



Clinical Management of Hemodialyzed Patients: From Pharmacological Interventions to Advanced Technologies

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Message from the Guest Editor

Uremic toxins represent independent risk factors for the mortality of hemodialyzed (HD) patients, as they are poorly removed through conventional, diffusive techniques.

Several studies have associated middle toxin molecules with the pathological features of uremia, such as immune dysfunction and inflammation, as well as adverse outcomes in HD patients.

Systemic inflammation plays a pivotal role in morbidity and mortality in these patients, contributing to atherosclerosis, cardiovascular disease, and anemia. Furthermore, immune deficiency leads to impaired response to vaccination and increased incidence, severity, and poor outcome of microbial infections.

The aim of this Special issue is to carry out an in-depth analysis of pharmacological interventions and new technologies applied to HD patients, designing clinical management based on a personalized medicine.

Papers evaluating new biomarkers of inflammation and altered immunity status in HD patients, as well as noninvasive devices able to detect biological data in real time, are welcome.





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