



Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care

KSN SEOUL, KOREA
2026

The 46th Annual Meeting of the Korean Society of Nephrology



Jun 11 (Thu) – 14 (Sun), 2026

COEX, Seoul, Korea

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Short-term Effects of Semaglutide on Body Weight and Interdialytic Weight Gain in Obese Patients with End-Stage Renal Disease Undergoing Hemodialysis: Two Case Reports

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Case Study : Obesity is closely associated with metabolic disorders including diabetes mellitus, hypertension, dyslipidemia, and fatty liver disease. In patients with end-stage renal disease (ESRD), obesity and excessive interdialytic weight gain (IDWG) may further increase cardiovascular risk, contributing to pulmonary edema and heart failure due to volume overload. Glucagon-like peptide-1 receptor agonists (GLP-1 RAs), including semaglutide, have demonstrated significant weight reduction and cardiometabolic benefits in the general population. However, clinical data regarding their use in patients undergoing maintenance hemodialysis remain limited. We report two obese ESRD patients undergoing thrice-weekly maintenance hemodialysis who were treated with semaglutide for weight reduction. The first patient was a 43-year-old woman (BMI 38.5 kg/m²) with diabetes mellitus, hypertension, and dyslipidemia. Semaglutide was initiated at 0.25 mg weekly for four weeks and increased to 0.5 mg weekly for an additional four weeks. After eight weeks of treatment, body weight decreased from 92.6 kg to 88.6 kg and IDWG decreased from approximately 4–5 kg to 2.5–3 kg. HbA1c improved from 9.0% to 7.5%, and follow-up chest radiography demonstrated improvement in cardiomegaly and pulmonary congestion. The second patient was a 47-year-old man (BMI 38 kg/m²) with diabetes mellitus and hypertension. Semaglutide was administered at 0.5 mg weekly for four weeks followed by 0.75 mg weekly for six weeks. After ten weeks of treatment, body weight decreased from 106.1 kg to 100.3 kg and IDWG decreased from approximately 5 kg to 2–3 kg. HbA1c improved from 9.5% to 8.0%. No significant adverse effects were observed in either patient. Semaglutide therapy demonstrated short-term benefits including weight reduction, decreased IDWG, and improved glycemic control without significant adverse effects. These findings suggest that semaglutide may represent a promising therapeutic option for weight management and fluid control in obese patients undergoing hemodialysis.

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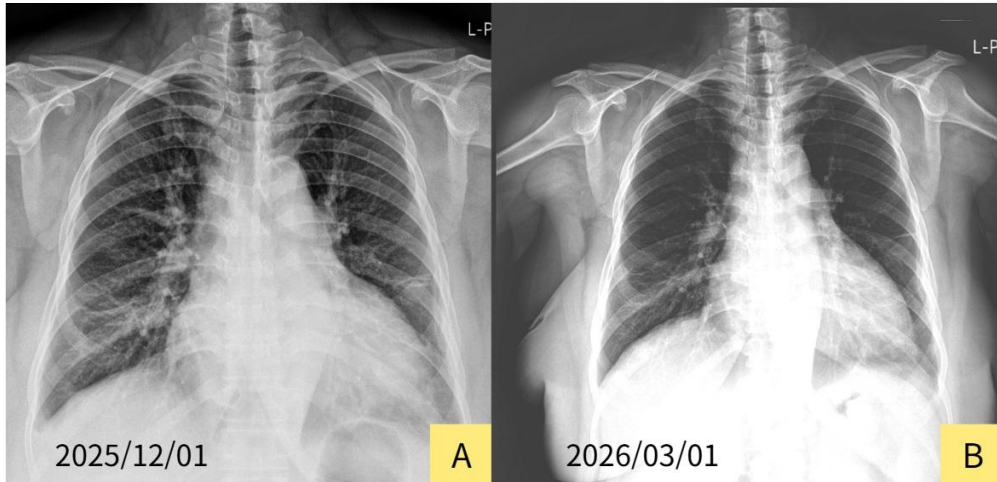
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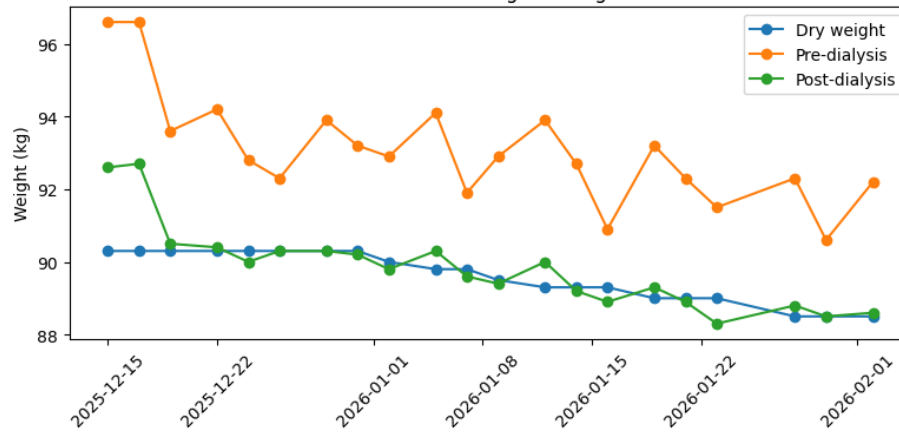
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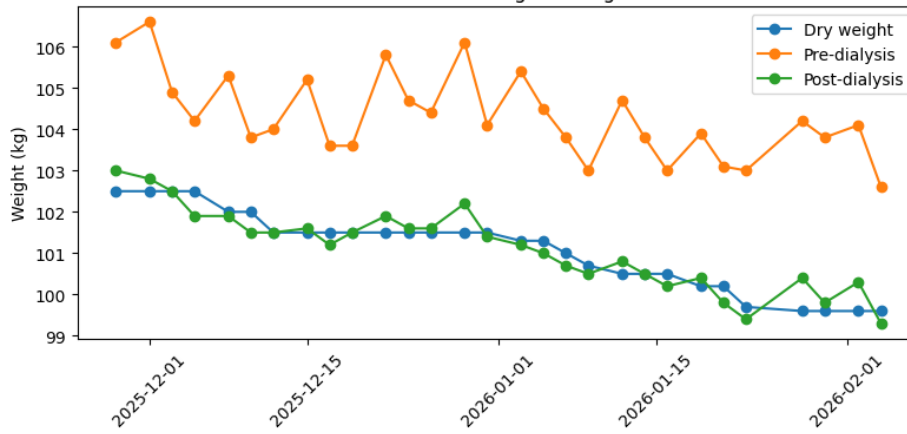
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A. Patient 1 Weight Changes



B. Patient 2 Weight Changes



C. Interdialytic Weight Gain

