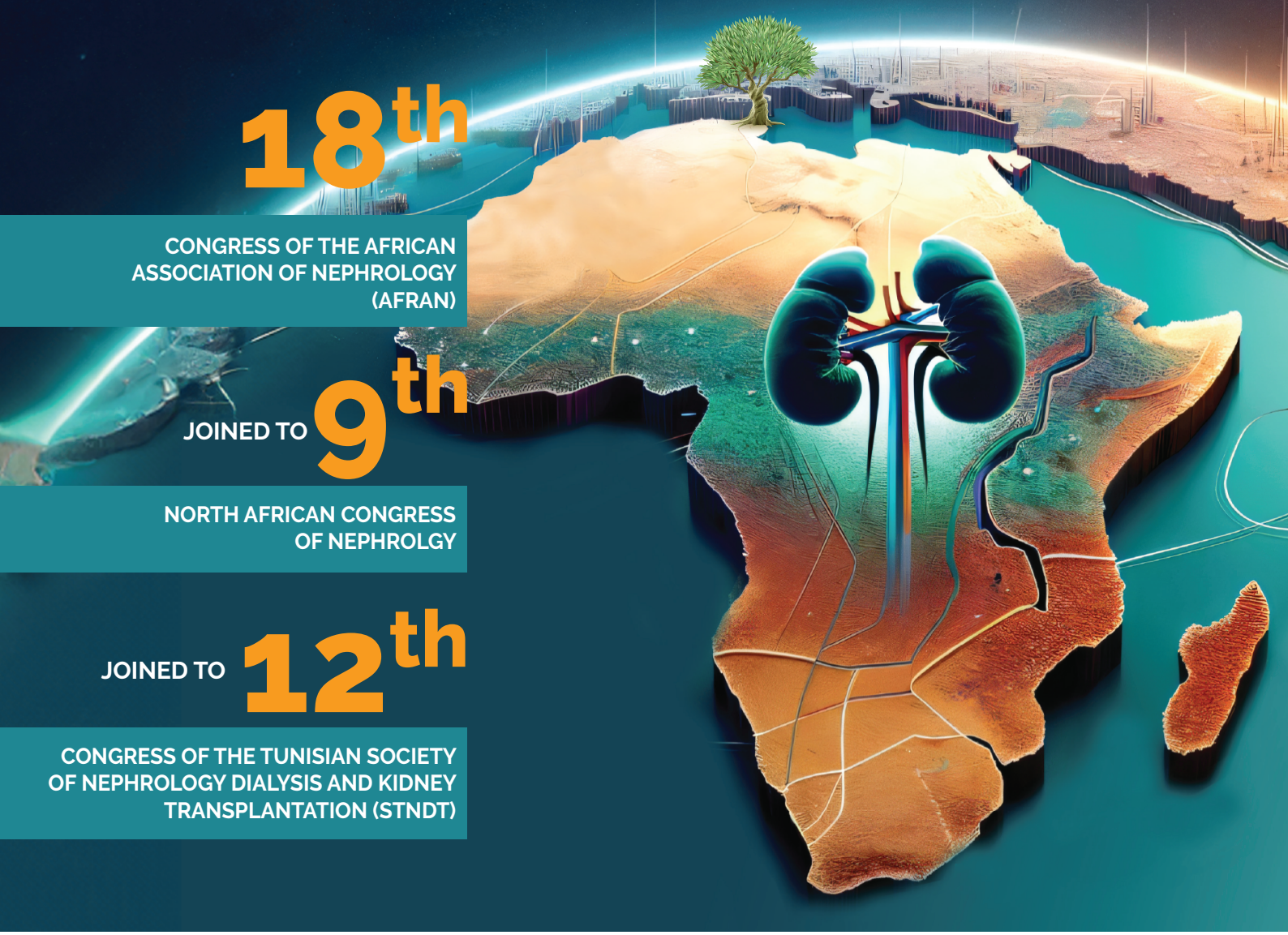
Hosted by

AFRAN 2025 CONGRESS

Tunis, Tunisia - April 15 - 18, 2025

Radisson Blu Hotel & Convention Center
(Ex. Laico Hotel)



18th CONGRESS OF THE AFRICAN ASSOCIATION OF NEPHROLOGY (AFRAN)

JOINED TO **9th** NORTH AFRICAN CONGRESS OF NEPHROLGY

JOINED TO **12th** CONGRESS OF THE TUNISIAN SOCIETY OF NEPHROLOGY DIALYSIS AND KIDNEY TRANSPLANTATION (STNDT)

Endorsed by :

ERA's endorsement is for the promotion of education in general; therefore, the specific content of the event/course is the responsibility of the organiser.

contact.afran2025@stndt.org

https://www.afran2025.com

CONTENT

WELCOME ADRESS **3**

BOARDS AND COMMITTEES **5**
STNDT BOARD 5
AFRAN BOARD OF TRUSTEES 5
INTERNATIONAL ADVISORY BOARD 6
EXECUTIVE COMMITTEE 6
HONORARY COMMITTEE 6
ORGANIZING COMMITTEE 7
SCIENTIFIC COMMITTEE 8
ASSOCIATE SCIENTIFIC SOCIETIES 9

