

## Circulating Angiopietin 2 Is A Marker And Potential

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Circulating angiopoietin-2 is a marker and potential mediator of endothelial cell detachment in ANCA-associated vasculitis with renal involvement

**Circulating angiopoietin-2 is a marker and potential** ...

Circulating angiopoietin-2 is a marker for early cardiovascular disease in children on chronic dialysis. Rukshana C Shroff Nephro-Urology Unit, UCL Institute of Child Health and Great Ormond Street Hospital for Children NHS Trust, London, United Kingdom.

**Circulating angiopoietin-2 is a marker for early** ...

Circulating Angiopietin-2 Is a Marker for Early Cardiovascular Disease in Children on Chronic Dialysis Rukshana C. Shroffi, Karen L. Price1, Maria Kolatsi-Joannou1, Alexandra F. Toddi1, David Wells2, John Deanfield3, Richard J. Johnson4, Lesley Rees1, Adrian S. Woolfs, David A. Long1\*

**Circulating Angiopietin-2 Is a Marker for Early** ...

Circulating levels of Ang-2 and stie2 (median (range): 1098.0 (361.4-4147.6) pg/ml and 3.40 (1.21-10.00) ng/ml, respectively) were significantly elevated in AML patients as compared to controls...

**Circulating angiopoietin-2 is a strong prognostic factor** ...

Circulating angiopoietin-2 is a marker for early cardiovascular disease in children on chronic dialysis. Shroff RC(1), Price KL, Kolatsi-Joannou M, Todd AF, Wells D, Deanfield J, Johnson RJ, Rees L, Woolf AS, Long DA.

**Circulating angiopoietin-2 is a marker for early** ...

Excess circulating angiopoietin-2 is a strong predictor of mortality in critically ill medical patients Philipp K\u00fcmper1, Alexander Lukasz , Sascha Davidi, R\u00fddiger Horn2, Carsten Hafer1, Robert Faulhaber-Walter 1, Danilo Fliser3, Hermann Haller and Jan T Kielstein

**Open Access Excess circulating angiopoietin-2 is a strong** ...

Angiopietin-2 (Ang-2), is a circulating antagonist ligand of the endothelial-specific Tie2 receptor and has been identified as an important gatekeeper of endothelial activation. It was determined whether Ang-2 was as an outcome-specific biomarker in 117 critically ill patients requiring RRT in the ICU.

**Angiopietin-2 - an overview | ScienceDirect Topics**

Circulating Ang-2, a putative marker and potential mediator of accelerated atherosclerosis, is inversely related to GFR and increases with advanced CKD. The correlation between Ang-2 and ADMA points towards the hypothesis that the ADMA-driven NO deficiency might trigger Ang-2 release and account for the Ang-2 increase in CKD patients.

**Circulating angiopoietin-2 levels increase with progress** ...

Circulating angiopoietin-2 is elevated in patients with neuroendocrine tumours and correlates with disease burden and prognosis. Srirajaskanthan R(1), Dancy G, Hackshaw A, Luong T, Caplin ME, Meyer T. Author information: (1)Neuroendocrine Tumour Unit, Royal Free Hospital, London NW3 2QG, UK.

**Circulating angiopoietin-2 is elevated in patients with** ...

Angiopietin-2 (Ang-2), a known antagonist of the endothelial Tie-2 receptor, was originally described as a naturally occurring disruptor of normal embryonic vascular development otherwise mediated by the Tie-2 agonist angiopoietin-1 (Ang-1).

**Excess circulating angiopoietin-2 may contribute to** ...

Circulating angiopoietin-2 and the risk of mortality in patients with acute respiratory distress syndrome: a systematic review and meta-analysis of 10 prospective cohort studies. Li F(1), Yin R(2), Guo Q(3). Author information: (1)Department of Critical Care Medicine, The First Affiliated Hospital of Soochow University, Suzhou, Jiangsu, China.

