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First experience with Peritoneal Dialysis in a Newborn with Congenital Diaphragmatic Hernia Before Surgery. A clinical case.

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Case Study : Introduction: Congenital diaphragmatic hernia (CDH) is a developmental defect of the diaphragm that allows abdominal viscera to herniate into the chest. However, infants with CDH continue to have a considerable risk of mortality and morbidity. Case Report: Patient B is a male, the second baby of twins. In the obstetric operating unit, immediately after birth, tracheal intubation was performed. Hemodynamics is unstable and cardiotonic therapy is involved. On the 1st day of his life, he was diagnosed with a congenital false diaphragmatic hernia on the left. Aplasia of the diaphragm dome. hypoplasia of the left lung. Dextrocardia. On the 8th day of life, acute kidney injury: hyperkalemia 6.3mm/l + oligoanuria for 16 hours + hyperhydration up to 20%, it was decided to start renal replacement therapy. Given the instability of hemodynamics, it was impossible to perform hemodiafiltration using the Prismaflex HF 20 set. It was decided to start peritoneal dialysis with the following program: 3.8%-Physioneal 40 single volume of 30ml (10ml/kg), exposure time of 40 minutes, 1 exchange - 60 minutes. The patient's position was at an angle of 60 degrees, and the ultrafiltration was positive. Laparotomy surgery was performed on the 11th day of life. Relegation of organs to the abdominal cavity. Plastic of the diaphragm with synthetic material. Drainage of the left pleural and stopped PD. On the 14th day of his life, the PD catheter was removed, and on the 47th day of his life, he was discharged home. Conclusion: There are a variety of contraindications to PD (relative and absolute), which consist of the following: pleuroperitoneal connection allowing dialysate in the chest (relative); diaphragmatic hernia (relative). In this regard, the PD was performed with a small volume at an angle of 60 degrees so that the dialysate did not flow into the chest cavity.

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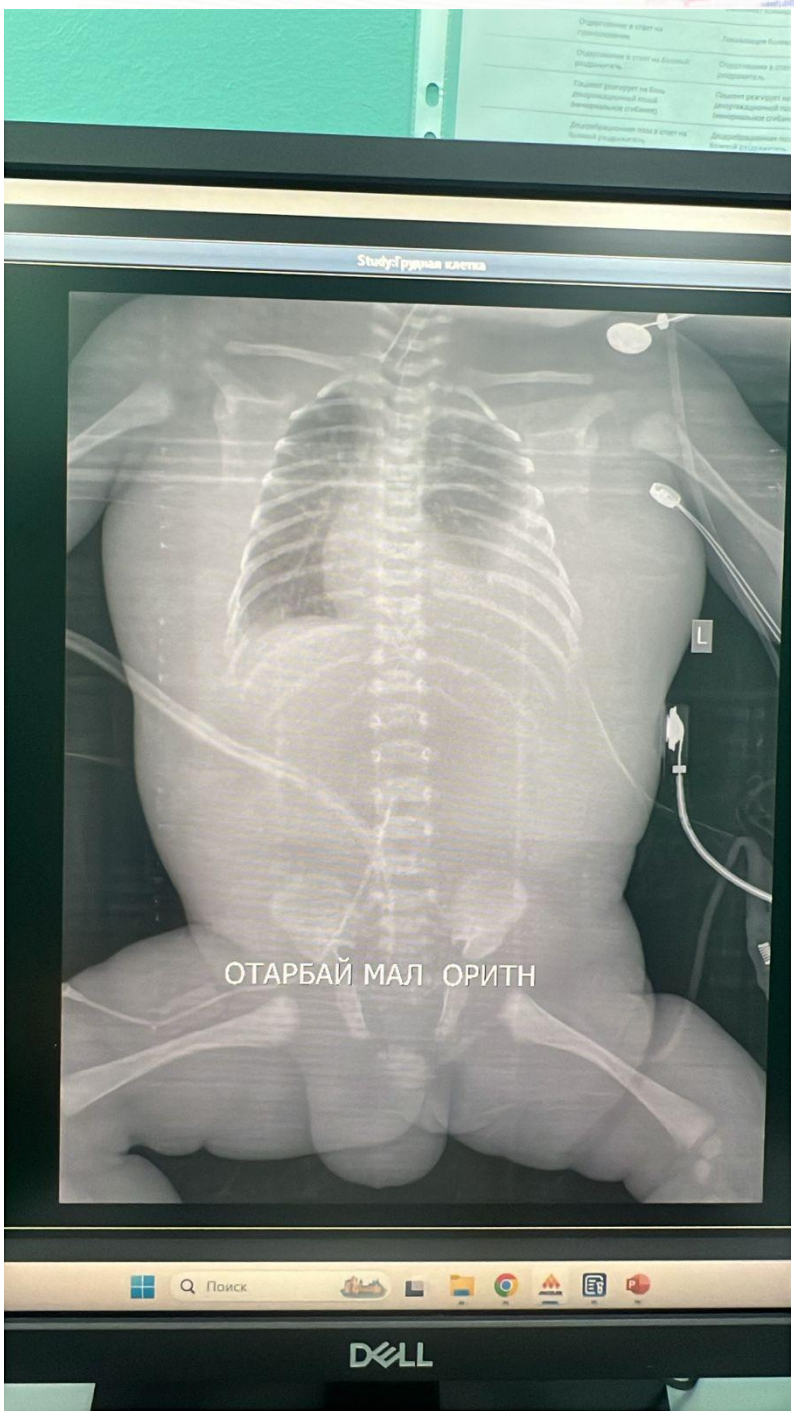
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