OUR SPONSORS **10**
SCIENTIFIC PROGRAM **11**
ORALCOMMUNICATIONS **20**
SCIENTIFIC POSTERS **52**
I- EPIDEMIOLOGY, TRAINING & HEALTH POLICIES 53
II- CLINICAL NEPHROLOGY 74
1- GLOMERULONEPHRITIS 75
2- HYPERTENSION 102
3- KIDNEY AND SYSTEMIC DISEASES 114
4- KIDNEY HISTOPATHOLOGY 145
5- DIABETIC KIDNEY DISEASE 146
6- FAMILIAL AND HEREDITARY NEPHROPATHIES 154
7- NEPHRO-PEDIATRICS 164
8- NEPHROLITHIASIS 167
9- NUTRITION, BONE AND MINERAL METABOLISM 174
10- ONCONEPHROLOGY 176
11- REPRODUCTION HEALTH AND KIDNEY DISEASE 182
III- ACUTE KIDNEY INJURY & FLUID AND ELECTROLYTE DISORDERS 187
IV- KIDNEY REPLACEMENT THERAPY 238
1- PERITONEAL DIALYSIS 239
2- CONVENTIONAL HEMODIALYSIS, HEMODIAFILTRATION AND OTHERS DIALYSIS MODALITIES 255
V- KIDNEY TRANSPLANTATION 323
VI- CHRONIC KIDNEY DISEASE & OTHERS 352

INDEX, FIRST AUTHOR **411**

WELCOME ADDRESS

Habib SKHIRI, TUNISIA
President of the Tunisian Society of Nephrology, Dialysis and Kidney Transplantation (STNDT)

Dear Colleagues, Ladies and Gentlemen,

It is my absolute pleasure to welcome you to this great Nephrology congress.
In my capacity as President and, on behalf of the board of the Tunisian Society of Nephrology Dialysis and Kidney Transplantation (STNDT), I express my honor to host the 18th Congress of the African Association of Nephrology (AFRAN).
We are thrilled to extend a warm welcome to all attendees, especially to our guest experts representing the most of the international and, regional nephrology community.

The STNDT, founded in November 1983, is organizing the 18th Congress of the AFRAN, joined to the 9th North African congress of Nephrology and to its 12th annual congress on April 15-18th 2025.
This event is the culmination of many months of hard work and collaboration consented by the organizing committee and our partners stating the commitment of the Tunisian Nephrology community to establish and consolidate cooperation and exchange with the regional and international community.

Since its creation, our society has been actively involved in hosting many regional and international meetings related to nephrology, dialysis, transplantation and hypertension thanks to the initiatives and endeavors of the pioneers' founders of the Tunisian Nephrology.
The most of Tunisian University hospitals hosted residents from many African countries to be trained in nephrology, and the majority of health care facilities are providing care for African patients suffering from kidney diseases, some of them were transplanted in our country.
Tunisian Nephrology has also made a significant contribution to the establishment and promotion of peritoneal dialysis and kidney transplantation programs in some African countries.

We think that such a commitment and the tremendous contributions of the Tunisian Nephrology will be consolidated by the fact that our society is considered to be a Collective Member Society of the ISN and by the two Tunisian ISN accredited training Centers.
This meeting is planned over four days with a groundbreaking scientific and educational content, as well as special events designed to make your congress experience unforgettable.

Welcome to Tunisia, we look forward to hearing from our distinguished speakers and to exciting discussions and partnerships that will take place over this meeting.

WELCOME ADDRESS

Ezzedine ABDERRAHIM, TUNISIA **Mohamed Hany HAFEZ, EGYPT**

AFRAN 2025 Congress Co-Chairs

It is with great pleasure that we welcome all the esteemed speakers and delegates to the 18th Congress of the African Association of Nephrology (AFRAN), taking place for the second time in Tunis, Tunisia from 15 to 18 April 2025.

Since its establishment in 1987, AFRAN has been working to create and promote a scientific identity of African Nephrology. In alignment with such a mission, 17 meetings were held regularly, allowing the African Nephrology community to share experiences, knowledge, and discuss ideas to overcome challenging issues faced in our countries.

These events which started in Cairo, Egypt in 1987 have continued to alternate between an English-speaking and French-speaking African countries. Their contributions have been significant to the advancement of scientific knowledge and professional skills, which has strengthened the commitment of AFRAN to ensuring equitable access to sustainable kidney health in our continent. We believe that close partnerships and cooperation with regional and international scientific societies especially with the ISN, will make this challenging objective achievable.

The organizing committees have worked hard to deliver an exciting scientific program, including updated refresher courses, workshops, plenary talks, and focused lectures.

This congress will start with a pre-congress program organized in partnership with multiple endorsing international and regional scientific societies including the French Society of Nephrology Dialysis and Transplantation (SFNDT), Mayo Clinic USA group, the Middle East Society of Organ Transplantation (MESOT), the Arab Society of Nephrology and Renal Transplantation (ASNRT), the Declaration of Istanbul Custodian group (DICG), The Transplant Society (TTS) and, the International Society of Peritoneal Dialysis.

Throughout the first day, many topics relevant to our daily practice will be covered, including the last recommendations on living kidney donation, management of glomerulonephritis, standards and quality in hemodialysis. Also, relevant issues in kidney transplantation and dialysis will be addressed. Two workshops dedicated to the placement of peritoneal dialysis catheter and POCUS hands-on activities are also planned.

Over the following three days, more than 90 plenary lectures and focused thematic talks were scheduled covering many hot topics, including diabetic kidney disease, hypertension, kidney transplantation, dialysis modalities, histopathology, onco-nephrology, nephrolithiasis, nephro-pediatry, nephro-geriatry, familial and hereditary kidney diseases and reproductive health. The lectures will also address the latest hot topics such as using data science, new tools and technologies (such as simulation, AI, social media), green nephrology, and brain drain among young nephrologists.

It is established that the most effective health system should include a strategy to prevent CKD and other non-communicable diseases, which are perceived as a financial and social burden in our countries and around the world. For that, we wanted that the keynote conference address such issues and we also planned a plenary session that will focus on epidemiology and CKD registries, which constitute the core of any health policy to approach issues related to managing CKD care, including preventive measures. In the same line, we planned, with the partnership of the KDIGO, a special session on APOL1 Nephropathies and another session, with the contribution of the ERA, for other familial and hereditary nephropathies highly prevalent in our countries.

