

4th International Conference on

Nephrology & Therapeutics

September 14-16, 2015 Baltimore, USA

Renal replacement therapy in pediatric acute kidney injury

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Acute kidney injury is associated with increased risk of morbidity and mortality in patients. In children, it affects approximately 5% of critically ill children. Neonate represents a higher risk population especially in the setting of cardiac surgery. No specific recommendations exist on the choice of the renal support for pediatric acute kidney injury based on outcomes; in fact, depending on centers, the preferred modality of renal replacement therapy is influenced by local expertise and financial resources. In pediatrics, the large variation in weight ranging from 1 to 60 kg as well as the small number of patients needing renal replacement therapy is a challenge for management, organization and maintenance of expertise. In our experience, the need for renal replacement therapy in patients with acute kidney injury when all modalities are employed is less than 15 cases/year. In neonate, renal replacement therapy is still difficult and peritoneal dialysis is most of the cases the best choice. This presentation provides an overview on current available practices in renal replacement therapy in children, and proposes a decision making algorithm for the use of renal replacement therapy in critically ill children with acute kidney injury.

Biography

Ali Manouchehri has completed his MD from Hormozgan University of Medical Sciences, Bandar Abbas School of Medicine. He is the registered physician of C-ICU at Namazi Hospital (Shiraz Medical University Hospital). He has had many presentations at reputed domestic and international medical conferences.

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