America. About two billion people are infected with HBV worldwide and 400 million among them are suffering from chronic HBV infection. Pakistan is highly endemic with HBV with nine million people infected with HBV and its infection rate is on a steady escalation.

Objective: We aim to study the seroconversion rate of hepatitis B virus infections among maintenance hemodialysis patients and associated risk at Aga Khan University Hospital, Karachi.

Method: This study was conducted at the dialysis unit of Aga Khan University Hospital, Karachi on end-stage renal disease (ESRD) patients. All adult patients receiving maintenance hemodialysis (n=71) were studied between June 2016 and June 2017. Testing for hepatitis B surface antigen (HBsAg), hepatitis B surface antibody (HBsAb) and hepatitis B core Igm (COREM) was performed at initiation of dialysis and every six month thereafter. Patients who were sero-negative for HBV were followed up for one year to detect sero-conversions

Result: The seroconversion rate was 3.125% in 71 maintenance dialysis patients at Aga Khan University Hospital, Karachi resulted from number of blood transfusion, failure to identify and isolate HBV-infected patients during hemodialysis; sharing of staff, equipment, and supplies among patients.

Conclusion: Patients on maintenance hemodialysis have lower rates of HBV infection in this study. The factors associated with HBV infection are highly suggestive of nosocomial transmission within hemodialysis units. Strict infection control measures are required.

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Cross linked polyelectrolyte and its function in facilitating the intestinal dialysis process

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One of the most important issues in patients with chronic kidney disease (CKD) is fluid retention and volume overload accompanied by retention of nitrogenous waste products and some electrolytes. Intestinal fluids in a uremic patient daily contain 2.9 g of creatinine, 70 g of urea, 2.5 g of uric acid and large amount of water, which make it a potential candidate for intestinal excretion of nitrogen wastes products, electrolytes and excess fluids. Cross-linked polyelectrolyte (CLP) is a polymer that, given orally, absorbs excess fluid, electrolyte, and nitrogenous waste products in the gastrointestinal tract with eventual elimination in the feces. The aim of the present study was to evaluate the safety and efficiency of CLP administration in adsorption and removal of excess fluid, electrolytes, and nitrogenous waste products in CKD patients. We predict that this technique could be used as a potential adjuvant for conventional dialysis modalities. In an experimental study on 30 hemodialysis patients, the effect of CLP on adsorption of fluid, urea, creatinine, uric acid, sodium, and potassium were evaluated. It has been shown that, up to 80% of excess fluid water can be adsorbed by CLP. In addition, there were significant reductions in urea, creatinine, uric acid, and sodium levels ($P < 0.001$). In summary, this study introduces a paradigm for using CLP to remove the body excess products from the intestinal tract in patients with volume and waste product overload.

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Why and how? A comparison of survival percentage of hemodialysis patients with hepatitis infection between two hemodialysis centers in Jakarta, Indonesia and Penang, Malaysia

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Isolation and using special hemodialysis machine are not necessary for hemodialysis patients who has been infected by Hepatitis C viral from the association of Nephrologist in Indonesia (Pernefri) recommendation meanwhile Ministry of Health Malaysia gives recommendation that hepatitis C patients will be dialyzed in a separate room or a separate area with a fixed partition and dedicated machines. To identify the correlation between the recommendation which had been followed by two hemodialysis centers in different countries and the impact of that to the hepatitis C infection issue. A cohort prospective and retrospective study was done in this research. The study included hemodialysis patients who had followed up for nine months and who died in last five years. Universal sampling were used to select the inclusion criteria. There was a significance relationship between HCV first checked and HCV second checked among nine months followed up hemodialysis patients in HD center Jakarta, Indonesia. The total number of patients who had hepatitis C in the second checked increased around 30% of total hemodialysed patients who infected HCV in the first check in this HD center. Besides, providing special hemodialysis rooms and machines for hemodialysis patients with hepatitis C, minimizing blood transfusion to the patients on hemodialysis is important to reduce the chance for the patients to get hepatitis C and to increase the percentage of the survival.

