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Introduction

To evaluate the demographic epidemiologic and clinical data in a pediatric population receiving renal replacement therapy in the renal unit - Baxter RTS Cali in the period June 2008 to June 2012..

Objectives

In Colombia there is little information and few studies of renal replacement therapies regarding the clinical course and outcome of these interventions in children and their families. Traditionally handling pediatric stage is based on the guidelines for adults. Because the etiology and management of kidney disease in this population is different compared to the adult population. , we describe our clinical experience in a group of children with CKD in PD modality .

Methods

We performed a retrospective descriptive study in the period June 2008 to June 2012, where we evaluate the demographic, epidemiological and clinical pediatric populations who received renal replacement therapy renal unit in the city Baxter RTS Cali, the main source of data collection was the history of children in which examined three categories: Identification of patient sociodemographic profile and clinical status

Results

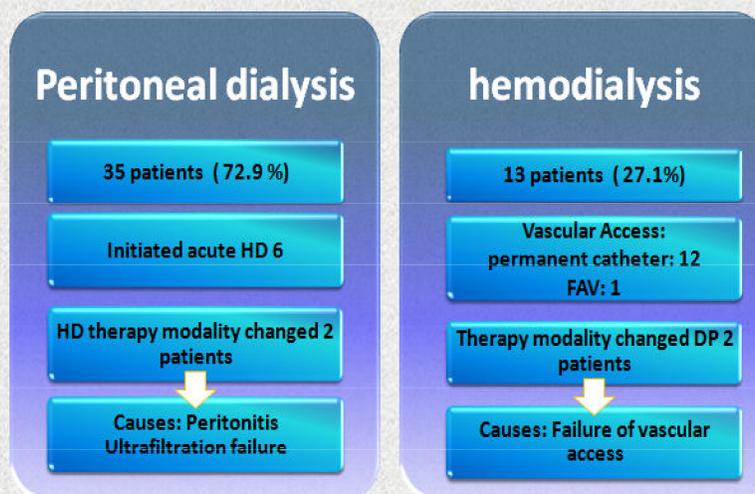
In that period set were evaluated 48 patients, mean age 11 years (11 months - 18 years). The 62% were contributory health scheme, and 38% to the subsidized. 79% came from urban areas and 21% in rural areas. Dialysis therapy was performed in 68% for the parents, and 28% by the patient. 93% of caregivers had primary or secondary education. The 58% of households were adequate, and 42% were marginal, which required intervention by the nursing and social work. The etiology of 33% of the population was vesicoureteral reflux, 25% glomerulopathies.

Results (cont.)

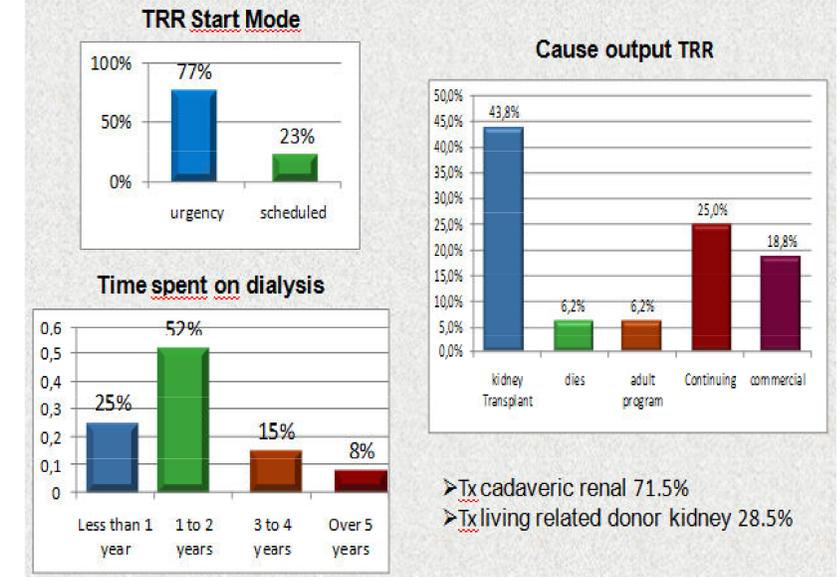
The 72.9% of patients was on peritoneal dialysis, including 1 patient with right pyelostomy colostomy , and 3 patients with ventricular peritoneal shunt . From hemodialysis patients group , 27.1%, only one patient had AVF, the other had permanent vascular catheter. 77% of patients started dialysis as an emergency therapy, 52% had a permanence time between 1-2 years. The leading cause of exit was for a kidney transplant 43.8% , most of them -71.5%- with cadaveric donor. Under period review there were 9 episodes of peritonitis, observing a decrease in frequency over time. During January 2011 to June 2012 there were only 2 episodes, the current peritonitis rate in our program is (1 episode every 110 months). Upon entering dialysis therapy, 58.3% had a Hb <10 mgs / dl, out of the 68.8% continued therapy Hb> 10.1. 27% had serum albumin <3.4 g / dL at admission, and to exit the program, 87.5% had albumin> 3.5 g / dl. The serum phosphorus was found in the normal range in 52% of patients on admission, with a slight decrease to 50% at the end of therapy. Similarly PTH levels remained high during dialysis therapy. Dialysis efficiency expressed in the KT / V was within normal parameters> 1.7 in 94.2% of peritoneal dialysis patients, and> 1.2 in 84.6% of patients on HD

CLINICAL DATA

Mode of renal replacement therapy



CLINICAL DATA



Conclusions

The main cause of CRF in children were urinary tract abnormalities. In pediatrics PD is the most expeditious way from RRT for handling the ESRD. In our program the peritonitis rate is very low compared with other countries, in USA 1 episode for every 18.8 months and in Japan 1 episode for every 28 months. There was little response to treatment of bone disease expressed as serum phosphorus persistently high in 50% of patients, and persistently high levels of PTH. This requires adjustments in diet and availability - adherence. Knowing the history of a renal pediatric program facilitates the development of further studies to increase knowledge in the care of the TRR.

The structure planning and execution of a renal pediatric program fosters an interdisciplinary team adherence, education, nutrition, child growth and development and prevents complications through the detection and recognition of risk factors.

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