Young nephrologists were very enthusiastic by submitting more than 800 abstracts, 47 were selected to be presented orally during 6 parallel sessions, the 3 best ones will be awarded during the closing ceremony.

ISN representatives will organize a breakfast session to discuss the opportunities available for trainees and seniors to learn or enhance the skills necessary for their daily practice, as well as to participate in various ISN programs.

All AFRAN Committees will have the opportunity to report their activities and to present their projects for the coming years.
The social program offers a unique opportunity to discover the rich history and picturesque nature and enjoy the historic treasures of Tunis.

Tunis, the capital city of Tunisia, formerly called Ifriquia, is unique by its rich and diverse past which bears witness to the rise and fall of empires including the Phoenicians, Romans, Arabs, Ottomans, and Europeans.

Finally, we must thank all involved persons and organisms, special thanks to the members of the local organizing committee for their commitment and the efforts they gave during the last 18 months. Our gratitude is extended to the AFRAN board members, to the secretariat, to the logistic companies, to our industry partners and to official authorities for their input and continuous support.

We warmly welcome all of you to Tunis and are excited to interact with delegates and esteemed faculty to ensure the success of the congress.

STNDT Board :

- **President :** Habib SKHIRI
- **Vice-President :** Mohamed Mongi BACHA
- **General secretary :** Dorsaf ZELLAMA
- **Deputy General Secretary :** Amel HARZALLAH
- **Deputy General Secretary in Charge of Communication :** Badreddine BEN KAAB
- **Treasurer :** Lilia BEN FATMA
- **Deputy Treasurer :** Ahmed LETAIEF
- **Members :** Awatef AZZABI
  Soumaya CHARGUI
  Kais HARZALLAH
  Hedia MEJRI
  Zohra SASSI

AFRAN Board of Trustees :

Executive committee

- **President :** Mohamed Hany HAFEZ - EGYPT
- **Immediate Past President :** Hubert YAO - CÔTE D'IVOIRE
- **President Elect :** Abdou NIANG - SENEGAL
- **General Secretary :** Faiçal JARRAYA - TUNISIA
- **Deputy General Secretary :** Khalida SOUKI - KENYA
- **Treasurer :** Rasha DARWISH - EGYPT
- **Deputy Tresaurer :** Abdellatif SIDI ALI - MAURITANIA

Elected Regional Representatives

North
Tarik SQALLI HOUSSAINI - MOROCCO
Wessam ISMAIL - EGYPT

West
Mélanie TIA - CÔTE D'IVOIRE
Ifeoma ULASI - NIGERIA

East
YEWONDWOSSEN TADESSE - ETHIOPIA
Ahmed TWAHIR - KENYA

Central
Yannick NLANDU - DR CONGO
François KAZE - CAMEROON

Austral
Nicolas WEARNE - SOUTH AFRICA
Gordana CARVIC - BOTSWANA

International Advisory Board

AFRAN Committees

Alain ASSOUNGA - SOUTH AFRICA
Gloria ASHUNTANTANG - CAMEROON
Hesham EL SAYED - EGYPT
Hubert YAO - CÔTE D'IVOIRE
Ifeoma ULASI - NIGERIA
Mohamed ABDELGAWAD - EGYPT
Razeen DAVIDS - SOUTH AFRICA
Robert KALYESUBULA - UGANDA
Tarik SQALLI HOUSSAINI - MOROCCO
Wisem ISMAEL - EGYPT
Yannick NLANDU - RD CONGO

Africa Region

Abdulhafid SHEBANI - LYBIA
Ahmed TWAHIR - KENYA
Boucar DIOUF - SENEGAL
Francois J. KAZE FOLEFACK - CAMEROON
Gordana CARVIC - BOTSWANA
Melanie TIA - CÔTE D'IVOIRE
Mohamed AKLI BOUBCHIR - ALGERIA
Mohamed BENGHANEM - MOROCCO
Nicola WEARNE - SOUTH AFRICA
Saraladevi NAIKER - SOUTH AFRICA
Sidi Mohamed MAH - MAURITANIA
Sudakishna GHOSH - TANZANIA
Yewondwossen Tadesse MENGISTU - ETHIOPIA

ISN Africa Regional Board

Fatiu Abiola AROGUNDADE - NIGERIA
Mohamed Salah Eldin ZAKI - EGYPT

Executive Committee :

- **Congress Co-Chairs** — Ezzedine ABDERRAHIM - TUNISIA; Mohamed Hany HAFEZ - EGYPT
- **AFRAN Steering Committee** — Abdou NIANG - SENEGAL; Faiçal JERRAYA - TUNISIA; Rasha DARWISH - EGYPT
- **General Secretary** — Dorsaf ZELLAMA - TUNISIA
- **General Secretary, Deputy** — Samia BARBOUCH - TUNISIA
- **Organizing Committee, Chair** — Mohamed Mongi BACHA - TUNISIA
- **Scientific Committee, Chair** — Habib SKHIRI - TUNISIA
- **Scientific Committee, Deputy Chair** — Amel HARZALLAH - TUNISIA
- **Treasurer** — Lilia BEN FATMA - TUNISIA

Honorary Committee :

- **Coordinator** — Taieb BEN ABDALLAH - TUNISIA
- **Members**
  - Abdellatif ACHOUR - TUNISIA
  - Aziz EL MATRI - TUNISIA
  - Fatma BEN MOUSSA - TUNISIA
  - Hédi BEN MAÏZ - TUNISIA
  - Jamil HACHICHA - TUNISIA
  - Mezri EL MAY - TUNISIA
  - Nasr BEN DHIA - TUNISIA
  - Rim GOUCHA - TUNISIA

Organizing Committee :

