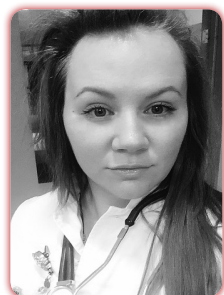


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Anastasia Putintseva

The Federal State Budgetary Institute, Russia

Case of pregnancy favorable outcome in a patient receiving hemodialysis therapy

The case features qualified care and treatment in a specialized hemodialysis department of the EMERCOM of Russia in St. Petersburg for a patient aged 39 years with CKD and pregnancy, starting with a preconception preparation. Chronic glomerulonephritis with the outcome to CKD was diagnosed since the patient was 17 y/o. The first pregnancy in the patient was diagnosed at the age of 27 years against the backdrop of a 10-year period of dialysis therapy, which contributed to the normalization of the most important functions of the body, including reproductive. This is evidenced by the fact of overcoming infertility. At the time of the beginning of the pregravid preparation, the duration of the prolonged dialysis therapy was 22 years. This clinical case confirms the high frequency of pregnancy complications, starting already at 12 weeks: Cholestasis of pregnancy, anemia. At 16-17 weeks gestation cervical insufficiency is formed. Closure of the cervix reduces the incidence of preterm delivery, up to 33 weeks, according to the references. In this case, a contraindication to surgical treatment of the cervical insufficiency is the disease that is a contraindication to the preservation of pregnancy, in particular, CKD. Continued conservative therapy preserves pregnancy at 23-24 weeks in the third level obstetric clinic allowed to prolong for 5 more weeks, prevent the respiratory distress syndrome of fetus using glucocorticoids. The optimum method of delivery was caesarean section. As a result, the mother and the child were discharged in satisfactory condition after 7 days and 4 months respectively.

Biography

Anastasia Putintseva is a Doctor working in the Department of Dialysis. She is a Member of the Russian Dialysis Society and a Member of ERA-EDTA. Her area of interest is conservative nephrology, hemodialysis (especially reproductive function in dialysis patients and tourism of dialysis patients) and transplantation. In her practice, she widely uses renal replacement therapy (hemodialysis and hemodiafiltration as prolonged and intermittent, constant outpatient dialysis), efferent therapy (plasmapheresis, plasmosorption, intravascular laser therapy and ozone therapy).

putyablag@mail.ru

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