



Hypertensive Retinopathy and Some Related Factors in Kidney Transplant Patients

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DESCRIPTION

Although the retina is part of the eye, some side effects of many underlying diseases can be noted. In addition, some eye diseases have underlying causes. Visual inspection can detect eye injuries in most underlying conditions. It helps to conclude, infer, observe and evaluate post-treatment effects of underlying conditions. Hypertensive retinopathy in patients with persistent renal failure is a classic disruption associated with long-term hypertension. These pains are generally persistent, but can be severe. Currently, kidney transplantation is still considered the best and most practical treatment for patients with end-stage renal disease. Patients with indications for renal replacement are often evaluated for global assessment to assess organ damage, including the eye, associated with renal disease. All of these patients underwent careful physical and intensive organ examination. Nevertheless, a full assessment of damage to ocular organs is still in progress. Patients themselves are unaware that this is a serious problem in contrast to treatment of kidney disease.

Vietnam has a large number of renal metastatic foci, but there are no reports on the pace of hypertensive retinopathy in this region. The study was first conducted in Vietnam in patients with renal failure who were candidates for kidney transplantation. We found a high prevalence of hypertensive retinopathy in this patient group (70%). Men have more retinal damage from high blood pressure. Long dialysis times are one way to eliminate retinal damage associated with vision problems. This study shows the prevalence of hypertensive retinal injury in patients with proven renal failure who have undergone renal transplantation and may suggest some rules for avoiding or

limiting this injury. We also pay attention to the existence of factors related.

Several reports have shown that age is a risk factor for hypertensive retinopathy. This study was unable to demonstrate an association between age and hypertensive retinopathy in this refractory population. Given that our review members were younger and selected for kidney transplantation, we were able to understand this finding. Previous studies focused only on patients with hypertensive retinopathy. A strong link has been demonstrated between sex and hypertensive retinopathy. This study confirms that sex is associated with hypertensive retinopathy. These results are possible in relation to lifestyle and exercise among men and women. A review of the letters found information on the association between exercise and risk of chronic kidney disease, including hypertensive retinopathy. However, in lieu of previous findings, no evidence has been confirmed. Previous studies have identified the importance of local and persistent kidney disease, with incidence rates significantly higher in rural areas than in metropolitan areas. In any case, the flow study results do not support previous studies. This finding is in contrast to previous studies that recommended that smoking is associated with hypertensive retinopathy as a result of several previous studies.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

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