• **Chair**	Mohamed Mongi BACHA - TUNISIA
• **Treasury, Sponsoring**	Lilia BEN FATMA - TUNISIA Ahmed LETAIEF - TUNISIA Kais HARZALLAH - TUNISIA Soumaya CHARGUI - TUNISIA
• **Communication, Web site & Promotion**	Badreddine BEN KAAB - TUNISIA Nada SELLAMI - TUNISIA Syrine TLILI - TUNISIA Samarra BADROUCHI - TUNISIA Nouha BEN MAHMOUD - TUNISIA
• **Registration, Accomodation & Transprtation**	Soumaya CHARGUI - TUNISIA Nada SELLAMI - TUNISIA Zohra SASSI - TUNISIA
• **Moderators, Conference Rooms, Meeting Areas**	Awatef AZZABI - TUNISIA Safa FATTOUM - TUNISIA Tasnim BEN AYED - TUNISIA
• **Social & Cultural**	Hedia MEJRI - TUNISIA Bechir MENJOUR - TUNISIA Mouna JERBI - TUNISIA

Scientific Committee :

• **Chair**	Habib SKHIRI - TUNISIA
• **Deputy Chair**	Amel HARZALLAH - TUNISIA
• **Pre-Congress Courses**	Jannet LAABIDI - TUNISIA Driss EL KABBAJ - MOROCCO Lamia RAIES - TUNISIA Wissal SAHTOUT - TUNISIA
• **Plenary Sessions**	Imed HELAL - TUNISIA Ikram MAMI - TUNISIA Meriam HAJJI - TUNISIA Mohamed Mongi BACHA - TUNISIA Senda MRABET - TUNISIA
• **Parallel Sessions & Workshops**	Ahmed LETAIEF - TUNISIA Awatef AZZABI - TUNISIA Houda FERIANI - TUNISIA Mohamed Mongi BACHA - TUNISIA
• **Abstracts**	Khawla KAMMOUN - TUNISIA Abdellatif SIDI ALI - MAURITANIA Ezzedine ABDERRAHIM - TUNISIA Hiba GHABI - TUNISIA Ibtissam ARBAOUI - ALGERIA Mariem BEN SALEM - TUNISIA
• **Symposia**	Amel HARZALLAH - TUNISIA Borhene MEJRI - TUNISIA Ezzedine ABDERRAHIM - TUNISIA Mariem KHADHAR - TUNISIA

Associate Scientific Societies :

ISN

ISPD INTERNATIONAL SOCIETY FOR PERITONEAL DIALYSIS

IPNA

ERA LEADING EUROPEAN NEPHROLOGY

SFNDT

TTS

M.E.S.O.T.

ASNRT 1987

MAYO CLINIC

The DECLARATION of ISTANBUL on ORGAN TRAFFICKING and TRANSPLANT TOURISM

KDIGO KIDNEY DISEASE IMPROVING GLOBAL OUTCOMES

OUR SPONSORS

PLATINIUM

NIPRO
FRESENIUS MEDICAL CARE
Médis Au service de la santé
Boehringer Ingelheim

GOLD

MEDICIS INFORMATION MEDICALE
NEWBRIDGE PHARMACEUTICALS
AstraZeneca
nova biomedical
OPALIA RECORDATI GROUP
SWS MEDICAL

SILVER

THERA LABORATOIRES
PHILADELPHIA PHARMA
hikma.
Baxter
BAIN MEDICAL bain
MEDIPHARMA
Jafron
SMT

BRONZE

Pharmaghreb Laboratoires
PHARMACARE Laboratoires
Medetec
Abbott
SERVIER
adwya
TERIAK
التجاري بنك Attijari bank
STAFIM PEUGEOT
BMICE
قرطاجنة CARTHAGENE
CLINIQUE Hannibal
مصحة تصفية الدم معبد المياه زغوان CLINIQUE DE DIALYSE LE TEMPLE DES EAUX ZAGHOUAN
مصحة البحر المتوسط لتصفية الدم CLINIQUE MÉDITERRANÉE HÉMODIALYSE
CLINIQUE HEMODIALYSE BOUKORNINE
CENTRE TOURISTIQUE DE DIALYSE DE HAMMAMET NABEUL
R IMPEX
ARTISANAT BARGAOUI
masmoudi

AFRAN 2025 CONGRESS

Tunis, Tunisia - April 15 - 18, 2025

SCIENTIFIC PROGRAM

Starting at 07H30 - Registration: Check-in & Onsite Registration

Pr. Adel KHEDHER Conference Room	Pr. Hassouna BEN AYED Conference Hall	Pr. Abdelhamid JARRAYA Conference Room

Pre-Congress Workshops & Refresher Courses

Program 1 *(AFRAN- ISN-Mayo Clinic Group)*	**Program 2** *(AFRAN, SFNDT)*	**Program 3: Kidney Transplantation** *(AFRAN - DICG – MESOT – ASNRT - TTS)*

09H00 - 10H30

SESSION 1

AFRAN – ISN Workshop 1
Nephro PoCUS: Point of Care Ultrasonography in Nephrology
Chairpersons: Nasr BEN DHIA, Mohammed ABDELGAWAD, Moataz FATHY, Robert KALYESUBULA

- Principles of Ultrasound, Devices and Terminology
  Ahmed SAEED – UNITED KINGDOM (15 min)
- NephroPoCUS, Basics for a Sustainable Education Program
  Ahmed SAEED – UNITED KINGDOM (15 min)
- PoCUS in Daily Practice, The Stethoscope of all Nephrologists
  Ahmed SOKWALA – KENYA (15 min)
- NephroPocus - Hands on :
  PANEL EXPERTS (45 min)

SESSION 1

Transplantation Rénale : Donneur Vivant
Modérateurs : Mohamed Mongi BACHA, Tahar RAYANE, Francois VRTOVSNIK

