# Article information:

Preeclampsia from a renal point of view: Insides into disease models, biomarkers and therapy - PMC  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4220349/>

# Article summary:

1. Proteinuria is a common symptom in pregnancy, with preeclampsia being a common cause.

2. Understanding normal changes in kidney function during pregnancy is important for diagnosing and treating preeclampsia.

3. Treatment options for preeclampsia include delivery as the only curative option, but plasmapheresis can be used as a rescue therapy for refractory cases. Novel biomarkers for preeclampsia are not yet implemented in clinical use, so proteinuria measured by UPC ratio is recommended as a screening parameter.

# Article rating:

May be slightly imbalanced: The article presents the information in a generally reliable way, but there are minor points of consideration that could be explored further or claims that are not fully backed by appropriate evidence. Some perspectives may also be omitted, and you are encouraged to use the research topics section to explore the topic further.

# Article analysis:

The article "Preeclampsia from a renal point of view: Insights into disease models, biomarkers and therapy" provides a comprehensive overview of the changes in kidney function during normal pregnancy and the differential diagnosis of proteinuria in pregnancy. The article also summarizes different pathophysiological theories of preeclampsia with a special focus on the renal facets of the disease. However, there are some potential biases and missing points of consideration that need to be addressed.

One potential bias is that the article focuses mainly on biomarkers for preeclampsia without discussing their limitations or potential risks. For example, while UPC ratio is suggested as a screening parameter for preeclampsia, it has several disadvantages such as not being able to detect changes in proteinuria over the course of the day or take into account orthostatic changes that can potentially cause relevant changes in proteinuria. Moreover, likely day-to-day biological variation of the UPC-ratio has to be considered and only relatively large changes indicate a reliable change in disease status.

Another missing point of consideration is that while delivery is the only curative treatment for preeclampsia, it may not always be feasible or safe for both mother and child. The article briefly mentions plasmapheresis as a rescue therapy for so far refractory preeclampsia but does not discuss its potential risks or limitations.

Furthermore, while the article presents different pathophysiological theories of preeclampsia with a special focus on the renal facets of the disease, it does not explore counterarguments or alternative theories. This may lead to one-sided reporting and incomplete understanding of the disease.

In conclusion, while "Preeclampsia from a renal point of view: Insights into disease models, biomarkers and therapy" provides valuable insights into kidney function during pregnancy and preeclampsia, there are some potential biases and missing points of consideration that need to be addressed for a more comprehensive understanding of the disease.

# Topics for further research:

* Limitations of UPC ratio as a screening parameter for preeclampsia
* Risks and limitations of plasmapheresis as a rescue therapy for preeclampsia
* Alternative theories of preeclampsia pathophysiology
* Long-term effects of preeclampsia on maternal renal function
* Management of preeclampsia in resource-limited settings
* Role of genetics in the development of preeclampsia

# Report location:

<https://www.fullpicture.app/item/049c790d457d383e5ed00fa07f91ff1c>