



Abstract Type : Oral presentation

Abstract Submission No.: A-0010

Abstract Topic : Dialysis

Unmasking the Uncommon: A Case Report on Respiratory Failure within the Spectrum of Chronic Kidney Disease Mineral and Bone Disorders

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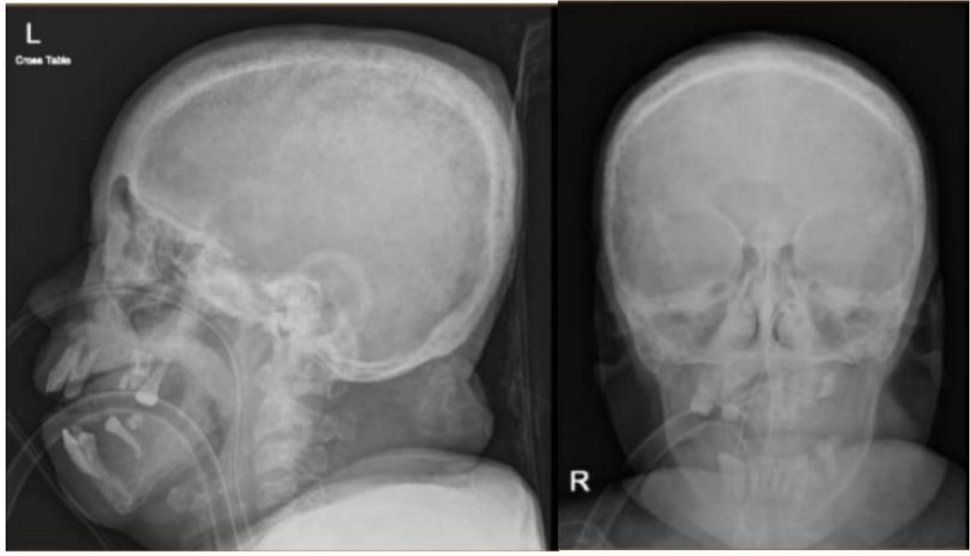
Objectives : To describe the rare presentation of chronic kidney disease-mineral and bone disorder (CKD-MBD) resulting in respiratory failure in a patient undergoing long-term hemodialysis. To analyze the clinical progression of skeletal and extraskeletal abnormalities in CKD-MBD that contribute to respiratory complications. To highlight the challenges in diagnosing and managing advanced CKD-MBD in resource-limited settings. To provide insights into the complex interplay between CKD-MBD-related skeletal deformities and systemic consequences, emphasizing the need for early intervention and multidisciplinary care. To explore the implications of thoracic skeletal involvement in CKD-MBD as an uncommonly reported cause of restrictive lung disease.

Methods : A retrospective clinical case analysis

Results : The case revealed that the patient, a 55-year-old with end-stage renal failure and a 12-year history of hemodialysis, developed severe restrictive lung disease caused by thoracic skeletal deformities due to chronic kidney disease-mineral and bone disorder (CKD-MBD). Diagnostic findings included elevated parathyroid hormone (PTH), multilevel thoracic compression fractures, rib cage deformities, and lung atelectasis. The patient required intubation and mechanical ventilation but showed clinical improvement after 28 days of multidisciplinary management. This case highlights the rare and severe systemic impact of advanced CKD-MBD on respiratory function.

Conclusions : This case highlights the significant impact of chronic kidney disease-mineral and bone disorder (CKD-MBD) as a prevalent complication in patients with chronic kidney disease (CKD). While CKD-MBD is typically managed effectively, advanced and uncontrolled cases can lead to severe consequences, such as the rare and previously undocumented complication of severe restrictive lung disease caused by extensive thoracic skeletal deformities and calcifications. This unique case underscores the importance of early recognition, proactive management, and a multidisciplinary approach to treating CKD-MBD, particularly in resource-limited settings where monitoring and interventions may be constrained. It serves as a reminder of the systemic consequences of advanced CKD-MBD and the necessity for comprehensive care to prevent life-threatening complications.

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