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Mortality and quality of life in elderly patients on dialysis in New Zealand: Results from the dialysis outcomes in the >65 study (DOS65+)

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Background: New Zealand (NZ) and indeed the world, has a growing population of elderly patients with end-stage renal failure (ESRF) requiring dialysis. Physicians and patients making decisions around dialysis require information on the prognosis and quality of life (QoL) associated with all available options. However, there is limited evidence available on dialysis outcomes in the elderly, particularly QoL.

Methods: The dialysis outcomes in the >65 study (DOS65+) is a prospective longitudinal cohort study of patients >65 with ESRF. This is a cross-sectional analysis of mortality and QoL outcomes at baseline and two years.

Results: We found that neither mortality nor QoL vary with dialysis vintage, modality or location of treatment, whereas high burdens of co-morbidities and ESRF-related symptoms were associated with reduced QoL. Increasing age was found to be associated with mortality; however, there was no correlation between age and QoL on dialysis. Contrary to previous studies on other diseases, we have shown no significant differences in mortality or QoL in ESRF between the various ethnicities in NZ. Interestingly, socioeconomic factors including living with others, family involvement and sense of community contribute significantly to QoL in our patients, and lack of family involvement was also significantly related to mortality.

Conclusions: Our findings are consistent with the growing body of evidence around dialysis outcomes in the elderly, highlighting several key variables contributing to survival and QoL on dialysis which should be considered by doctors and patients when making decisions about the management of ESRF.

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Circadian regulation of rejection after kidney transplantation

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Kidney transplants are of the few types of operations that can occur at any time over 24 hours. This retrospective observational study explores the impact of circadian rhythms in generating rejection. Data from 974 transplants that occurred in one hospital unit between 2004 and 2014 was collected and time of organ reperfusion and presence of rejection was recorded. From these records, 89 of those had inconclusive biopsy results and hospital records were investigated to find the diagnosis. 43 of these patients were those of whom notes were not found and these patients were assumed to not have rejection. Statistical analysis using JTK cycle and CircWave was used to determine involvement of circadian rhythms in rejection and found that there was weak circadian contribution. This weak association is not sufficient to conclude that circadian involvement is important enough to be considered in clinical practice. Therefore, more research is required regarding circadian involvement and transplantation to determine whether these results are reliable. By determining the peak times of rejection, these operating times can be avoided, or the patients could be primed to minimize rejection post-operatively. Reliance on patient records may not be the best way to determine circadian involvement due to the heavy dependency on record keeping of other healthcare professionals.

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Response to tacrolimus in steroid resistant membranoproliferative glomerulonephritis

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We report the outcome of 13 steroid resistant cases of membranoproliferative glomerulonephritis (MPGN) treated with tacrolimus. All cases of steroid resistant nephrotic syndrome (SRNS) who underwent kidney biopsy at our center during June 2011 - December 2017 were retrospectively reviewed. Cases with systemic lupus erythematosus, Hepatitis B and C were excluded. 13 children with SRNS (7 patients with initial steroid resistant and 6 with late steroid resistant) having histological diagnosis of MPGN were treated with tacrolimus. Eight were male and five were female. Median age was 9 years (age range 1.8-13 years). 5 patients had gross hematuria while 6 had microscopic hematuria, all 13 had nephrotic range proteinuria and 69.7% had hypertension. Histological characteristics reveal MPGN type I in 10 and type II in 3 patients. Tubular atrophy was found in 69.2% and glomerulosclerosis in 61.5%. Focal mesangial sclerosis was found in 30.7%. Four patients had cellular/fibrocellular crescents. Tacrolimus was used in dose of 0.15-0.2 mg/kg/day maintaining trough level of 4-8 ng/ml. The complete remission was achieved in 76.9% which was sustained in 66.6% while 2/10 relapsed after stopping tacrolimus. 7.6% did not respond and progressed to end-stage renal disease (ESRD) in 48 months. Another 15.3% showed partial response (one of these 2 partial responders achieved complete remission after addition of mycophenolate mofetil). Median duration of response was 8.5 weeks. Side effects were mild and transient with mild hyperglycemia in one patient and 20% increase in serum creatinine in another patient. Mean follow-up period was 39.4 months. Mean eGFR at start was 94.3 and 102 at end of follow-up period. Severe tubular atrophy, glomerulosclerosis and cellular/fibrocellular crescents were found to be predictors of poor response with p value of <0.05. Follow-up biopsy was done in 5 patients, tacrolimus nephrotoxicity was found in one patient. We conclude that tacrolimus is a safe and well tolerated therapeutic option for cases of severe MPGN. However we need close follow-up and monitoring for progression of disease and nephrotoxicity.