- Donneur Vivant, Recommandations de l'Agence de Biomédecine, de la SFT et de La SFNDT
  Christophe MARIAT – FRANCE (30 min)
- Donneur Vivant Limite : Cas Clinique 1
  Wissal SAHTOUT – TUNISIE (30 min)
- Donneur Vivant Limite : Cas Clinique 2
  Faiza ZERDOUMI - ALGÉRIE (30 min)

SESSION 1

Kidney Transplantation AFRAN, MESOT, TTS
Chairpersons: Aziz EL MATRI, Mohamed Riyadh BEN SLAMA, Zeinabou MAIGA MOUSSA TONDI

- Kidney Transplantation in AFRICA & MESOT Countries
  Mehmet HABERAL – TURKEY (30 min)
- Evaluation and Requirement for Living Kidney Donation, Standards and Expanded Criteria
  Hussein BAGHA – KENYA (30 min)
- Kidney Transplantation Using Kidneys with Complex Vascular Anatomy
  Mourad BOUFI – FRANCE (30 min)

10H30 – 11H00 - Coffee Break

11H00 - 13H00

SESSION 2

AFRAN - Mayo Clinic Refresher Course
Update on Glomerulonephritis, Hypertension and CKD in Pregnancy
Chairpersons: Fatma BEN MOUSSA, Mohamed Hany HAFEZ, Fernando C FERVENZA,

- Membranous Glomerulonephritis, Advances in Classification and Management
  Fernando C FERVENZA - USA (30 min)
- Update on Hypertension in Pregnancy and its Implications
  Vesna GAROVIC - USA (30 min)
- Pregnancy in Patients with Advanced Chronic Kidney Disease
  Iasmina CRAICI - USA (30 min)
- Update on IgA Glomerulonephritis
  Fernando C FERVENZA – USA (30 min)

SESSION 2

Dialyse de Qualité en 2025
Modérateurs : Abdellatif ACHOUR, Abdellatif SIDI ALI, Thierry LOBBEDEZ

- Choix de la Méthode de Dialyse
  Thierry LOBBEDEZ – FRANCE (30 min)
- L'abord de Dialyse
  Hichem KHELOUFI - ALGÉRIE (30 min)
- Recommandations pour une Dialyse de Haute Qualité
  Hafedh FESSI – FRANCE (30 min)
- Qualité et Sécurité des Soins en Dialyse, Place des Indicateurs de Performance
  Thierry LOBBEDEZ – FRANCE (30 min)

SESSION 2

Kidney Transplantation AFRAN, MESOT, ASNRT
Chairpersons: Lilia BEN FATMA, Mohammad GHNAIMAT, Torke ALOTAIBI

- Issues of Adherence to Immunosuppressant Therapy after Kidney Transplantation
  Hafedh HEDRI – TUNISIA (30 min)
- Specific Post-Kidney Transplant Infections In Africa, Spectrum and Management:
  Alain ASSOUNGA – SOUTH AFRICA (30 min)
- Updated Guidelines on the Screening and Management of BK Virus Infection in Kidney Transplant Recipients
  Mouna HAMMOUDA - TUNISIA (30 min)
- Screening of Malignancies in Kidney Transplant Recipients
  Mohammad GHNAIMAT – JORDAN (30 min)

AstraZeneca

13H00 – 14H00 Lunch Symposium

Chairpersons:
Lilia BEN FATMA, Amel HARZALLAH

New Era in CKD Management:
Added Value of SGLT2 Inhibitors

Speaker: Dorsaf ZELLAMA

NIPRO

13H00 – 14H00 Lunch Symposium

Chairperson:
Ben DE WITTE

The Quality Partner for Dialysis Today and Tomorrow

Speaker: Roxane NGOSSO

Pr. Adel KHEDHER Conference Room	Pr. Hassouna BEN AYED Conference Hall	Pr. Abdelhamid JARRAYA Conference Room

14H00 – 16H00

SESSION 3

AFRAN – ISPD Workshop 2
Peritoneal Dialysis, Catheter Placement
Chairpersons: Taieb BEN ABDALLAH, Yosra GUEDRI, Bahadi ABDELALI, Rasha DARWISH

- Peritoneal Dialysis Catheters: Design, Placement Techniques and Complications
  Taieb BEN ABDALLAH - TUNISIA (40 min)
- Bedside Percutaneous Peritoneal Catheter Placement, Training Programs in Africa
  Bahadi ABDELALI - MOROCCO (40 min)
- Bedside Percutaneous Peritoneal Catheter Placement, Demonstration
  PANEL EXPERTS (40 min)

SESSION 3

Néphropathies Glomérulaires, Recommandations KDIGO : Fiches SFNDT
Modérateurs : Hédi BEN MAIZ, Hocein DKHISSI, Christophe MARIAT

- Syndrome Néphrotique Idiopathique
  Sidi Mohamed MAH – MAURITANIE (20 min)
- Glomérulonéphrite Extra-membraneuse
  Mohamed Akli BOUBCHIR – ALGÉRIE (20 min)
- Glomérulonéphrite à Dépôts Mésangiaux d'IgA
  Christophe MARIAT - FRANCE (20 min)
- Glomérulonéphrite à Dépôts de C3
  Christophe MARIAT - FRANCE (20 min)
- Glomérulonéphrite Lupique
  Lamia RAIES - TUNISIE (20 min)
- Vascularites à ANCA
  Meriam HAJJI - TUNISIE (20 min)

SESSION 3

Daily Clinical Issues in Dialysis and Kidney Transplantation AFRAN – ASNRT
Chairpersons: Mohamed Karim ZOUAGHI, Alain ASSOUNGA, Mohamed Salah Eldin ZAKI

- Hemodialysis Technical Quality Standards
  Christopher ATWATER - USA (30 min)
- Native and Prosthetic Vascular Access For Hemodialysis: An Ever Growing Challenge
  Mohamed Jameleddine MANAA - TUNISIA (30 min)
- Management of CKD-Mineral and Bone Disorders, Goals and Means
  Robert NAJEM – LEBANON (30 min)
- Management of Patients with Failed Kidney Transplants
  Torke ALOTAIBI - KUWAIT (30 min)

