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Acute obstructive renal failure in urgent hemodialysis

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Objectives: The objective of our study is to describe the profile of patients on emergency hemodialysis for acute obstructive renal failure (AKI), the main indications for hemodialysis and to assess the risk factors for mortality.

Methods: It was a 2-year retrospective and descriptive study from January 2018 to December 2019; performed in the nephrology and hemodialysis department CHU IBN ROCHD CASABLANCA.

Results: A total of 118 patients were counted: 43 women, 75 men or 36.4%, 63.5%, with an average age of 54.3 years "+/- 10.3". The circumstances of discovery were: Oligo anuria 51.5%, hematuria 25%, AEG 24%. The obstacle was neoplastic in 67.79%; lithiasis 26.27%; on pregnancy in 0.84%; bladder malformation 0.84%, and unknown etiologies in 4.2%. The neoplastic origin was cancer of the cervix, followed by the bladder and then the prostate. The average creatinine level was 89.7mg / l. The indication for hemodialysis was: threatening hyperkalemia, uremic syndrome, acidosis and acute pulmonary edema in 56%, 25.8%, 9.6% and 10% of cases, respectively. The total number of hemodialysis sessions was 227 hemodialysis sessions with an average number of 1.91. Obstacle removal was performed by percutaneous nephrostomy in 70.8% of cases, by mounting a double J probe in 10% of cases and by ureterostomy in 4.2% of cases. The course was good in 77.9% of the cases, 13.5% progressed to the IRCT. Mortality was 8.4%. Risk factors for mortality were: age, etiology of neoplasia.

Conclusions: The indication for an emergency hemodialysis session in obstructive anuria highlights the delay in treatment. Emergency treatment is also based on the drainage of the excretory tracts which will be followed at a distance from the treatment of the cause. Any delay in setting up drainage constitutes an obstacle to the recovery of normal renal function.