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## An anuric and hyperkalemic patient during the covid-19 pandemic without access to dialysis due to social protests in a small municipality in Colombia: What can I do?

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**Introduction:** Due to the expenses generated by the pandemic, the Colombian government propose raising taxes. This led to a social claim that led to the start of a national strike for several months in Cali city and its small nearby municipalities (Yumbo), indigenous people and other radical groups block main roads into and out of the city. The blockades prevented the passage of patients to be able to dialyze in Cali. In Yumbo there were no dialysis clinics, since the local hospital only has primary care. We present the case of an anuric patient who, due to lack of dialysis, presented pulmonary edema and hyperkalemia, and who could not be treated in a renal center, but in a small regional hospital and how his life was maintained with a totally alternative protocol.

**Case Description:** A 69y patient, presented pulmonary edema on the fourth day without dialysis,

### Biography

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electrocardiogram showing peak T waves. Telephone communication was maintained. Management: Nebulizations with  $\beta$  stimulants, oral nifedipine and minoxidil. The patient persists hypervolemic on the second day, raises potassium to 8.8mEq/l and begins to present oxygen desaturation, a protocol is proposed as a vital emergency: enemas every 15 minutes, for 3, Oral castor oil, one ounce every 12 hours. (first dose assumed as zero hour of the protocol). See evolution in table No. 1. Potassium and pulmonary edema were finally controlled.

**Discussion:** In the history of humanity, there are countless moments where violence causes medical missions to take measures that are not recommended in theory, but have saved lives. This protocol is clearly a desperate measure, but it can be of support in cases of pulmonary edema or hyperkalemia.

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