

Fetal and Maternal outcome of Pregnancy in Patients with End-stage Renal Disease

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Conception rate in patients with end stage renal disease (ESRD) is very low and even in case of successful fertilization, the clinical outcome of pregnancy is unfavorable in terms of frequent of abortion and perinatal mortality of infant. Here, we report the clinical outcome of seven ESRD patients who have succeeded in complete delivery in Seoul St. Mary's hospital. The mean age of patients at giving birth was 37.1±3.9 years. Four out of seven patients became pregnant while on hemodialysis (HD) and the mean duration of HD was 6.50 ± 2.65 years. The other three were non-dialysis stage 5 chronic kidney diseases patients. Three patients were multi-para and another four patients were primi-para. Ten cases of pregnancy related complications developed in five patients. Preeclampsia was most common (5/7) followed by premature rupture of membranes (3/7) and polyhydramnios (2/7). The mean gestation period was 31.1±4.7 weeks and premature delivery developed in 71 % (5/7). Perinatal mortality developed in 1 case at 13 days and the cause of death was severe pulmonary hypertension. Most other alive cases suffered various complications related to premature birth such as respiratory distress requiring ventilator care (5/7) followed by bronchopulmonary dysplasia (4/7), patent ductus arteriosus (4/7), intraventricular hemorrhage (4/7) and pulmonary hypertension (1/7). There were no maternal mortality, and renal function did not show aggravation in 3 non-dialysis CKD patients. The outcome of fetus delivered from patients with ESRD is unfavorable especially because of premature birth. More strict management to prevent preterm labor may be required to improve fetal outcome in ESRD patients.

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