DOWNLOAD PDF ACUTE RENAL FAILURE JOSEPH V. NALLY, JR.

Chapter 1 : Acute renal failure in hospitalized patients â€" Case Western Reserve University

CLEVELAND CLINIC JOURNAL OF MEDICINE VOLUME 69 â€¢ NUMBER 7 JULY Acute renal failure in hospitalized patients JOSEPH V. NALLY, JR., MD.

Abigail Lara Urol Res Staghorn calculus in renal allograft presenting as acute renal failure Received: Urolithiasis is a rare complica- tion in renal transplant recipients. We report a case of Introduction a staghorn calculus occurring in renal allograft, pre- senting as anuric renal failure with Gram-negative The occurrence of urolithiasis in renal allografts is an sepsis. A year-old Caucasian uncommon complication. In a recent eric renal transplantation in Sixteen years after series of 1, patients undergoing renal transplantation transplant, she presented with Gram-negative sepsis over a 7 year period, there were only 19 patients with Proteus mirabilis and acute anuric renal failure in diagnosed and treated for urinary stones [6]. Based on the stone analysis and history of morbidity. In contrast with non-transplant patients, the urinary tract infections with urease splitting bacteria, clinical features of nephrolithiasis after transplant can the calculus was thought to be infection-induced. Although a rare complication, urolithiasis complications such as anuric acute renal failure. Immediate recognition is critical to restore respect to the transplant surgery. Stone formation has renal allograft function and to treat associated serious been reported as early as 3 months after transplantation infection in an immunocompromised patient. Risk factors such as urinary tract infections and technical aspects of surgery are particularly prevalent C. There have been rare re- Department of Nephrology and Hypertension, ports of staghorn calculi in renal transplant patients. She underwent cadaveric kidney transplantation in October of The renal function was stable with serum creatinine concentration ranging from 1. Urinary calculi occurred in only two of these 2. Most recently, from January to April of , it had patients. In a more recent analysis, Hayes et al. The patient time period, with an overall frequency of 1. Calculi also gave a history of recurrent urinary tract infections with the most recent episode documented in November of secondary were diagnosed at a mean time period of 13 months to Proteus mirabilis. Among those with renal calculi, In April , the patient presented to the emergency room with seven patients had more than one metabolic abnor- a 2-day history of fever, chills, emesis and diarrhea. On physical mality, including calcium and uric acid metabolism. A Foley catheter was placed serious systemic infection in an immunocompromised revealing a scant amount of blood-stained urine. The relevant host, as was the case in our patient. Urinalysis showed a occurrence of calculi is highly variable. It has been re- pH of 7. Ultrasonography performed revealed as 10 years after transplantation [13]. The rest of the ureter could not be visualized due to body habitus. In one of the most recent and largest series component of the calculus involving the upper pole. Smaller stones of 1, transplants in 1, patients, Klingler et al. In nine patients, noted in the proximal transplanted ureter, with hydronephrosis and hydroureter. A subsequent h urine chemistry analysis was With regard to the major risk factors of stone for- performed, which revealed calcium It should associated with stone disease include hyperparathyroid- be noted, however, that this was not the ideal setting for metabolic ism, hypercalcemia, hypocitraturia, hyperuricemia and evaluation of a urine specimen. There were no urine chemistries available in this case, prior to this clinical presentation. Hyperparathyroidism is one of the The patient was initially treated with volume resuscitation and most prevalent metabolic abnormalities associated with broad-spectrum antibiotics. On the 2nd day of admission, the pa- stone formation in transplant recipients. In a series of tient remained anuric with serum creatinine rising up to 4. Urine output was restored and the serum creatinine level improved Hyperparathyroidism was demonstrable among eight of over the next 2 weeks; she was continued on cephalexin for a total these patients. Similarly, in a series of transplants duration of 6 weeks. Her immunosuppressive regimen was left reported by Hayes et al. The hospital stay was further complicated by an infection related to the intravenous catheter with Candida albicans. Along with the metabolic risk factors, infection-in- Four weeks after hospitalization the patient was discharged to a duced stones are more common in transplant recipients. In another study, Brien et al. There were six patients with urolithiasis among transplant recipients. A reevaluation of serum parathyroid hormone levels were not measured. Brien G, Scholz D, Oesterwitz H, Schubert G, Bick C Urolithiasis after kidney transplantationâ€"clinical and mineral- major

contributory risk factor in our patient was urinary ogical aspects. Recurrent infections with urea-splitting 5. Kovacs J, Zilahy M, Banyasz T, Gomba S Evaluation of bacteria lead to an alkaline urine pH, which may apoptosis and cell proliferation in experimentally induced renal contribute to the formation of staghorn calculus. We report such a case, which formation in renal transplant patients. However, special immunologic implications of the outcome of second and paired attention needs to be given to immunocompromised transplants. Our patient was successfully treated, initially tuberculosis and nephrolithiasis in a renal allograft. J Urol with appropriate antibiotic coverage and percutaneous Corynebacterium urealyticum CDC Group D2 associated In conclusion, although urolithiasis is a rare compli- with staghorn calculus: Early recognition in a transplanted kidney. Am J Kidney Dis

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Namita Gill, MD; Joseph V. Nally, Jr, MD; and Richard A. Fatica, MD Acute tubular necrosis (ATN) is a form of acute renal failure (ARF) that is common in hospitalized patients.

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Acute tubular necrosis (ATN) is a form of acute renal failure (ARF) that is common in hospitalized patients. In critical care units, it accounts for about 76% of cases of ARF.

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Distinguishing among the three categories of acute renal failure is important, as the evaluation and management are tailored to the particular cause. Most cases are due to acute tubular necrosis. To minimize the risk, we should give hospital patients adequate hydration, use potentially nephrotoxic.

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ORIGINAL PAPER Charuhas V. Thakar Ã† Abigail Lara Ã† Mahesh Goel Joseph V. Nally Jr. Staghorn calculus in renal allograft presenting as acute renal failure.

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