

Hepatitis C in Renal Disease, Hemodialysis and Transplantation

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Preface

Hepatitis C virus (HCV) infection is a major health problem worldwide. According to the reports, there are currently over 150 million HCV-infected people on the five continents. Although important advances in the diagnosis, prevention and therapy of HCV infection have been made, in most countries, particularly in the developing countries, it remains an important health problem.

HCV infection has been considered as a systemic disease: not only does it affect the liver, it can induce autoimmune, dermatological and renal disease. Not surprisingly, soon after the discovery of HCV as the major cause of non-A non-B hepatitis, HCV infection was recognized as an important cause and consequence of chronic kidney disease. For these reasons, Kidney Disease Improving Global Outcomes (KDIGO) decided to include HCV infection as an important topic to develop in nephrology, dialysis and transplantation. The document elaborated by a group of experts: 'KDIGO clinical practice guidelines for the prevention, diagnosis, evaluation and treatment of hepatitis C in chronic kidney disease' [Kidney Int 2008;73(suppl 109):S1–S99] is the most important and complete contribution ever published on this topic.

Three years later after this publication, we had the initiative to review the most important recent news concerning HCV virus infection and nephrology, dialysis and transplantation. I personally contacted first Dr. Jadoul, Dr. Rostaing and Dr. Roth to start this project accepted by Karger Publishers as a new volume of *Contributions in Nephrology*. We have elaborated this publication including the most important topics concerning HCV infection, renal disease and problems with dialysis in the general population and also in renal transplant patients. We also included a chapter that discusses the emerging problem of renal complications associated with HCV virus in patients with HIV infection.

All international authors of this undertaking, most of them participants of KDIGO, are relevant investigators who have contributed to the knowledge of HCV infection in patients with chronic kidney disease. I acknowledge the important effort and contributions of all authors who made it all possible.

Particularly, I acknowledge the Co-Editors' enthusiasm with the project and criticism. Finally, I would like to express my gratitude to Karger Publishers for accepting our suggestion, to Novartis for their generous support and to my hospital and the Institute of Investigation of Hospital 12 de Octubre for their continuous stimulus.

Jose M. Morales, Madrid