

# Euro Nephrology 2019: Clinical Profile and Outcome of Posterior Reversible Encephalopathy Syndrome in Patients with Renal Failure- Naouaoui.S, Mohammed VI University Hospital

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## Introduction:

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: An aggregate of 10 patients were incorporated for the last examination. Mean age at PRES beginning was 29,5±8,16 years. Eight patients were women. Five patients (half) had a past filled with persistent hypertension. Kidney disappointment was constant in 9 (90%) cases and optional to fundamental lupus in 5 cases, MCD in 2 cases, diabetes in one case and obscure etiology in 2 cases. Intense serious cerebral pain and spewing were the most well-known introducing side effects, as found in all cases, trailed by seizure in 8 cases, obscured vision in 7 patients and adjustment of awareness in 6 cases. Nine patients (90%) had uncontrolled hypertension. Five patients had contamination at the hour of PRES scenes. Three patients had urinary lot disease, 1 had pneumonia and 1 patient was as of late determined to have aspiratory tuberculosis. Three patients gotten beats of cyclophosphamide with glucocorticoids. Antihypertensives and antiepileptics were the pillar of treatment alongside strong care. During the perception time frame, 5 patients recuperated totally, 2 patients created repeat of PRES and 3 patients kicked the bucket. Conclusions: Given the great anticipation of PRES in patients with early steady treatment, brief acknowledgment is essential to initiate proper administration and forestall lasting neurological shortfalls. Back reversible encephalopathy condition (PRES) is a clinico-radiologic element described by migraine, adjusted degree of awareness, seizures, visual aggravations, and reversible vasogenic subcortical edema. Hypertension and renal disappointment are notable chief danger factors for the improvement of PRES. Be that as it may, hazard components and result of PRES has not been concentrated in patients on support hemodialysis (MHD). The target of this examination is to portray the variables inclining to the improvement of PRES in patients on MHD. We played out a review examination in patients of MHD who were determined to have PRES between August 1, 2013, and July 31, 2015. Those with a background marked by cerebrovascular mishaps/stroke, and epilepsy were barred. We investigated the clinical subtleties, course, and research center

information. One-year follow-up information were noted in repeat of PRES and mortality. An aggregate of 18 patients were incorporated for the last investigation. Of these, 13 (72%) patients were guys. Larger part of these patients were youthful and mean age was 21.1 years (6-50 years). A large portion of the PRES scenes grew soon after commencement of MHD with mean length of 2 months after inception of MHD (multi month-3 years). Each of the 18 patients had safe hypertension. Eight (45%) patients had disease at the hour of PRES scenes. Four patients had catheter-related circulatory system contamination, 1 had pneumonia and 3 patients were as of late determined to have aspiratory tuberculosis. Four (22%) patients created repeat of PRES and this load of scenes created inside 2 months of list occasion. Seven (39%) patients went through renal transplantation, and all got triple resistant concealment and had uncontrolled hypertension in the perioperative period. Nonetheless, none of these patients created PRES after transplantation. This load of patients had been keeping up stable join work in the development. All scenes of PRES were of summed up tonic-clonic seizure type and 6 of them introduced as status epilepticus. None of them had any neurological spin-off and no mortality toward the finish of 1 year. PRES isn't extraordinary in patients on MHD. Uncontrolled hypertension and disease are normal inclining factors. Renal transplantation is protected and not antagonistically influenced by earlier scenes of PRES in MHD.

Back reversible encephalopathy disorder (PRES) is a clinico-radiologic element described by cerebral pain, modified degree of awareness, seizures, visual unsettling influences, and reversible vasogenic subcortical edema on MRI examine, transcendently in the back white matter. The goal of the current investigation is to describe the clinical highlights, neuro-imaging discoveries, setting off elements and result of PRES in patients with renal disappointment. Techniques: We played out a review study incorporating all patients with renal disappointment who were determined to have PRES in our division of nephrology between January 2016 and June 2019. Results: An aggregate of 10 patients were incorporated for the last investigation. Mean age at PRES beginning was 29,58,16 years. Eight patients were ladies. Five patients (half) had a past filled with persistent hypertension. Kidney disappointment was ongoing in 9 (90%) cases and auxiliary to fundamental lupus in 5 cases, MCD in 2 cases, diabetes in one case and obscure etiology in 2 cases. Intense extreme cerebral pain and heaving were the most widely recognized introducing manifestations, as found in all cases,

trailed by seizure in 8 cases, obscured vision in 7 patients and change of cognizance in 6 cases. Nine patients (90%) had uncontrolled hypertension. Five patients had disease at the hour of PRES scenes. Three patients had urinary lot disease, 1 had pneumonia and 1 patient was as of late determined to have aspiratory tuberculosis. Three patients got beats of cyclophosphamide with glucocorticoids. Antihypertensives and antiepileptics were the pillar of treatment alongside strong consideration. During the perception time frame, 5 patients recuperated totally, 2 patients created repeat of PRES and 3 patients kicked the bucket. Ends: Given the great anticipation of PRES in patients with early steady treatment, brief acknowledgment is vital to found suitable administration and forestall lasting neurological shortfalls