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Continuous venous-venous hemodiafiltration in the newborn: case report

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Abstract

Objective:Describe our experience in renal replacement therapy with continuous venous-venous hemodiafiltration in a neonate with acute AKIN III renal injury.

Abstract: We report one case of septic and cardiogenic shock, With acute renal injury in anuria without response to diuretic andaminophylline treated with continuous hemodiafiltration. The CCRT was performed using Prisma or Prismaflex (Gambro Healthcare, Lakewood, CO) machine, and we used: a 8-Fr Mahurkar catheter in the internal jugular vein and a special circuit for neonates. With creatinine in 3.36, hiponatremia, hyperkalemia, We conclude that CHDF is an extremely effective and safe treatment for fluminant neonatal-onset hyperammonemia due to metabolic disorders, Gasometry with mixed acidosis, patient with Acute Renal Injury AKIN III in anuria secondary to systemic hypoperfusion by both Heart Disease and High Frequency Ventilation, as well as severe systemic inflammatory response. It requires continuous renal replacement therapy in the 1form of continuous Venovenous Hemodiafiltration, which remains for 96 hours with satisfactory evolution. Concluding useful and efficient alternative, in neonates with severe renal injury, and hemodinamic inestability.

Biography:

Pedro Ivan Barrera Martinez is the Head of the Neonatal Intensive Care Unite Private children´s Hospital Mexico.

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