

Prof.Dr. MEHMET ÖZKAHYA

Kişisel Bilgiler

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Eğitim Bilgileri

Tıpta Yandal Uzmanlık, Ege Üniversitesi, Tıp Fakültesi, Dahili Tıp Bilimleri Bölümü, Türkiye 1995 - 1998

Tıpta Uzmanlık, Ege Üniversitesi, Tıp Fakültesi, Türkiye 1988 - 1994

Yüksek Lisans, Ege Üniversitesi, Tıp Fakültesi, Türkiye 1982 - 1988

Yaptığı Tezler

Yüksek Lisans, çocukluk çağında gastrointestinal parazitler, Ege Üniversitesi, Tıp Fakültesi, 1988

Araştırma Alanları

Tıp, Sağlık Bilimleri, Dahili Tıp Bilimleri, İç Hastalıkları, Nefroloji

Akademik Unvanlar / Görevler

Prof.Dr., Ege Üniversitesi, Tıp Fakültesi, Dahili Tıp Bilimleri Bölümü, 2010 - Devam Ediyor

Doç.Dr., Ege Üniversitesi, Tıp Fakültesi, Dahili Tıp Bilimleri Bölümü, 2004 - 2010

Yönetilen Tezler

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- VI. **Impedance ratio: a novel marker and a powerful predictor of mortality in hemodialysis patients**
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- VII. **FGF-23 levels are associated with vascular calcification, but not with atherosclerosis, in hemodialysis patients**
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- XII. **CORRELATION BETWEEN SERUM YKL-40 (CHITINASE-3-LIKE PROTEIN 1) LEVEL AND PROTEINURIA IN RENAL TRANSPLANT RECIPIENTS**
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- XIII. **The association between progression of carotid artery intima-media thickness and cardiovascular events in peritoneal dialysis patients**
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- XVI. **Effect of Fluid Management Guided by Bioimpedance Spectroscopy on Cardiovascular Parameters in Hemodialysis Patients: A Randomized Controlled Trial**
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- XIX. **Lactic acidosis secondary to metformin in a patient presenting with acute renal failure due to diarrhea: Case report Metformin Kullanırken Diyare ve Akut Böbrek Yetmezliği Gelişen Hastada, Metformine Bağlı Laktik Asidoz: Olgu Sunumu**
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- XXII. **The Evidence of Occult Hypervolemia; Improvement of Cardiac Functions After Kidney Transplantation**
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- XXIII. **Epicardial adipose tissue volume and cardiovascular disease in hemodialysis patients**
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- XXVII. **Neither oxidized nor anti-oxidized low-density lipoprotein level is associated with atherosclerosis or mortality in hemodialysis patients**
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- XXVIII. **The impact of low serum sodium level on mortality depends on glycemic control**
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