**Circulating angiopoietin-2 and the risk of mortality in** ...

Kumpers F, Hellpap J, David S, Horn R, Leitolf H, et al. Circulating angiopoietin-2 is a marker and potential mediator of endothelial cell detachment in ANCA-associated vasculitis with renal involvement. Nephrol Dial Transplant 2009

**Circulating Angiopietin-2 as a Biomarker in ANCA** ...

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**Circulating Angiopietin 2 Is A Marker And Potential** ...

Angiopietin-2 (Ang-2), as one of the ligands of endothelial receptor Tie2, is known to be significant for vessel maturation and stabilization after birth. Previous studies showed the relationship between Ang-2 level and the risk of mortality in patients with acute respiratory distress syndrome (ARDS).

**Circulating angiopoietin-2 and the risk of mortality in** ...

Circulating angiopoietin 2 correlates with mortality in a surgical population with acute lung injury/adult respiratory distress syndrome. Shock. 2008; 29:656-661. doi: 10.1097/SHK.0b013e31815dd92f. [Google Scholar] Giuliano JS, Jr, Lahni PM, Harmon K, Mong HR, Doughty LA, Carcillo JA, Zingarelli B, Sukhatme VP, Parikh SM, Wheeler DS. ...

**Excess circulating angiopoietin-2 is a strong predictor of** ...

High circulating angiopoietin-2 (Ang-2) concentrations are strongly associated with kidney disease involving the progressive loss of glomerular filtration. The aim of our study was to investigate the associations between renal function and serum Ang-2 or serum Tie-2 concentrations in the general population.

**Circulating Angiopietin-2 and Its Soluble Receptor Tie-2** ...

The endothelial specific angiopoietin (Ang)-Tie2 ligand-receptor system has been identified as a non-redundant mediator of endothelial activation in experimental sepsis. Binding of circulating Ang-1 to the Tie2 receptor protects the vasculature from inflammation and leakage, whereas binding of Ang-2 antagonises Tie2 signalling and disrupts endothelial barrier function.

**Excess circulating angiopoietin-2 is a strong predictor of** ...

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**Circulating Angiopietin 2 Is A Marker And Potential**

To evaluate the association between the level of angiopoietin-2 as a circulating endothelial and/or angiogenic markers and the pathophysiological process leading to severe respiratory failure (i.e., with the need of invasive mechanical ventilation), we analyzed respiratory measurements among 17 COVID-19 patients that fulfilling Berlin criteria for moderate or severe ARDS.

The book entitled Sepsis will provide a great and up-to-date information in this field to students and researchers involved in sepsis research with its chapters targeting host-pathogen interaction at a metabolic level during sepsis pathogenesis, how age affects sepsis pathogenesis and its outcome in old-age population as compared to young population, sepsis-associated acute organ injury mainly targeting acute kidney injury in sepsis, and kallistatin as host-derived immunomodulatory mechanism during sepsis, along with developments in techniques required for early diagnosis of sepsis and sepsis-associated encephalitis, a devastating medical condition observed during severe sepsis. The book is written by experts in their fields associated with sepsis, a critical condition needing great medical attention.

Angiopietins-Advances in Research and Application: 2012 Edition is a ScholarlyPaper™ that delivers timely, authoritative, and intensively focused information about Angiopietins in a compact format. The editors have built Angiopietins-Advances in Research and Application: 2012 Edition on the vast information databases of ScholarlyNews.™ You can expect the information about Angiopietins in this eBook to be deeper than what you can access anywhere else, as well as consistently reliable, authoritative, informed, and relevant. The content of Angiopietins-Advances in Research and Application: 2012 Edition has been produced by the world's leading scientists, engineers, analysts, research institutions, and companies. All of the content is from peer-reviewed sources, and all of it is written, assembled, and edited by the editors at ScholarlyEditions™ and available exclusively from us. You now have a source you can cite with authority, confidence, and credibility. More information is available at http://www.ScholarlyEditions.com/.

