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Editorial

Microalbuminurea Detection: The Future Challenges

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Albumin in the range (30-300 mg/day) when found to be excreted in urine is popularly known as microalbuminuria. It is a sign of a start up to certain renal diseases, and recognised as a biomarker of diabetic nephropathy [1].

It is demonstrated that nearly half of the type 2 diabetic patients had microalbuminuria and eventually they develop diabetic nephropathy [2,3].

So it becomes important to increase the accessibility to microalbuminuria detection at point of care which can act as a whistle blower for prevention of complications of diabetes.

There are different methods which are being used for microalbumin detection including dye binding methods, immunochemical assays, HPLC based, and spectroscopic methods. Dye binding methods and immunochemical methods are popular point of care methods for microalbumin detection. The dye binding methods are less specific while the immunochemical methods are less sensitive for the purpose. Both of these methods does not work well at the lower range of detection. Therefore innovative methods are in its way to solve this problem [4-11].

Keeping these facts in mind we feel that more basic research is required at the present moment to solve the problems of microalbuminuria detection at point of care.

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