

booklet on kidney transplantation, brochures on drug interactions, explanatory images and interactive maps. We organized information meetings to sensitize patients. This educational program has been appreciated by patients. A future evaluation of its impact on knowledge and observance is required. This ETP implemented in our service represents a considerable step forward in the management of kidney transplant patients. However, a well-structured program, led by a multidisciplinary team, must be implemented for ensuring the effectiveness and safety of treatment.

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## Work medicine and high blood pressure

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The etiological diagnosis of hypertension is rare. The purpose of the study is to think of a key body and a treatable etiology, especially in connection with a toxic renal damage; and this; following exposure in the workplace.

**Material and methods** Thirteen young workers in contact with lead in its different forms and have headaches, dizziness, a buzz of ears, abdominal colic, an asthenia, constipation, pale, hematuria, the polyneuropathy. That same worker got a visit of hiring and is controlled on a regular basis, knowing that any other cause of HTA has been sought and eliminated.

**Results** Thirteen 3 workers of average age of 37 years (from 28 to 48 years); 6 are welders (contact with lead); 3 are the mechanics (in contact with the metal); 2 work in electric cable manufacturing industries; 2 in factories manufacturing dental amalgams (in lead-based).

The average duration of work and exposure is 8 H/day during 5-7 years.

The signs leading to consult are urinary, digestive, neuro sensory signs, or general signs.

Clinical examination shows: blood pressure numbers in lying and standing and two arms.

The requested additional tests came back normal: the research of toxic has been requested; blood center high and in 9 cases, cadminemia and cadmiuria high in 2 case, other investigations: a renal ultrasound, a scanner and a review by magnetic nuclear resonance, finally a kidney biopsy has made in 7 cases which showed lesions tubulo-interstitial and glomerular with presence of gold in the cells of the proximal convoluted tube.

Hospitalization was necessary in all cases, a support with a distance from the workplace and chelators were given.

**Conclusion** The role of the doctor absolutely fundamental in the diagnosis and prevention of these arterial hypertension of toxic origin.

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## Diabetic nephropathy: Clinical aspects and risk factors



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**Introduction** Diabetic nephropathy is a serious complication and a turning point in diabetics. The aim of this work was to study the prevalence of diabetic nephropathy and the factors influencing its occurrence in diabetics.

**Methods** Our descriptive and analytical study was conducted in 80 diabetic patients hospitalized in our department. Patients benefited from careful clinical examination, standard biological assessments and a diabetic impact assessment.

**Results** We included 80 patients with type 2 diabetes. The mean age was  $58.12 \pm 9.2$  years, the duration of diabetes progression was  $10 \pm 6.4$  years,  $HbA_{1c} = 10.9 \pm 3.09\%$ . Sixty-eight % of the patients had social coverage was noted. Non-compliance with treatment was reported in 38.6% of patients. Diabetes was complicated by nephropathy and retinopathy in 32% and 39% of patients, respectively. At the discovery of nephropathy, the age was  $51.6 \pm 7$  years. Initially, the stage of this diabetic nephropathy was represented by micro albuminuria (32% of cases), proteinuria (21%) and moderate renal insufficiency (19%). Hypertension was present in 53% of the patients, 42% of whom were uncontrolled. The analytical study evidenced a positive association between the presence of nephropathy and the following factors: age, duration of diabetes and poor blood pressure control.

**Conclusion** We emphasize the importance of early detection of diabetic nephropathy at the stage of microalbuminuria in order to introduce nephron-protective treatment aiming to reduce progression to renal failure.

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## Control of hypertension during postpartum acute renal failure



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**Background** Arterial hypertension (HT) is a major health problem in Algeria due to its high frequency, delayed diagnosis and multiple maternal-fetal complications. Associated with HT during post-partum (PP), the acute kidney failure (AKF) is the leading cause of morbidity and mortality.

**Purpose** We aimed:

- to determine the incidence of AKF associated with severe high blood pressure during post-partum;
- to identify factors favoring the occurrence of pregnancy-related HT and 3/ to establish the etiologies of AKF.

**Methods** Our retrospective study included 48 patients during post-partum presenting HT and AKF, admitted in the department of nephrology from January 2013 to December 2016.

**Results** In our hospital, 13000 deliveries and 2500 caesarean sections are performed every year; average patients' age: 30.1; 71% of patients were multiparous. The incidence of AKF was 0.74% of deliveries (one AKF/1343), 41% had a pregnancy medical follow-up. HT occurred in 87% of cases. The creatinin level was  $> 35$  mg/L in 45% of cases. Etiologies: HELLP syndrome (20 cases), acute tubular necrosis (16 cases), cortical necrosis (2 cases). Triple anti-hypertensive therapy was taken by 14 patients, 43% had dialysis, 13