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Cancers, chemotherapies and hemodialysis: A retrospective study

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Management of patients with cancer has become almost the same as a chronic disease thanks to the effectiveness steadily improved therapies available in the treatment of cancers. Tolerance and toxicity especially Renal Tolerance and toxicity of these therapies is a major problem and often under estimated. It may be the result of hemodynamic changes, organic lesion and/or blockage of urinary tracks.

A study has been made in order to determine the frequency of patients supported in acute hemodialysis for a neoplastic etiology or secondary to a chemotherapy compared to the general population managed in acute hemodialysis. Also, identifying the mechanism involved in this renal disease for these patients and finally assessing the fate of these patients.

We have carried out a retrospective study from January 2011 to January 2013 (24 months) at our hemodialysis unit including 237 patients supported for acute hemodialysis, 41 patients had an AKI among them 29 were cancerous.

The circumstances of the occurrence of renal failure taken into account are post chemotherapy and induced by the tumor process (compression, flooding) were excluded from the study patients receiving chronic hemodialysis and having developed a neoplasia in a second time.

Our results were as follows: 71% of AKI supported during this period were linked to a cancer predominantly female 18w/11m, an average age of 54 years with two cases of pediatric age. The haematological malignancies are particularly providers of kidney damage (48%) in particular the multiple myeloma (MM), followed by uro-genital neoplasia (42%), a higher frequency of MM in women (7W/3M). The tumor lysis syndrome occurs most often during chemotherapy for certain haematological malignancies (lymphoma). The cases of nephrotoxicity found were related to the use of cisplatin and gemcitabine. The evolution of these patients was predominantly bad.

Optimization of renal tolerance of cancer chemotherapy pass by an appropriate assessment of renal function of these patients before and during treatment, to each pastor in general but also by the adaptation of doses.

Biography

Lydia Benhocine is MD, and Nephrologist. She received her medical doctorate from Medical School of Algiers in 2003 and completed her Residency in Nephrology with honor as a Assistant Professor in 2008. She worked on pediatric and adult renal transplantation and was trained for transplantation in Clinic Barcelona with Pr Campistol. She is actually Head of Department of Hemodialysis in one of the biggest University Hospitals of Algiers. She has made numerous presentations at national and international scientific meeting and publications in national journals. She is member of the Algerian Society of Nephrology and also representative of North African Region for the Middle East Society for Organ Transplantation (MESOT).

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