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This issue of Critical Care Clinics, guest edited by Drs. Hernando Gomez Danies and Joseph Carcillo, focuses on Coagulation/Endothelial Dysfunction. This is one of four issues each year selected by the series consulting editor, Dr. John Kellum. Articles in this issue include, but are not limited to: Cell-cell communication breakdown and endothelial dysfunction; Role of the Tie2/Angiopietin pathway in endothelial dysfunction; The Glycocalyx; Platelet activation and endothelial dysfunction; Role of antithrombin III and tissue factor pathway; Red blood cell dysfunction; Microvascular hemodynamics, autoregulation and mechanotransduction control of blood flow distribution; Nitric oxide and endothelial dysfunction; Microvascular dysfunction; Hemolytic Uremic Syndrome and atypical HUS; Thrombotic thrombocytopenic purpura, Heparin induced thrombocytopenia and Disseminated intravascular coagulation in the critically ill; Thrombocytopenia associated multiple organ failure (TAMOF); Meningococemia; Immune consequences of endothelial dysfunction during sepsis; Therapeutic targets in thrombotic microangiopathies with a focus on endothelial disorders; and Coagulation disorders in HUS/Macrophage activation syndrome.

This book provides a comprehensive look at renal cell carcinoma, exploring its biology as well as current and future molecular targets for renal cancer carcinoma.

**ABSTRACT:** Background Critically ill patients with acute kidney injury (AKI) can be divided into two sub-phenotypes, resolving or non-resolving, based on the trajectory of serum creatinine. It is unknown if the biology underlying these two AKI recovery patterns is different. Study Design Prospective longitudinal cohort study. Settings and Participants A cohort of 1240 patients with systemic inflammatory response syndrome and admitted to the intensive care unit at Harborview Medical Center, Seattle, Washington. Predictor Eight circulating biomarkers were measured using meso scale discovery technology. The biomarkers were representative of several biologic processes; apoptosis (soluble Fas), inflammation (soluble tumor necrosis factor receptor 1, interleukin 6, interleukin 8) and endothelial dysfunction, (angiopoietin 1, angiopoietin 2, and soluble vascular cell adhesion molecule 1). Outcome Acute kidney injury sub-phenotypes based on trajectory of serum creatinine. Results During the first 3 days of ICU admission, 802 (65%) subjects developed AKI; 492 (61%) had a resolving sub-phenotype and 310 (39%) had a non-resolving sub-phenotype. The non-resolving sub-phenotype was associated with higher mortality (adjusted RR 2.4 (95% CI 1.5, 3.9)), while the resolving sub-phenotype was not associated with an increased risk of death (adjusted RR 1.2 (95% CI 0.7, 2.1)). Soluble Fas was the only biomarker associated with a non-resolving sub-phenotype after adjustment for age, body mass index, diabetes and acute physiology and chronic health evaluation III scores (p

Guest edited by Dr. Michell Levy, articles for this edition of Critical Care Clinics include: Specificity and sensitivity; How to use biomarkers;Physiologic Parameters as biomarkers: What can we learn from physiologic variables and variation?;Multi-marker Panels;Coagulation biomarkers;Biomarkers in neurosurgery;Biomarkers in Trauma; and Cardiac Biomarkers

This book is a printed edition of the Special Issue "Calcium Signaling in Human Health and Diseases" that was published in IJMS

The endothelium enables communication between blood and tissues and is actively involved in cardiovascular homeostasis. Endothelial dysfunction has been recognized as an early step in the development of cardiovascular diseases: respectively, endothelium represents a potential therapeutic niche with multiple targets. The purpose of the book is to point out some recent findings of endothelial physiology and pathophysiology emphasizing various aspects of endothelial dysfunction connected to the body's internal and external environment. While basic features of the endothelium are presented in an introductory chapter, the authors of the following 17 chapters have provided extensive insight into some selected topics of endothelial (dys)function. The book would hopefully be useful for anyone interested in recapitulating endothelial (patho)physiology and expanding knowledge of molecular mechanisms involved in endothelial dysfunction, relevant also for further clinical investigations.