Dialysis and Depression in the Light of Suicide Attempt with Fruits

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Background: Depression is a co-morbidity whose identification and intervention can be vital in chronic kidney failure.

Case report: 36-year-old male patient was brought to ER with palpitation. He had been diagnosed with chronic kidney failure for 9 months and on dialysis for 6 months. Physical examination showed 220/minutes HR and ECG tachycardia with high T waves, broad QRS and P wave, prolonged PR distance which were consistent with severe hyperkalemia. His K level was 9.55 mEq/L and received an emergency dialysis. Control ECG was normal and K level was 4.86 mEq/L. The reason for fatal increase in K level was overconsumption of apricots. He didn’t follow his diet although warned at dialysis sessions. He was given education about his diet again. The following day, his K level was 7.48 mEq/L and received another emergency dialysis. He’d been eating grapes aware of the consequences. The patient was on dialysis in 3 months after his diagnosis and lost his job because of his dialysis sessions and was still unemployed. He had socioeconomic problems and learned that overconsumption of fruits could kill him. In the light of those findings; he was considered to have major depression with suicidal ideation and was emergently referred to a psychiatry clinic for observation and treatment.

Conclusion: Chronic kidney failure consists many physical and psychological problems. Dialysis patients depend on machines, invasive procedures and health workers, generally cannot keep a full time job. There is also a serious food and drink restriction. Thus; depression is underdiagnosed and undertreated in dialysis patients. To check dialysis patients for depression signs and start therapy if needed will improve the quality of life and prevent possible suicide attempts.

Mortality Factors Associated to Hemodialysis Patients with End Stage Renal Disease (ESRD), in a Teaching Hospital

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Background: Patients on hemodialysis have a death rate adjusted for age four to five times higher than the general population, so early nephrology referral affects survival, also the presence of hypoalbuminemia, hyperphosphatemia, and anemia.

Methods: Descriptive, observational, prospective, Uncentric Trial, involved patients with ESRD who entered the emergency area in a teaching hospital, indicating Interventional Hemodialysis (IH), which were studied for 90 days; Demographic, clinical and laboratory data were collected. Patients were followed by phone call and meeting at 30, 60 and 90 post-HI days. Statistical analysis were realized with SPSS 18 for Windows, performed descriptive statistics and survival by Kaplan-Meier was conducted.

Results: In this trial were included 41 patients, mean age 50.59 years (range 17-76 years), 23 men (56.1%). The ratio for nephrologist was recorded in 9 (22%). The data results were Albumin, 2.88 ± 0.57 mg/dL, phosphate, 9.48 ± 2.90 mg/dL, Hemoglobin 7.32 ± 1.42 g/dL. From the total of patients, 15 (36.6%) died within 90 days, of which 9 (60.0%) were men; Albumin levels were lower in those who died when compare with the living (2.79 vs 2.93), phosphate levels were higher when compare to living (9.97 vs 9.20); and the level of Hb was higher in those who died (7.5 vs 7.0). Survival rates at 30, 60 and 90 days were 92.7%, 85.4% and 63.4%-respectively.

Conclusions: Mortality found in this study is high compared with reported worldwide. When the nephrologist referral was analyzed, patients who died were the same as the number of patients without prior reference. Hypoalbuminemia and hyperphosphatemia correlate with mortality, as demonstrated in previous studies. Importantly, in our population, patients who died, had a higher hemoglobin level when compare with survivors.

Percutaneous Thrombectomy of Arteriovenous Graft Thrombosis by an Interventional Nephrologist

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Background: Traditionally, the treatment of a thrombosed arteriovenous graft (AVG) in hemodialysis patients in Korea has been primarily performed by vascular surgeons and interventional radiologists. The objective of this study was to evaluate the outcomes of percutaneous thrombectomy procedures performed by an interventional nephrologist.

Methods: From October 2010 to May 2014, 67 consecutive percutaneous thrombectomies were performed on 34 patients treated with maintenance hemodialysis. All percutaneous thrombectomy procedures were performed by an interventional nephrologist in a single hospital in Jeju, Korea. The thrombosed AVGs were declotted by thrombo-aspiration mechanical thrombectomy or pharmacomechanical thrombolysis. Kaplan-Meier survival analysis was performed to analyze the primary and secondary patency after the initial successful thrombectomy. Success and complication rates were identified and compared with the recommendations of the KDOQI guideline.

Results: The clinical success rate of AVG thrombectomy was 89.5% (60/67). In the successful cases, the post-intervention primary (unassisted) patency rates at 30 days, 90 days, 180 days, and 365 days were 79.3% (95% CI, 69.5%-89.4%), 58.8% (95% CI, 47.2%-73.4%), 28.8% (95% CI, 18.2%-45.5%), and 14.7% (95% CI, 6.8%-31.8%), respectively. The secondary patency rates at 30 days, 90 days, 180 days, and 365 days were 93.0% (95% CI, 86.7%-99.9%), 87.7% (95% CI, 79.5%-96.7%), 85.4% (95% CI, 76.5%-94.4%), and 81.7% (95% CI, 71.0%-94.0%), respectively. The complication rate was 4.5% (3/67). No major complications occurred. All complications were treated successfully during the procedures.

Conclusions: The clinical success rate and primary patency rate at 3 months exceeded the recommendations of the KDOQI guideline, and were comparable to that of other reports. Percutaneous thrombectomy for AVG thrombosis by an interventional nephrologist was safe and effective.