

# UNUSUAL AND NO RENAL INDICATIONS FOR CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT)

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## INTRODUCTION

Latest publications have demonstrated that The CRRT is successful in orgánic failure from different etiologies to the renal one, such as venous congestive heart failure, poisonings, hepatic, pulmonary failure and sepsis between others. The aim of this article is to show our experience, with a group of 13 patients that were admitted to our Unit with diagnóstico and indications unusuals for having continuous replacement therapy. As shown in table 1.

Name	Sex	Age	DX.	# Sesions	Liters Removed	Date	Modality	Responders	Urea In/ End	Creat In/ End	Hb	Others
J C F	M	84	Anasarca	1	10 Lts	16/02/15	CVVHDF	YES	75/52	1.82/1.62	15.8/16	NO
L L P	F	64	Pancreatitis/ Alcoholic Hepatitis	1	0 Lts	31/05/15	CVVHDF	YES	201/114	5.3/2.7	16/16	BT 39-33 BI 33-28 BD 6.9-5
A A A	M	78	Sepsis / Pace Maker	1	6 Lts	8/05/15	CVVHDF	No	105/79	3.8 / 3.2	14/14	NO
S D M	M	76	EVC/ Anasarca	1	8 Lts	11/05/15	CVVHDF	YES	97.8/90	4.4/2.9	8.1/8.3	NO
J L A C	M	80	Sepsis	3	0 Lts	09/06/15	CVVHDF	YES	296/137	2.35/1.0	6.5/8.7	NO
E T A	M	44	Alcoholic Hepatitis	1	0 Lts	19/06/15	CVVHDF	YES	160/80	2/1.6	10.1/10	BT 36/ 32
A L A	F	54	Poisoning/ Anasarca	2	26 Lts	03/07/15	CVVHDF	No	213/187	3.6/3	10/10	21 ID
G J B	F	34	Sepsis	1	0 Lts	30/06/15	CVVHDF	YES	33/31	.95/.53	12/10.2	NO
R E R	F	74	Septic Shock / Anasarca	1	8 Lts	23/06/15	CVVHDF	YES	191/148	2.9/1.9	13.1/13.4	12 ID
G C X	F	31	LES/ Anasarca	1	4.3Lts	15/04/15	CVVHDF	No	103/70.9	1.7/5	9/9.1	5 ID
D C C	F	96	Anasarca CHF	1	20 Lts	08/08/14	CVVHDF	YES	60/50	1.2/1.2	13/12	NO
B V	M	82	Gullean Barre	1	0 Lts	12/07/14	CVVHDF	YES	57/40	1/ .8	12/12	NO
G H L	F	34	Sepsis/ Lupus	1	0 Lts	18/09/14	CVVHDF	YES	116.5/96	.75/6	10.1/10	18 ID

TABLE 1

ID= INTRAHOSPITALARY DAYS

## Method and Materials

In this Primary group, we received 13 patients (6 men and 7 women), 2 of them with Alcoholic Hepatitis, 2 with Congestive HeartFailure, 5 with sepsis and the last 6 with other patologías. All patients were submitted to the modality (CVVDHF) with liquid replacement Prisma Sate BGK 4/2.5 in predilution with replacement of 30 ml/kg, giving and average result of 30 liters. The therapy was carried out with a Prisma Flex Plus Gambro machine, with ST150 filter with membrane AN 69 HF. Heparine was use as Necessary. All the patients complete at least a minimum period of 24 hours and 30 percent 48 hours, according todo the severity of cases seizure by SOFA (Sequential Organ Failure Assesment).

## Results

From 13 patients, 10 of them (76.9%) survive and were discharged from hospital, 3 patients (23.1%) ( 2 women and 1 Man) were dead. In groups 1, 3 and 4 were dead 1 in each group. Those patients that were dead had a SOFA clasification moré than 3. Independently of the cause of dead, all patients achieve and important level decrease in azoemia, although in this group of patients the main objective was to lower sustances dificultt to detect ( Piggy)

In patients with cardiac failure we achieved ultra filtrations above 15 liters without hemodynamic instability or imbalance. Despite is a small group of patients, All of them carry pathologies were Clinics and no creatinin leves are the final predictors.

## Conclusions

1. The continuous replacement therapy is efective in other pathologies different from The renal one. Specially in those patients with fluid overload. Independently of creatinin levels.
2. La CVVDHF is the most common method used, because is easilly reproducibile in other hospitals to increase our knowledge in this kind of patients.
3. The survival as group was bigger than the reports in literature for patients with similar SOFA.
4. The ICU and hospital stay was lesser than the average with similar score.
5. Mortality is associated to delayed treatment.
6. We concluded that this kind of therapy should be investigated deeply and compare control groups in hospitals with other modality of replacement therapy.

