



Evolution of arteriovenous fistulas after renal transplantation

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Abstract:

Introduction: G6PD deficiency favisme also called is a genetic disease with enzyme deficiency. This is the most common enzyme deficiency in the world, and among the main complications is the IRA by tubular necrosis.

Patient and method: We report a case of renal damage when ingested bean.

Observation: This is the SC infant, aged 11 months, without specific medical history. Admis pediatric déchochage for poorly tolerated anemic syndrome complicated with ARF following ingestion bean. Clinical examination revealed an infant in good enough condition afebrile, with mucocutaneous jaundice generalized abdominal distension with preserved diuresis DARK made from urine. In laboratory tests it had hemolytic anemia, acute renal failure to 24mg / l of plasma creatinine with a urea 2.2 g / l, leukocyturia and hematuria in urinalysis, and proteinuria 0 1g / 24h With the kidney echo normal sized kidneys without well differentiated pelvicalyceal expansion. The infant received a transfusion for anemia and its rehydration with hemodynamic monitoring and respiratory, evolution was marked by a gradual improvement in kidney failure, the disappearance of jaundice.

Discussion: The G6PD enzyme deficiency can lead to acute hemolysis after ingestion of beans. It can, in severe attacks, lead to acute renal failure by consecutive acute tubular necrosis in renal ischemia or blockage of the tubules by hemoglobin clusters.

Conclusion: Favisme is a disease caused by eating beans, which reaches only individuals predisposed due to a hereditary enzyme deficiency of red blood cells and can be complicated by an IRA.

Biography:

Kaoutar Flayou is a Nephrology Resident at the ibn rochd university and hospital center in Casablanca, Morocco

Recent Publications:

1. Schaubel DE, Blake PG, Fenton SS. Trends in CAPD technique failure: Canada, 1981-1997. *Perit Dial Int* 2001;21:365-71.
2. Mujais S, Story K. Peritoneal dialysis in the US: Evaluation of outcomes in contemporary cohorts. *Kidney Int Suppl* 2006;103:S21-6.



3. Prakash J, Singh LK, Shreeniwas S, Ghosh B, Singh TB. Non-infectious complications of continuous ambulatory peritoneal dialysis and their impact on technique survival. *Indian J Nephrol* 2011;21:112-5.
4. Diaz-Buxo JA. Complications of peritoneal dialysis catheters: early and late. *Int J Artif Organs* 2006;29:50-8.
5. Tiong HY, Poh J, Sunderaraj K, Wu YJ, Consigliere DT. Surgical complications of Tenckhoff catheters used in continuous ambulatory peritoneal dialysis. *Singapore Med J* 2006;47:707-
6. Attaluri V, Lebeis C, Brethauer S, Rosenblatt S. Advanced laparoscopic techniques significantly improve function of peritoneal dialysis catheters. *J Am Coll Surg* 2010;211:699-704.
7. Moreiras Plaza M, Cuiña L, Goyanes GR, et al. Mechanical complications in chronic peritoneal dialysis. *Clin Nephrol* 1999;52(2):124-30.
8. Zakaria HM. Laparoscopic management of malfunctioning peritoneal dialysis catheters. *Oman Med J* 2011;26:171-4.
9. Afthentopoulos IE, Panduranga Rao S, Mathews R, Oreopoulos DG. Hernia development in CAPD patients and the effect of 2.5 l dialysate volume in selected patients. *Clin Nephrol* 1998;49:251-
10. Scarpioni R. Acute hydrothorax in a peritoneal dialysis patient: Long-term efficacy of autologous blood cell pleurodesis associated with small-volume peritoneal exchanges. *Nephrol Dial Transplant* 2003;18:2200-1.

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