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Urgent start peritoneal dialysis: A viable option for acute and chronic kidney failure

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Peritoneal dialysis (PD) may be a feasible, safe and complementary alternative to hemodialysis (HD) not only in the chronic, but also in the acute setting. Recently, interest in using PD to manage acute kidney injury (AKI) patients has been increasing. The Brazilian studies have shown that, with careful thought and planning, critically ill patients can be successfully treated by PD. To overcome some of the classic limitations of PD use in AKI, such as a high chance of infectious and mechanical complications and no metabolic control, they have proposed the use of cycles, flexible catheter and a high volume of dialysis fluid. This knowledge can be used in the concept of unplanned start on chronic PD and may be a tool to increase the PD penetration rate among incident patients starting chronic dialysis therapy. Although data on unplanned initiation of chronic PD are scarce, they indicate that mortality is the same or even better than for unplanned initiation of HD and the number of infectious complications seems to be lower. In conclusion, unplanned PD is an option and should be offered in an unbiased way to all patients without contraindications to starting urgent PD and it should be offered in an unbiased way to all patients without contraindications to PD starting unplanned dialysis.

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Recurrent acute kidney injury in tropics-epidemiology and outcome

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Introduction: Acute kidney injury (AKI) is now an established and preventable cause for chronic kidney disease. Poor outcome of Acute Kidney Injury is influenced by severity and duration of AKI.

Aims: We hypothesize that recurrent episodes of acute kidney injury are associated with adverse renal and patient related outcome.

Material & Methods: Study was undertaken to look into etiological risk factors for recurrent AKI and its effect on renal and patient related outcome. This retrospective analytical study was conducted at tertiary health care centre from northern part of India from January 2003 to December 2013. All patients with the diagnosis of "acute renal failure" or "acute kidney injury" as their hospital admission diagnosis was identified and individuals with recurrent Acute Injury were included in the study.

Results: Recurrent acute kidney injury was found in 21 (0.56%) of 3698 patients who presented with acute kidney injury during the 10 years period. Topical infections were the most common etiology of recurrent AKI followed by rhabdomyolysis and intravascular hemolysis leading to pigment nephropathy. Acute tubular necrosis was the most common histopathological diagnosis among patients biopsied. As the episodes of AKI increased from 2 to >2 episodes, there was poor immediate as well as late renal outcome. 50% were proteinuric and 87.5% were hypertensive at 1 year among patients who had >2 episodes of AKI while it was 15.3% and 7.69% among patients having <2 episodes respectively.

Conclusion: Recurrent episodes of AKI are associated with poor patient and renal outcome suggesting that each episode of acute kidney injury needs close evaluation and follow up following hospital discharge with particular attention to renal outcomes.

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