*Results* Initial nephropathy was of vascular origin in 25% of patients; 30% had diabetic origin and 10% resulted from glomerular nephropathies. Fifty-five % of patients were hypertensive; HT was more prevalent in men with diabetes; the patients had echocardiographic abnormalities. While HT in patients treated with erythropoietin was 30%, 41% of the hypertensives had a hydro-sodic retention and 90% of the anuric patients were hypertensive. The HT was predominantly systolic in 70% of hypertensive patients. The blood pressure increased linearly with respect to the duration of the hemodialysis period.
*Conclusion* Hypertension is common in chronic hemodialysis patients. The expansion of extracellular volume likely plays a major role in HT; underlining the need to fix dry weight for each patient and the individualisation of dialysis characteristics. Cardiac repercussions are frequent in hemodialysis patients, hence the interest of echocardiographic examination, which must be systematic and periodic for each patient undergoing extra-renal purification.
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## Patterns of hypertension in renal transplant patients evaluated with 24 h ambulatory blood pressure monitoring

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*Rational* Prevalence of the different patterns of hypertension in renal transplant recipients (RTR) using 24 h ambulatory blood pressure monitoring (ABPM) along with their determining factor are lacking. The aim of our study was to describe the epidemiology of hypertension in RTR, based on ambulatory blood pressure monitoring (ABPM).
*Methods* In this cross-sectional study, prevalent RTR were proposed systematic blood pressure work-up consisting of ABPM, office blood pressure (3 consecutive blood pressure measurements performed by a nurse after 5 minutes of quiet rest) and detection of orthostatic hypotension. Optimal target was defined as BP < 130/80 mmHg for office BP. ABPM goals was defined using the ESH guidelines but we also defined another targets using only the 24 h average ABPM as seen in the literature.
*Results* Two hundred and fifty-eight RTR underwent ABPM. Mean ABPM was 132/76 mmHg not different from the mean office BP (132/73 mmHg). Prevalence of patients with resistant hypertension and uncontrolled BP when we considered day-time and night-time values were respectively 23% and 48% versus 20% and 41% when we take into consideration only the 24 h average ABPM. Twenty % of RTR had orthostatic hypotension. When we identified the patterns of BP, 31% of patients had masked hypertension with circadian ABPM versus 20% with only 24 h average ABPM. All the patients identified as having uncontrolled BP or masked hypertension with circadian ABPM and not with 24 h average ABPM presented only nocturnal hypertension.
*Conclusion* Our results show a suboptimal control of BP in a cohort of RTR with 20% of patients with resistant hypertension and more than 50% of patients with uncontrolled BP. ABPM is a valuable tool to detect nocturnal hypertension. Prevalence of hypertension is underestimated in RTR because of the lack of established definition of blood pressure using ABPM in this population. ABPM goals need to be better defined to assess correctly hypertension and improve the management of BP in RTR.
*Disclosure of interest* The authors declare that they have no competing of interest.

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## Metabolic syndrome and cardiovascular risk in patients on chronic hemodialysis of University Hospital of Annaba

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*Introduction* While cardiovascular diseases are the leading cause of death in chronic hemodialysis patients the prevalence of the metabolic syndrome in these patients is currently poorly explored. The metabolic syndrome is composed of various abnormalities, which considered separately can be considered as innocuous. However, if they are found together in the same patient, they represent a major cardiovascular risk.
*Objective* The objective of the study was to evaluate the prevalence of the metabolic syndrome in chronic hemodialysis patients in the nephrology service of Annaba University Hospital.
*Methods* A prospective study was conducted on 60 patients with end-stage renal failure treated by hemodialysis recruited from the nephrology and hemodialysis unit of Annaba University Hospital in Algeria. The mean patients' age was 41.55 ± 14.1 years old with a slight male predominance, the sex ratio M/F was 1.14. The data were collected by using a questionnaire including the patient size, weight, waist circumference and blood pressure.
The biochemical parameters included: blood glucose, total cholesterol, HDL-C, LDL-C and triglycerides.
*Results* The metabolic syndrome was present in 47% of the study population. Arterial hypertension was the most common abnormality with a prevalence of 70% followed by the decrease in HDL-C and abdominal obesity in 65% and 52% of the study population, respectively.
Hypertriglyceridemia was present in 40%, and hyperglycemia in 35% of the patients.
The cardiovascular risk was predominantly multifactorial: 58% of patients had at least 2 risk factors associated with their hypertension.
*Conclusion* The frequency and severity of cardiovascular and coronary complications, particularly in chronic uremia, necessitates a correction of risk factors, some of which are inherent in chronic renal failure. The evaluation of the metabolic syndrome is a mean of screening so as to prevent its complications, in particular the cardiovascular ones, the main cause of death in these patients.
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## Patient characteristics with intradialytic hypertension despite the drop of their dry weight

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*Introduction* Intradialytic hypertension (IHT), defined by an increase of 10 mmHg [1], is a frequent but poorly understood complication of hemodialysis treatment [2,3], associated with an over-risk of mortality [4]. In spite of the association with clinical signs of extracellular volume expansion, in clinical practice the attempt of a dry weight was not always associated with a normal-