



Immunity participation in the hypertension pathology

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Abstract:

Research that have led to Immune System participation in the pathology of Hypertension are relatively new. Association between HTA and renal disease was reported on 18791 and the first description of autoimmunity as producing morbid situation appeared on 1904 when the antibodies description causing hemolytic anemia in the crio hemoglobin paroxysmic 2 where the end of the stated situation by Paul Erlich who established that the organism didn't hurt himself (horror autotoxicus)³Ambulanced to St Bart's and had surgery with Professor Timmins Lead Surgeon at Barts.

Pioneer observations about participation in experimental models in HTA started to re appear at the end of the last century 4, however it has been in the last few decades when an increasingly number of researches 5 have led to stablish in an unmistakable manner the critical role of autoimmunity in the complex etic pathogenic mechanism which results in the elevation of HTA

Renal inflammation induces hypertension as a result of the reduction of the natriuresis by pressure, which is the response of the renal adaptation to a sodium positive balance. The reduction of the natriuretic response by the increase of the pressure of renal perfusion which is caused by the tubulointerstitial inflammation of the release of oxidative stress with reduce of nitric oxide, increase of the angiotensin activity and the effects profibrotic with losses peritubular capillary. In the arterial wall, inflammation increases the local produce of reactive species of oxygen, increases the vasoconstrictor tone and suppresses the endothelial vasodilatation response. In the central nervous system, the inflammation of the areas in the third ventriculus helps lymphocyte migration to the arterial wall (originator of the vascular inflammation) and stimulates the activity of the sympathetic nervous system which carries not only the increase of the vasoconstrictor tone, cardiac expense and the reabsorption tubular of sodium, but also, induces the stimulation of various aspects of the immune system.

Biography:

Manager in Occupational Health who has a flexible pro-active approach to work and who is more than able to manage a varied and



demanding workload, with over 15 years of experience. Her experience has given the exceptional capacity to multitask and manage competing priorities and develop high negotiation skills easily while also delivering superior patient care. She have always been able to establish and maintain excellent relationships with clients, patients' colleagues and coworkers at all levels. Her professional skills include but are not limited to: - Complete care program development, management and administration - Building relationships with clients, employees, colleagues and key stakeholders. - Accurately completing data research and analysis while demonstrating computer proficiency. - Proven clinical and professional managerial ability, leadership, communication and organizational skills managing HR efficiently and effectively - (Saarikoski, 2002)Able to work autonomously at a senior level within an organization. - Developing a working environment and culture that actively improves health, safety and security.

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