

From the Desk of Editor In-Chief

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Novel corona Virus-2 (Covid -19) is leaving unprecedented impact on human life as we know. The amount of chaos, standstill, fear, psychosocial impact, morbidity and mortality associated with Covid-19 is going to be long lasting. New lessons and understanding are being learnt almost on daily basis.

The medical community has stood fast with the affected communities providing in person, online and mobile app support for the medical needs and issues. This all is being done mostly with altruistic intentions and despite the fact that in underdeveloped and even developed countries supply of personal protective equipment (PPE) has remained in short supply. We are also learning to improvise and recycle our PPE, with ongoing research in all aspects of medical field from social distancing, PPE, medical equipment, different aspects of management and even online support.

Nephrology community around the world and in Pakistan have braced the pandemic with the fear of unknown. Acute kidney injury (AKI) is one of the manifestations of Covid-19 requiring dialysis and high mortality among ICU patients. Similarly, our maintenance hemodialysis and kidney transplant patients are a vulnerable group and dialyzing the infected patients with precautions for health care workers including doctors, technicians, nurses and other staff becomes of paramount importance and challenging.

Current issue of PJKD includes an original article and two review articles on AKI and Special considerations for the maintenance hemodialysis patients. The important original article by Dr Hozaiifa Habib et.al among maintenance dialysis patients suggests low prevalence of asymptomatic COVID-19 positive patients among patients and staff. They highlight that proper PPE and strict protocols for infection prevention can help even in low cost countries like Pakistan. The nice review by Dr. Salman Tahir Shafi details the emerging knowledge about AKI and what remains ahead. The review by Dr Zahid Farooq Baig et.al. discusses the issues regarding Covid-19, maintenance hemodialysis protocols and innovations required considering our local circumstances. I am sure further data will emerge from managing such patients and we will learn how to deal with such pandemics in future. Our patients are our priority and whatever possible ways to improve their life as a dialysis patient remains our concern. It is a war we should fight to win.