

## Current situation of chronic kidney disease in Mongolia.

B. Byambadorj<sup>1</sup>, Od-Erdene L<sup>1</sup>, B.Byambadash<sup>1</sup>

First Central Hospital of Mongolia, Kidney Center<sup>1</sup>

[Esmo800@yahoo.com](mailto:Esmo800@yahoo.com) +97699117523

### Abstract

◆ *Introduction:* The incidence of chronic kidney diseases is relatively high in Mongolia and could be related to cold weather, poor labour conditions, and high fertility rate. As of 2014, the five leading causes among hospitalized patients were as follows: among patients with diseases of the genitourinary system, 64.1% had nephritis; among patients with diseases of the respiratory system 51.3% had suffered from pneumonia; among with diseases of the digestive system 27.8% had liver problems, and among patients with diseases of the cardiovascular system 38.5% had suffered from arterial hypertension and 24.6 % had ischemic heart disease. Nephritis dynamic has decreased steadily since 2004. Prevalence of diabetes in adult (20-79 years) is 7.3 % and hypertension prevalence: 44.8 % (♂) and 32.9 % (♀) [WHO Statistical Profile 2014. Mongolia statistics, International Diabetes Foundation 2014]. Chronic kidney disease (CKD) is among top five causes of morbidity of the Mongolian [Mongolian statistics, 2010] The present study is a retrospective review of the major goal of CKD in Mongolia and experience of renal replacement therapy for ESRD in Mongolia.

*Material and Methods:* Retrospective study of the causes of ESRD in Mongolia. History of development of renal replacement therapy in Mongolia. Study of major goal and purpose of introducing PD in Mongolia. Basic demographic data were collected from three central hospitals of Mongolia in Ulaanbaatar and from 8 provincial hospitals.

*Results:* Hemodialysis (HD) therapy was first introduced in 1974, Peritoneal dialysis (PD) was introduced for the first time in Mongolia in July 2014, and kidney transplantation in 2006 in Mongolia. Most common causes ESRD for HD patients in the First Central Hospital of Mongolia (FCH) is glomerulonephritis (GN, 78.3%), diabetes mellitus (DM, 8.3%) and 13.4% others (hypertension, polycystic kidney, chronic pyelonephritis). The average age of patient with ESRD was 42±12 years. Due to lack of accessible renal therapy network in rural areas, patients had no choice but to relocate their entire families to urban HD centers.

*Conclusion:* We found that young people and women of reproductive age made up the majority of CKD population. Nearly 70 percent of ESRF patients suffered from chronic glomerulonephritis and pyelonephritis. However, the increasing incidence of diabetes mellitus and the growing number of its complications are expected to increase the incidence of diabetic glomerulosclerosis.

Because of lack of diagnostic facilities, especially in rural areas, the prevalence of CKD in Mongolia cannot be determined accurately. There is a need to conduct a survey of renal diseases among the population to determine the prevalence of CKD in Mongolia. The increasing number of ESRD patients demands improvement in diagnostic facilities, introduction of modern technologies for appropriate treatment and training of nephrologists, in collaboration with specialists from other countries.