

Renowned Nephrologist Dr. Munavwar Izhar Discusses the Impact of COVID-19 on the Kidneys

CHICAGO, IL, UNITED STATES, May 17, 2021 /EINPresswire.com/ -- As the nation and the world begin to grapple with another surge of COVID-19, Dr. Munavwar Izhar discusses the short and long-term implications of the impact that COVID-19 has on the kidneys.

[Dr. Munavwar Izhar mentions that Covid 19 has caused an unprecedented](#) number of deaths and has become a public health emergency to be tackled on a war footing. COVID-19 disease is caused by a severe acute respiratory syndrome-related coronaviruses-2 virus which enters cells by binding with the host angiotensin-converting enzyme-2 and CD147 protein. It not only affects the lung or the kidney but affects multiple organs and is fatal as well at times. Munavwar Izhar emphasizes that:-

Among COVID-19 patients admitted to a hospital, hypertension, diabetes, and obesity are the most common comorbidities. The associated comorbidities increase the mortality in Covid 19 disease.

[Dr. Munavwar Izhar has analyzed the published Renal data on Covid 19.](#) Initial reports from China revealed a low incidence (5%-10%) of acute kidney injury (AKI), subsequent articles documented a far greater incidence of AKI in hospitalized patients with COVID-19 as much as up to 40%. A good 40-50% of these 40% patients end up in ICU and may need mechanical ventilation.

Munavwar Izhar also says that Acute tubular injury, cytokine storm induced systemic inflammatory response, endothelial injury and dysfunction are the main mechanisms of AKI. In addition, direct viral invasion of tubules, lymphocytic infiltration, and complement-mediated (C5b- 9) related injury is also seen.

Dr. Munavwar Izhar says Urinalysis suggested causes other than acute tubular injury. Significant and Nephrotic range proteinuria is also present in some patients with the extensive viruses found in their kidneys. In general, Munavwar Izhar says that kidney biopsies have shown varied histopathology, including acute glomerulonephritis and acute tubular injury.

Dr. Munavwar Izhar also mentions that patients with Covid ARF have an increased tendency to require dialysis support. Sometimes the demand for this is so high in a hospital that shorter, temporizing dialysis sessions may be needed for equitable health resource distribution.

Dr. Munawar Izhar mentions that the Evaluation and treatment of AKI in COVID-19 patients are similar to the AKI in non-COVID-19 patients, with supportive measures being the cornerstone of management. Munawar Izhar says that Hyperkalemia is common in patients hospitalized with COVID-19, likely due to high cell turnover similar to a hypercatabolic state and reduced kidney function. Approximately 19% of hospitalized patients with COVID-19 associated AKI will require dialysis support. Dr. Munawar Izhar mentions that during the pandemic and the consequent surge in patients requiring dialysis support, several challenges have led to reduced dialysis capacity, including nursing staff shortages, personal protective equipment shortages during the initial phases, and shortages of dialysis machines and supplies. Given the possibility of a limited supply of dialysis during a pandemic surge, the use of potassium binders in addition to other temporizing measures may help delay dialysis necessity. Munawar Izhar said.

Dr. Munawar Izhar emphasizes that the patients receiving in-center Hemodialysis are at a particularly higher risk for contracting SARS-CoV-2 infection due to frequent health care encounters. He also mentions that patients with kidney failure are less likely to have classic COVID-19 symptoms compared with patients with and without CKD. Interestingly, they were more likely to present with altered mental status, highlighting the need for vigilant screening given the concern for “silent spread.”

A recent study estimates that 10% of dialysis patients have had COVID-19, Munawar Izhar said. The demands placed on hospitals and medical professionals across the country are far greater than the public knows, according to Dr. Munawar Izhar. “We are running out of resources. We don’t have enough dialysis equipment to meet the needs of our patients, and to make matters worse, we don’t have enough nurses who have the expertise to be able to provide this type of specialized care to critically ill patients.”, Dr. Munawar Izhar said.

Munawar Izhar says that In a statement issued by the CEO of the National Kidney Foundation (NKF), a notable number of people who are treated for COVID-19 in hospitals are discharged needing ongoing treatment for kidney disease. “The statistics in regard to the number of people we now have in this country who will require ongoing treatment for kidney disease following hospitalization for COVID-19 is staggering. This is a scathing consequence of this pandemic that we will be facing in the years to come says Munawar Izhar.

[Dr. Munawar Izhar says that “As of now, none of us in the medical](#) community can say how many people who develop kidney damage after contracting COVID-19 will see the restoration of their kidney function. Some patients have done well, and their kidneys were restored, whereas other patients are struggling. He recommends that people should do what is necessary to protect themselves from this virus. People should wear masks, stay away from inside gatherings, wash their hands, get fully vaccinated and follow the advice of their physicians and public health officials.”, Dr. Munawar Izhar said.

Caroline Hunter

Web Presence, LLC

+17865519491

[email us here](#)

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