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Health policies on dialysis and chronic kidney disease: The benefits of the Albanian patients

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Chronic kidney disease (SRK) increasingly constitutes a global public health problem of the importance of first-hand. In Albania the problem is practically unknown by the population, yet little-known and widely underestimated by doctors and by the government policy makers and public health authorities. Currently in Albania, chronic renal diseases have an increased incidence and prevalence, as well as a clear trend towards the terminal stage, towards renal replacement therapy. The dialysis service is provided by the public sector and the inability to provide this service in public hospitals of all those patients is increasing in number. Since 2007, half of them take it in private hospitals, where the state reimburses the bill for this service in the private sector. With recent developments in Albanian health policies, the development of health service packages for free, the dialysis service is offered to patients due to public-private partnership, from the private sector, even closer to home. This form of financing health services offers flexibility for patients to be diagnosed and in need to be treated with dialysis, a continuous medication and without fail. Other challenges are still Albanian nephrology primary, secondary and tertiary prevention. The result is intended to reduce morbidity and mortality from renal diseases, and to improve the quality of health care provided to patients on dialysis.

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Evaluation of nonstented distally folded onlay flap in distal penile hypospadias repair

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Introduction & Aim: Distally folded onlay flap for repair of distal penile hypospadias is a new technique which offers a solution for cases that is not suitable for tubularized incised plate (TIP). Also, this technique has a lower rate of incidence of meatal stenosis and fistula. Stenting of the neourethra after hypospadias repair is still controversial. Many studies have reported that nonstenting the neourethra avoid stent related problems as bladder spasm and detrusor contraction. However, the incidence of meatal stenosis and fistula increase with nonstented procedures. The aim of the current study is to report our experience with nonstented distally folded onlay flap as a trial to gain the advantage of nonstenting without its potential risk of increasing incidence of meatal stenosis and fistula. **Patient & Methods:** This study included thirty four patients who were not suitable for TIP. We performed distally folded onlay flap repair for these patients with a technique similar to that described previously by Elsayed et. al but without using of a postoperative urethral stent. Follow up by clinical examination was done on 3rd, 10th postoperative days and every three month after surgery for one year.

Results: The mean age of our patients was 4 years (1-8 years). Follow-up ranged from 6 to 16 months (average: 9 months). All our patients were not suitable candidate for TIP as twelve of our patients had a narrow urethral plate (35.2%) while 18 patients (52.9%) had a shallow urethral plate. Four patients (21.8%) underwent previous failed repair but with sufficient amount of prepuce to be used as a flap. All children voided with little discomfort at the time of voiding only. No cases of early postoperative complications including dysuria, postoperative bleeding, hematoma, wound infection or retention of urine were noted. Excellent cosmetic results were obtained in all children except two (94.1%). Thirty parents (88.2%) were very satisfied or satisfied, because of the cosmetic appearance of the neomeatus and absence of any postoperative indwelling catheters with little postoperative discomfort. There were no cases of meatal stenosis. Two patients (5.8%) had a urethrocutaneous fistula.

Conclusion: Nonstented distally folded onlay flap in repair of distal penile hypospadias is safe, has excellent success rate and provides high rate of parental satisfaction. The low rate of complications and high parental satisfaction seems to be promising but due to the small number of patients in this study, we still need to extend this study to verify our results.

