Sirisha Annavarapu et al., J Pharmacovigilance 2014, 2:5
http://dx.doi.org/10.4172/2329-6887.S1.012

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3rd International Conference and Exhibition on
Pharmacovigilance & Clinical Trials
October 27-29, 2014 Hyderabad International Convention Centre, India

Evaluation of the role of nephrotoxic drugs in contrast induced nephropathy

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Contrast material used in the radiological studies like contrast enhanced computed tomography (CECT) and intravenous urogram (IVU) are nephrotoxic and their ability to cause renal damage (contrast induced nephropathy - CIN) is increased when other potential nephrotoxic drugs are given simultaneously. The intravenous contrast materials used for CECT & IVU are non ionic iodinated monomer or dimers like iohexol, ioversol or iodixanol. The present study aims to study the incidence of CIN in the patients who are on nephrotoxic drugs like metformin or aminoglycosides (group A) and to compare this incidence with the incidence of CIN in patients not on nephrotoxic drugs (group B) and the incidence of CIN in those on nephrotoxic drugs but the drugs are stopped for 3 days prior to the investigation (CECT or IVU) (group C). Patients with known parenchymal renal disease, renal injury and renal mass are excluded from the study. Serum creatinine of each patient is evaluated before the contrast study and 3 days after the contrast study. Elevation of serum creatinine more than 0.5 mg/dl or 25% or more of the base line value in 3 days is considered as contrast induced nephropathy. The present study showed that incidence of CIN is more in the patients who are on nephrotoxic drugs (group A) than in those who are not on nephrotoxic drugs and there is no significant difference in the incidence of CIN between groups B&C.

Biography

Sirisha Annavarapu is currently pursuing her post graduation (MD) from Dr NTR University of Health Sciences and has completed MBBS from Chalameda Ananda Rao Institute of Medical Sciences. She has completed various preclinical and clinical studies like antianxiety property of zinc oxide and presented a poster in national conference

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