23rd European Nephrology Conference

October 23-24, 2019 | Rome, Italy

Clinical profile and outcome of posterior reversible encephalopathy syndrome in patients with renal failure

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Backgrounds: Posterior reversible encephalopathy syndrome (PRES) is a clinico-radiologic entity characterized by headache, altered level of consciousness, seizures, visual disturbances, and reversible vasogenic subcortical edema on MRI scan, predominantly in the posterior white matter. The objective of the present study is to characterize the clinical features, neuro-imaging findings, triggering factors and outcome of PRES in patients with renal failure. Methods: We performed a retrospective study including all patients with renal failure who were diagnosed with PRES in our department of nephrology between January 2016 and June 2019. Results: A total of 10 patients were included for the final analysis. Mean age at PRES onset was 29,5±8,16 years. Eight patients were women. Five patients (50%) had a history of chronic hypertension. Kidney failure was chronic in 9 (90%) cases and secondary to systemic lupus in 5 cases, MCD in 2 cases, diabetes in one case and unknown etiology in 2 cases. Acute severe headache and vomiting were the most common presenting symptoms, as seen in all cases, followed by seizure in 8 cases, blurred vision in 7 patients and alteration of consciousness in 6 cases. Nine patients (90%) had uncontrolled hypertension. Five patients had infection at the time of PRES episodes. Three patients had urinary tract infection, 1 had pneumonia and 1 patient was recently diagnosed with pulmonary tuberculosis. Three patients received pulses of cyclophosphamide with glucocorticoids. Antihypertensives and antiepileptics were the mainstay of treatment along with supportive care. During the observation period, 5 patients recovered completely, 2 patients developed recurrence of PRES and 3 patients died. Conclusions: Given the good prognosis of PRES in patients with early supportive treatment, prompt recognition is crucial to institute appropriate management and prevent permanent neurological deficits.