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The relationship between pulse pressure and hypervolemia in hemodialysis patients

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Background: Hypervolemia is a common problem in hemodialysis (HD) patients. Because reaching to optimal dry-weight is difficult. Chronic volume overload causes left ventricular hypertrophy. Therefore risk of cardiovascular events is very high. High pulse pressure is an indicator of aortic stiffness, an independent risk factor for cardiovascular mortality. Pulse pressure has a strong correlation with systolic blood pressure and thus with myocardial infarction in hypertensive HD patients. Aim of this study to investigate the relationship between pulse pressures (PP) and hypervolemia.

Methods: 70 (28 male (40%), 42 female (60%)) chronic HD patients with an average age of 49 ± 13 . All patients underwent HD three times weekly were included. Fluid status was assessed twice (beginning and end of the HD) in HD patients with the body composition monitor (BCM). And blood pressure was measured simultaneously.

Results: At the beginning of HD, ESW/BW (body weight) (%) was associated systolic blood pressure (SBP) and PP measured simultaneously ($P < 0.021$, $P < 0.057$ respectively). There was no association between diastolic blood pressure with hypervolemia and PP.

Conclusion: If patients have hypervolemia especially in the interdialytic period, they have prolonged exposition to cardiovascular risk factors, because hypervolemia is correlated with SBP and PP as well. Both of them are strongly associated with cardiovascular events. By estimating optimal dry weight to obtain the removal of adequate fluid from hypervolemic patients by ultrafiltration causes decrease of systolic and pulse pressure proportionally.

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Half dose of Taurolock: Does it work?

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Background & Aim: Bacteremia is one of the most important complications in central vein catheter used in hemodialysis. TauroLock is known as an effective catheter lock solution (antimicrobial plus anticoagulant solution) in preventing catheter related bacteremia (CRB), but its cost is high and not covered by the most insurance companies. Therefore, the aim of this study is to investigate the effect of the medication on a half dose for its economic advantages.

Materials & Methods: In this clinical trial study, 152 patients were divided into case (n=62) and control groups (n=90). In the case group, for one year, TauroLock and heparin were injected into the catheter's lumen (equal dose) but in the control group, only heparin was injected. For detecting bacteremia, blood cultures were obtained.

Results: According to the results, there was a significant difference in CRB between the two groups, at the base time, 3, 6 and 12 months after injection of TauroLock ($p<0.05$). There was a significant difference in CRB, at the base time of 3, 6 and 12 months, after injection of TauroLock for the case group ($p<0.05$), but there was no significant difference for the control group ($p<0.05$). A positive effect in decreasing CRB was seen in the patients, based on age, sex, BMI, duration of hemodialysis, level of serum albumin, diabetes mellitus history and serum ferritin.

Conclusion: The catheter lock solution TauroLock, even in half dose, after each hemodialysis session, could significantly decrease the rate of CRB in hemodialysis patients.

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Radiological spectrum of renal hydatid disease: An Indian experience and pictorial review

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Introduction: Though hydatid disease is endemic in Indian subcontinent, renal involvement is rare. Since the serology remains negative in 50% cases, diagnosis is essentially radiological. However, imaging features of renal hydatid disease varies and correspond to evolutionary stages of the hydatid cyst.

Patients & Methods: Imaging features of different hydatid cysts of kidney encountered over the last three years have been analyzed retrospectively in accordance with Gharbi's classification system and compared with the available literature.

Results: Radiological appearance of renal hydatid cyst varies widely ranging from a cystic lesion to a completely solid one, depending on the stage of evolution of the disease and this may help in surgical decision making.

Conclusion: As high index of suspicion is required to diagnose a renal hydatid cyst and an urologist's familiarity with the imaging findings of the disease is very important for its early diagnosis and appropriate treatment.

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NEPHROLOGY & UROLOGY

March 12-13, 2018 London, UK

INDEX

A I K Mahanama	61
Abdul Masum	43
Afshar Zomorodi	49
Afshar Zomorodi	58
Khamisa Almokali	45
Laura Lunardi	42
Louisa Maria Nerl	56
Mehwish Gilani	57
Mohamad Waseem Salkini	38
Mohammad Safaei Saruei	62
Nouman Khan	54
Riitta Lassila	48
Saúl Pampa-Saico	44
Shiranov K A	60
Simon Allen	36
Simon Allen	53
Suresh Mathew	41
Tong Wang	37

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