

# ANZPNA Article Blake Sandery

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I recently attend the International Pediatric Nephrology Association Congress 2016. It was held in the Brazilian city of Foz de Iguazu, on the border of Brazil and Argentina. Despite the somewhat remote (but amazing) location, there were over 1200 attendees. There were two days of pre-congress workshops and three days of congress. I attended the critical care pre-congress workshops, which were incredibly hands on. We were taught how to insert a peritoneal dialysis catheter, how to optimise CVVHD prescriptions, and the practicalities of vascular access for CRRT. There were also fantastic sessions on neonatal dialysis and fluid and electrolyte disturbances.

The following three days of congress were full of equally interesting symposia. Highlights for me included the genetics and management of nephrotic syndrome, and an update on biomarkers in sepsis-induced AKI. There was also a fascinating talk about the use of stem cells to increase kidney function in patients with CKD. The stem cell technology was used in 20 patients who, following treatment, had an average GFR rise of 20, which was maintained for 9 months.

There were over 650 posters displaying research from all fields of nephrology. It was great to see that there are so many people dedicated to advancing knowledge in the field. One poster I found particularly interesting detailed research on daily administration of Levamisole for frequently relapsing nephrotic syndrome. Of those patients who continued to relapse on alternate day Levamisole, once increased to daily dosing, 60% responded. The congress also gave me the opportunity to present a poster of research I recently completed. This project examined the incidence and factors associated with AKI following intravenous acyclovir use. Interestingly, AKI was more likely in patients who had above-normal GFR. The cause for this is unclear, however we hypothesised that hyper-filtering patients have an element of early un-identified kidney disease that puts them at risk.

The congress provided a great opportunity to spend time with colleagues and meet accomplished nephrologists from all corners of the globe. It was eye-opening to learn how other paediatric nephrology doctors practice, particularly those in disadvantaged countries. It was incredibly inspiring to hear the story of a nephrologist who set-up an entire paediatric nephrology unit without any support or funding from the government. Hearing of the obstacles she had overcome really puts the problems that I encounter in my day-to-day practice into perspective! Another highlight was learning of the success of the Saving Young Lives project. This project has enabled 8 centres in sub-Saharan Africa and South East Asia to provide peritoneal dialysis to AKI patients that would previously have had no access to dialysis.

The gala dinner was a welcome break from the intensive brainwork of the congress. This was true for me and, it seems, all the other attendees – the enthusiasm with which everyone took to the dance floor was astonishing! I had

always suspected it, but this confirms my theory...Nephrologists know how to work hard AND play hard!

I would like to extend a huge thanks to ANZPNA for supporting me to attend the conference. I would also like to thank my research supervisor, Dr Sean Kennedy, for his guidance and encouragement.