16H00 – 16H30 - Coffee Break

16H30 – 18H00

SESSION 4

Kidney Transplantation - Mayo Clinic
Chairpersons: Hafedh HEDRI, Saraladevi NAICKER, Hatem AMER

- Long Term Outcome of Living Kidney Donors
  Naim ISSA - USA (25 min)
- Clinical Outcomes Associated with the Living Donor Kidney Biopsy and Imaging
  Andrew RULE - USA (25 min)
- Update on Treatment of Antibody-Mediated Rejection
  Naim ISSA - USA (20 min)
- The Rationale of Individualized Immunosuppressive Regimen in the Era of New Therapeutic Targets
  Hatem AMER - USA (20 min)

SESSION 4

Les Hyponatrémies
Modérateurs : Hayet KAAROUD, Hubert YAO, Francois VRTOVSNIK

- Les hyponatrémies, Diagnostic et Traitement
  Francois VRTOVSNIK – FRANCE (30 min)
- Les Hyponatrémies, Cas Clinique 1
  Jannet LABIDI - TUNISIE (30 min)
- Les Hyponatrémies, Cas Clinique 2
  Zeinabou MAIGA MOUSSA TONDI - NIGER (30 min)

SESSION 4

AFRAN - DICG Kidney Transplantation
Chairpersons: Jalel ZIEDI, Taieb BEN ABDALLAH, Mehmet HABERAL

- The Istanbul Declaration on Organ Trafficking and Transplant Tourism - What is it about?
  Mohamed Hany HAFEZ - EGYPT (20 min)
- Suspicious Cases of Unethical Donation and Transplant Activities - What Can We Do?
  Ahmed TWAHIR - KENYA (20 min)
- Global activities of the Declaration of Istanbul Custodian Group (DICG) - Where Do We Stand?
  Thomas MUELLER - SWITZERLAND (20 min)
- Panel Discussion – DICG **(30 min)**

18H00 – 19H30 - OPENING CEREMONY

Chairpersons: Habib SKHIRI, Mohamed Hany HAFEZ, Ezzedine ABDERRAHIM

Welcome Messages : Habib SKHIRI, Mohamed Hany HAFEZ, Ezzedine ABDERRAHIM (15 min)

Tunisian Ministry of Health: Pr. Mustapha FERJANI Welcome Address (20 min)

Keynote Opening Conference:
The Burden of CKD and other NCDs in Africa: Opportunities and Challenges for Health Systems
Pr. Marcello TONELLI - (ISN President) (30 min)

ISN Pioneer Award for Africa Ceremony (25 min)

20H00 - 22H00 - WELCOME RECEPTION & EXHIBITION OPENING

Starting at 07H30 - Registration: Check-in & Onsite Registration

Pr. Hassouna BEN AYED Conference Hall — 08H15 – 10H00

PLENARY SESSION 1

AFRAN – ISN Joint Plenary Session
Chairpersons: Habib SKHIRI, Fatiu Abiola AROGUNDADE, Mohamed Hany HAFEZ, Marcello TONELLI

- Patient Complexity & Multimorbidity in Kidney Population - **Marcello TONELLI - CANADA (30 min)**
- Barriers to an Equitable Access to Kidney Care in Africa - **Gloria ASHUNTANTANG – CAMEROON (25 min)**
- Kidney Amyloidosis, Pathogenesis and Therapy - **Rumeyza KAZANCIOGLU – TURKEY (25 min)**
- Supportive and Conservative Management for Chronic Kidney Disease, A Mandatory Choice - **Robert KALYESUBULA - UGANDA (25 min)**

10H00 – 10H30 - Coffee Break, Exhibition & Poster Sessions

Pr. Adel KHEDHER Conference Room	Pr. Hassouna BEN AYED Conference Hall	Pr. Abdelhamid JARRAYA Conference Room
STATE OF THE ART	**10H30 – 12H00**	

FOCUSED LECTURES 1

Geriatric Nephrology
Chairpersons: Badreddine BEN KAAB, Ahmed SOKWALA, Sudakshina GHOSH

- The Kidney Senescence
  Rumeyza KAZANCIOGLU - TURKEY (25 min)
- Fluid And Serum Sodium Disorders in The Elderly
  Yasser ABDELHAMID - EGYPT (25 min)
- Glomerulonephritis in the Elderly
  Mouna JERBI - TUNISIA (20 min)
- Chronic Kidney Disease Management and Dialysis Decision In the Elderly
  Faiza ZERDOUMI - ALGERIA (20 min)

FOCUSED LECTURES 2

APOL1 and Chronic Kidney Disease (KDIGO)
Chairpersons: Abdou NIANG, Ifeoma ULASI, Michel JADOUL

- Epidemiology and Clinical Features of APOL1-Associated Nephropathies
  Saraladevi NAICKER – SOUTH AFRICA (20 min)
- Genetics and Histology Spectrum of APOL1-Mediated Kidney Injuries
  Adu DWOMOA – GHANA (25 min)
- Management and Outcome of APOL1-Kidney Diseases
  Akinlolu OJO - USA (20 min)
- Novel Therapeutics for APOL1 - Kidney Diseases, Target Pathogenic Pathways and Clinical Trial Results
  Rasheed GBADEGESIN - USA (25 min)

FOCUSED LECTURES 3

Modern Training Tools and Concerns in Nephrology Practice
Chairpersons: Jamil HACHICHA, Mohammed ABDELGAWAD, Yannick NLANDU

