



Uploaded to the VFC Website

▶▶▶▶ 2016 ◀◀◀◀

This Document has been provided to you courtesy of Veterans-For-Change!

Feel free to pass to any veteran who might be able to use this information!

For thousands more files like this and hundreds of links to useful information, and hundreds of "Frequently Asked Questions, please go to:

[Veterans-For-Change](#)

If Veterans don't help Veterans, who will?

Note:

VFC is not liable for source information in this document, it is merely provided as a courtesy to our members & subscribers.



New thematic issue highlights link between hyperuricemia, gout and kidney disease

Published on March 29, 2016 at 2:34 PM

The increasing prevalence of both gout and chronic kidney disease has led to a growing interest in the association between hyperuricemia (an abnormally high level of uric acid in the blood) and kidney disease.

A new thematic issue of *The Open Urology & Nephrology Journal*, titled 'Current Perspectives in Hyperuricemia, Gout and the Kidney,' reports on the interplay of various factors, particularly the role of the kidney in uric acid excretion on the one hand, and the possible impact of hyperuricemia on progression of renal disease on the other. The common patho-physiological link appears to be the chronic, low-grade, systemic inflammation that is intrinsic to both conditions, and that may explain some of the perplexing observations noted in these clinical conditions.

This thematic issue discusses the effect of the activation of the innate immune system, through stimulation of the NLRP3 inflammasome, leading to the subsequent generation of interleukins and the release of cytokines and chemokines, and how these factors interact in the complex interplay between hyperuricemia, gout and kidney disease.

Additionally, with the recent updates in clinical management guidelines for acute and chronic gout, and given that there are special considerations in specific patient populations, articles in the issue incorporate recommendations from three different medical perspectives: the primary care physician, the rheumatologist and the nephrologist.

Source:

Bentham Science Publishers
