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Conference News

Medicon 2005 - 80th National Conference of IMA will be held on 27 to 29 December 2005, at *Venue* : Chennai Trade Centre, Mount Poonamallee Road, Nandambakkam, Chennai-600089. *For details* Contact Organizing Secretary **Dr. T. Sadagopan**, Usha Nursing Home, 23/2 Filter Bed Road, Vellore-632001, Tamil Nadu. Telephone : 0416-2224878; 2223222, Mobile : 98430-34878 and 94433-74878. *Scientific Committee Convenor.* **Dr. S. Chandrasekharan**, No.4, Jambulingam Street, Nungambakkam Chennai-600034, Tel : 044-28275832, 28312946 Mobile : 9840015023 E-mail : schan2004@rediffmail.com. Please offer your scientific faculty participation.

5th International Symposium on Diabetes will be held at Mumbai, India, on 21st and 22nd January 2006; *Theme* 'Emerging Treatments in Diabetes and Complications' International Faculty includes Prof. Robert Rizza, Prof. K.S. Nair Prof. William Young Jr. *For details*, please contact **Dr. Shashank R. Joshi**, Joshi Clinic, 12 Golden Palace, Turner Road, Bandra (N), Mumbai 400050, India. Email : mayoiiid_5@yahoo.com.in

7th World Congress of Nephrology will be held at Rio de Janeiro, Brazil for April 21-25, 2007. *For further information* contact website : www.wcn2007.org

Literature Review

Compiled by **Dr. P.D. Gulati**

Safety and success of kidney transplantation and concomitant immunosuppression in HIV-positive patients. *Anil Kumar MS, Sierka DR, Damask AM et al. Kidney International, 67;1622-1629, 2005.*

Human immunodeficiency virus-associated nephropathy (HIVAN) has become the third leading cause of end-stage renal disease (ESRD) in African Americans, and is expected to grow exponentially. High active antiretroviral therapy (HAART) has significantly prolonged the survival of patients with HIV infection. Despite the growing number of HIV-positive dialysis patients with prolonged life expectancy, kidney transplantation with immunosuppression has been declined because it is considered a waste of scarce donor kidney due to potential increase in morbidity and mortality. The effect of immunosuppression on HIV infection. Forty (40) HIV-positive dialysis patients received kidney transplantation between February 2001 and January 2004. Patient inclusion criteria were maintenance of HAART, plasma HIV-1 RNA of <400 copies/mL, absolute CD4 counts of 200 cells/ μ L or more. Immunosuppression was basiliximab induction and maintenance with cyclosporine, sirolimus, and steroids. HAART was continued post-transplant. Acute rejections were diagnosed by biopsy and treated with methylprednisolone. Surveillance biopsies were completed at 1,6,12 and 24 months, and evaluated for subclinical acute rejection, chronic allograft nephropathy, and HIVAN.

One and 2-year actuarial patient survival was 85% and 82%, respectively, and graft survival was 75% and 71%, respectively. Plasma HIV-1 RNA remained undetectable, and CD4 counts remained in excess of 400 cells per μ L with no evidence of AIDS for up to 2 years. Conclusion. One-and 2-year graft survival is comparable to other high-risk populations receiving kidney transplantation. One-and 2-year patient survival is higher than HIV patients maintained on dialysis. Immunosuppression does not adversely affect HIV recipients maintained on HAART in the short

term. This study shows that kidney transplantation in HIV positive patients who have plasma HIV-1 RNA of <400 copies/ml on HAART is safe and is associated with survivals better than on dialysis. However monitoring of combined immunosuppression and HAART due to major drug interactions is challenging. In those receiving protease inhibitors, very low doses of cyclosporine and sirolimus are needed.

Helicobacter pylori Stool Antigen Test. E. Mahir Gulcan, Aydin Varol, Tufan Kutlu, et al. *Ind. Jr. Paed.* 2005;72,675.

Helicobacter pylori (*H.pylori*) infection is usually acquired in early childhood. Invasive techniques used for diagnosis of *H.pylori* infection require endoscopic examination which is expensive and inconvenient and may cause complications. The aim of this study was to evaluate the performance of a new noninvasive diagnostic method, stool antigen test for *H.pylori* in untreated children with recurrent abdominal pain. Eighty children (35 female, 45 male) who have undergone upper gastrointestinal endoscopy due to recurrent abdominal pain were included in the study. The *H.pylori* stool antigen test (HpSA) is based on a sandwich enzyme immunoassay with antigen detection. HpSA sensitivity, specificity, and positive and negative predictive values were determined with reference to the results of both histology and rapid urease test as a gold standard (*H. pylori* status). While 49 of the 80 children (61%) tested were positive for *H.pylori* according to the results of both histology and rapid urease test, 28 children had negative *H.pylori* status. Among those 49 children, 48 were found to be positive by HpSA. Of 28 patients with negative *H.pylori* status, 28 were *H.pylori*-negative also in the stool test. The sensitivity, specificity, and positive and negative predictive values of HpSA were found to be 98%, 100%, 100% and 96.5%, respectively. These findings have demonstrated that HpSA as a relatively simple inexpensive and time saving noninvasive test is a reliable method for detection of *H.pylori* infections in children.