- Social Media in Nephrology Education
  Mohammed ABDELGAWAD - EGYPT (30 min)
- Training Future African Nephrologists for 2030
  Robert KALYESUBULA - UGANDA (30 min)
- Brain Drain Among Young Nephrologists, Is it Preventable?
  Valérie LUYCKX – SWITZERLAND (30 min)

12H00 - 13H00 - FREE COMMUNICATIONS

Chairpersons: Awatef AZZABI, Ramdane ALLALI	Chairpersons: Amel HARZALLAH, Zeinabou MAIGA MOUSSA TONDI	Chairpersons: Mohamed CHERMITI, Mohammed BENABDELHAK
NEWBRIDGE PHARMACEUTICALS	MédiS Au service de la santé	Baxter
13H00 – 14H00 Lunch Symposium	**13H00 – 14H00 Lunch Symposium**	**13H00 – 14H00 Lunch Symposium**
Chairpersons: Faiçal JARRAYA, Sameh MABROUK	**Chairpersons: Jannet LABIDI, Ahmed LETAIEF, Badreddine BEN KAAB**	**Chairpersons: Hafedh HEDRI, Yosra GUEDRI**
From the Present to the Future Horizon: Moving the Needle in the Care of Primary Hyperoxaluria Type 1 **Speaker: Hayet KAAROUD**	**Monbikal Study : A Monocentric, Randomised, Double-Blind Placebo-Controlled Trial Evaluating the Efficacy and Safety of BICARDIS to Treat Metabolic Acidosis in CKD Patients** **Speaker: Habib SKHIRI**	**WHY PD?** **Speaker: Ayman KARKAR AL KUBAISY**

Pr. Hassouna BEN AYED Conference Hall — 14H00 – 16H00

PLENARY SESSION 2

Epidemiology and Chronic Kidney Disease Registries
Chairpersons: Ezzedine ABDERRAHIM, Razeen DAVIDS, Marcello TONELLI, Roser TORRA

- Common Pitfalls in Epidemiological Research - **Vianda STELL – NETHERLANDS (30 min)**
- Requirements to Implement and Maintain Chronic Kidney Disease Registries - **Maria PIPPIAS – UNITED KINGDOM (30 min)**
- Chronic Kidney Disease Registries as Useful Tool for Physicians and Authorities - **Vianda STELL - NETHERLANDS (30 min)**
- Chronic Kidney Disease Registries in AFRICA, Opportunities and Obstacles - **Razeen DAVIDS – SOUTH AFRICA (30 min)**

16H00 – 16H30 Coffee Break

Pr. Adel KHEDHER Conference Room	Pr. Hassouna BEN AYED Conference Hall	Pr. Abdelhamid JARRAYA Conference Room

16H30 – 18H00

FOCUSED LECTURES 4

Acute Kidney Injury
Chairpersons: Ibtissame ARBAOUI, Awatef AZZABI, Yasser ABDELHAMID

- Acute Kidney Injury in the Era of Climate Change
  Ifeoma ULASI - NIGERIA (20 min)
- Acute Kidney Injury in AFRICA, Relationship with Prevalent Infectious Diseases
  Sudakshina GHOSH - TANZANIA (20 min)
- Toxic and Iatrogenic Causes of Acute Kidney Injury
  Amel HARZALLAH - TUNISIA (25 min)
- Kidney Replacement Therapy in Acute Kidney Injury
  Yannick NLANDU – RD CONGO (25 min)

FOCUSED LECTURES 5

Reproductive Health in Women and Kidney Disease
Chairpersons: Dorsaf ZELLAMA, Rasha DARWISH, Roser TORRA, Urmila Gupta ANANDH

- Gender-Based Disparities in Access to Kidney Care in Africa
  Saraladevi NAICKER – SOUTH AFRICA (20 min)
- Women and Reproductive Health in Kidney Diseases
  Bianca DAVIDSON – SOUTH AFRICA (20 min)
- Menopause and Chronic Kidney Diseases
  Vesna GAROVIC - USA (25 min)
- Acute Kidney Injury in African Women, Causes and Management
  Rasha SAMIR SHEMIES – EGYPT (25 min)

FOCUSED LECTURES 6

Histopathology
Chairpersons: Fatma BEN MOUSSA, Wessam ISMAIL, Andrew RULE

- Spectrum of Podocytopathies Causing Nephrotic Syndrome in Children
  Rasheed GBADEGESIN – USA (20 min)
- Infection-Related Glomerulonephritis
  Ahmed LETAIEF – TUNISIA (20 min)
- ANCA-Associated Nephropathies
  Rim GOUCHA - TUNISIA (25 min)
- BANFF Histological Classification Revised (Automated System)
  Wessam ISMAIL – EGYPT (25 min)

Pr. Adel KHEDHER Conference Room — 18H00 – 19H00

18H00 - 19H00 - AFRAN Meeting – General Assembly

Pr. Hassouna BEN AYED Conference Hall — 19H00 – 20H00

STNDT Meeting – General and Elective Assembly

Pr. Hassouna BEN AYED Conference Hall

07H00 – 08H15 - ISN Breakfast Session:
Chairpersons: Fatiu Abiola AROGUNDADE, Mohamed Salah Eldin ZAKI, Charu MALIK, Mara RODRIGUEZ

ISN Programs and Opportunities - ISN Executive Representatives : Marcello TONELLI, Charu MALIK, Mara RODRIGUEZ

Pr. Hassouna BEN AYED Conference Hall **08H15 – 10H00**

PLENARY SESSION 4

Hot Topics, What's New In Nephrology
Chairpersons: Mohamed BEN HMIDA, Gloria ASHUNTANTANG, Ahmed TWAHIR

