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Pulmonary and muscular septic metastases in hemodialyzed patient using buttonhole technique: Case presentation

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Introduction: The buttonhole technique has been used worldwide for about 25 years. The advantages are those related to pain relief at the puncture site, reducing the risk of hematoma and aneurysm at AVF level and performing hemodialysis at home. These benefits are offset by the increased risk of local infections or septic complications. Their causes are poor technique, non-compliance with local hygiene conditions, the creation of "false channels" as the source of germs localization.

Materials & Methods: A 38-year-old female patient with IgA nephropathy, noncompliant to treatment, BCR stage 5, decides to start HD in 2010 (right jugular CVC jugular). From February 2016, the patient performs buttonhole technique at the left brachial-cephalic AVF. Inflamed puncture sites, without the appearance of any secretion, highlighted in April 2017. The cultures at the puncture sites were *Staphylococcus Aureus* positive, initiating local and systemic oral treatment with amoxicillin+clavulanic acid, according to laboratory results. After 4 days, the patient presents altered general condition and feverish syndrome. The clinical examination found: ulcerous injury at the left brachial-cephalic AVF; 2 left parasternal and thighs mobile and painful tumor masses of 2 cm. Para-clinically marked inflammatory syndrome, positive *Staphylococcus aureus* hemo-culture; radiographic pneumatoceles in both lung fields. AVF ligation was performed with continued HD sessions on CVC. Antibiotic therapy was initiated according with antibiogram: Gentamicin 80mg/HD session - 5 administration; Linezolid 600mg/day for 14 days; Vancomycin 500mg/HD session for weeks, with clinically and para-clinical favorable evolution.

Discussions: Characteristics of the case: The brutal evolution under initiated antibiotic treatment and the type of septic complications: pulmonary and muscular metastases. Making a "buttonhole workgroup" in every dialysis center is essential. Initial and periodic training of patients and nurses involved in this technique is essential for infection risk' reducing.

Biography

Lavinia Oltita Bratescu was graduated from University of Medicine and Pharmacy from Timisoara, Romania in 2000. She has completed her studies with specialization in Nephrology, in 2006. From 2007, she has worked as a Nephrologist in Sf Pantelimon International Healthcare Systems Nephrology and Dialysis Medical Center, Bucharest. From 2012, she has been a Chief Physician of the same medical center. She completed her PhD in 2013. She has participated in national and international nephrology conferences as a speaker and as poster presenter.

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