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**Preemptive PTA to maintain adequate dialysis blood flow for severe obese patients with BMI > 40**

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**Case Study:** Introduction: Maintaining an appropriate KT/V is an important indicator of HD survival and morbidity. Recently, westernized diets have been shown to be common in dialysis patients as the overweight and obesity populations increase. Changes in dialysis modality, use of high surface area filters, increased dialysis time, and increased dialysis blood flow can be used to maintain adequate dialysis efficacy. We present a case of superobese patients who were changed from peritoneal dialysis to hemodialysis and nevertheless did not maintain sufficient dialysis dose, after preemptive AVF PTA treatment and maintained the proper efficiency.

Case: A 36-year-old man was 179 cm tall and weighed 128 kg. The underlying disease was anti-GBM disease, diagnosed at the end of January 19, 2011, and started peritoneal dialysis treatment. After 2 years of dialysis, weekly KT/V was maintained at around 2.4. As urine decreased, it decreased to 1.5 and 1.6. The patient then complained of generalized itching and decreased food intake, converting to HD. The patient switched to HD after Lt. radiocephalic fistula op. After the HD treatment, the first Kt/V was 1.07 and the URR was 58.99 (dialyzer 210H, blood flow 350ml/min, dialysis time 280min). The preemptive AVF PTA was performed to maintain sufficient blood flow because of the negative artery alarm of the hemodialysis machine when blood flow was increased. On angiography, 70% stenosis was observed in Juxt-anastomosis and 7 mm ballooning was performed. Stenosis was no longer observed on post ballooning fistulography. After the intervention, KT/V 1.3, URR 67.3 (dialyzer 210H, flow 450ml/min, dialysis time 300min) was observed and the symptoms of the patient were alleviated.

Conclusion: Superobese hemodialysis patients were able to maintain sufficient KT/V by increasing blood flow through preemptive PTA.