# Editorial

**In this Edition**

Solarin et. al.  reported their experience in the practice of peritoneal dialysis in a resource constrained environment and acknowledged that it is indeed a feasible procedure. The challenge of availability of catheters has limited its widespread use and focused PD has evolved as their adaptation to the challenges encountered in their Centre.

In a case control study Adedeji et al evaluated Type 1 DM patients, using a variety of tools for assessment of kidney function. The authors observed that renal function impairment is prevalent in T1D subjects and commences as early as two and a half years of disease.

Braimoh et. al. evaluated  urinary tract infection and nephropathy in adult Nigerians with sickle cell anaemia in 100 stable haemoglobin-SS subjects and 100 age and sex-matched healthy haemoglobin–AA controls aged over 16 years. The authors found urinary tract infection to be commoner in HbSS compared with HbAA subjects. *E.coli* was the commonest cause of UTI. They recommended the empirical use of ceftazidime or ciprofloxacin, oral medications for the treatment of these patients while awaiting antibiotic sensitivity results.

Aminu et al. conducted a retrospective review of all women with pregnancy related acute kidney injury (PRAKI) admitted into their hospital with emphasis on clinical profile, management and outcome. Major aetiological factors observed by the authors are: obstetrics haemorrhage, puerperal sepsis, preeclampsia/eclampsia, acute pyelonephritis and hyperemesis gravidarum. Most of the cases were observed to have occurred in third trimester of pregnancy and puerperium.

Awobusuyi et. al Reviewed the aetiopathogenesis and differential diagnosis of perinephric fluid collection after renal transplantation. The review provides an evidence-based management of the condition.

Olokor et. al evaluated the pattern of dyslipidaemia in one hundred and sixty Chronic Kidney Disease patients. They observed that a reduction in HDL- Cholesterol is the commonest dyslipidaemia in CKD even as early as CKD stage 1. There was no significant difference in dyslipidaemia patterns in hemodialysing and dialysis naïve patients

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