- Kidney Disease and Heart Failure: Recent Advances and Current Challenges (Highlights from the KDIGO Controversies Conference) - **Michel JADOUL - BELGIUM (30 min)**
- SGLT2 Inhibitors and GLP-1, Expanded Indications in Nephrology - **Faiçal JARRAYA - TUNISIA (25 min)**
- Novel Treatments for IgA Glomerulonephritis and Focal Segmental Glomerulosclerosis - **Mohamed Hany HAFEZ – EGYPT (25 min)**
- Lupus Nephritis, Updated Guidelines - **Abdou NIANG - SENEGAL (25 min)**

10H00 – 10H30 - Coffee Break - Poster Sessions

10H30 – 12H00

Pr. Adel KHEDHER Conference Room	Pr. Hassouna BEN AYED Conference Hall	Pr. Abdelhamid JARRAYA Conference Room
FOCUSED LECTURES 7	**FOCUSED LECTURES 8**	**FOCUSED LECTURES 9**
Environment and Kidney Disease, Green Nephrology **Chairpersons: Khawla KAMMOUN, Wessam ISMAIL, Maria PIPPIAS**	**Hypertension and Cardiovascular Diseases** **Chairpersons: Amel HARZALLAH, Hesham ESSAYED, Rasha Samir SHEMIES**	**Familial and Hereditary Nephropathies** **Chairpersons: Lilia BEN FATMA, Adu DWOMOA, Rasheed GBADEGESIN**
- Atmospheric Pollution and Climate Change, Impact on Kidney Disease **Maria PIPPIAS – UNITED KINGDOM (25 min)**	- Chronotherapy in CKD-Associated Hypertension, Benefits? **Badreddine BEN KAAB – TUNISIA (25 min)**	- Genetic Testing in Chronic Kidney Diseases **Roser TORRA – SPAIN (25 min)**
- Tropical Diseases and Kidney Damage **Fatiu Abiola AROGUNDADE - NIGERIA (25 min)**	- Renal Denervation and New Therapeutic Regimens for Resistant and Uncontrolled Hypertension **Hubert YAO – CÔTE D'IVOIRE (20 min)**	- Genetic Approach to Familial Nephrolithiasis **Ahlem ACHOUR – TUNISIA (20 min)**
- Water Saving in Hemodialysis, Modalities **Mohamed BEN HMIDA - TUNISIA (20 min)**	- Optimal Targets in Associated-CKD Hypertension, Guidelines Vs Daily Practice **Mohamed Akli BOUBCHIR - ALGERIA (20 min)**	- Autosomal Dominant Tubulo-Interstitial Kidney Disease **Mohammed BENABDELHAK - MOROCCO (25 min)**
- Optimization of Energy Consumption and Waste Management in Dialysis Facilities **Abdellatif SIDI ALI – MAURITANIA (20 min)**	- Arrythmias in Chronic Kidney Disease **Sana OUALI - TUNISIA** **Afef BEN HALIMA - TUNISIA (25 min)**	- New KDIGO Guidelines for Autosomic Polycystic Kidney Disease **Roser TORRA – SPAIN (20 min)**

Pr. Hassouna BEN AYED Conference Hall **12H00 – 13H30**

PLENARY SESSION 5

Renal Replacement Therapy
Chairpersons: Dorsaf ZELLAMA, Bianca DAVIDSON, Valérie LUYCKX

- Relevance of Incremental Hemodialysis, Beyond Resources Shortage - **Valérie LUYCKX - SWITZERLAND (25 min)**
- Home Dialysis in Africa: Understanding the Challenges and Finding Solutions - **Hafedh FESSI - FRANCE (25 min)**
- Conventional or High Flux Hemodialysis Vs Online Hemodiafiltration - **Imed HELAL - TUNISIA (20 min)**
- Chronic Inflammation and Oxidative Stress in Dialysis Patients - **Hesham ESSAYED – EGYPT (20 min)**

Pr. Adel KHEDHER Conference Room	Pr. Hassouna BEN AYED Conference Hall	Pr. Abdelhamid JARRAYA Conference Room
nova biomedical 13H30 – 14H30 Lunch Symposium Chairperson: Abdou NIANG CKD Community Screening Using Point of Care Testing - Worldwide Progress Speaker: Shady KANDIL	FRESENIUS MEDICAL CARE 13H30 – 14H30 Lunch Symposium Chairperson: Habib SKHIRI Transition from HD to HVHDF, Benefits from HVHDF and FME Experience Speaker: Stefano STUARD Improving Water Quality in Africa Speaker: Ahmed ADWAN	

14H30 – 16H00

FOCUSED LECTURES 10

Keeping People on Peritoneal Dialysis
Chairpersons: Bahadi ABDELALI, Abdou NIANG, Rasha DARWISH

- How to Build a Successful Peritoneal Dialysis Program in Africa, Lessons from the Nursing Perspective
  Leigh MORTON – SOUTH AFRICA (30 min)
- How to Prolong Time on Peritoneal Dialysis
  Edwina BROWN - UK (30 min)
- Peritoneal Dialysis, The First 90 Days
  Bianca DAVIDSON – SOUTH AFRICA (30 min)

FOCUSED LECTURES 11

Data Science and New Technology Tools, Application in Nephrology
Chairpersons: Imed HELAL, Hussein BAGHA, Ahmed SAEED

- Science of GFR Estimating Equations
  Andrew RULE - USA (25 min)
- Tele - Health in Nephrology, Challenges and Benefits
  Tariq SQUALLI - MOROCCO (25 min)
- Virtual Reality: An Innovative Tool for Therapeutic Patient Education and Providers Teaching
  Samarra BADROUCHI - TUNISIA (20 min)
- Deep Learning-Based Paradigm, Applications in Kidney Histopathology
  Wessam ISMAIL - EGYPT (20 min)

FOCUSED LECTURES 12

Onco-Nephrology
Chairpersons: Kais HARZALLAH, Mohamed Akli BOUBCHIR, Gloria ASHTUNTANTANG

- Electrolytes Disorders in Patients with Cancer
  Ramdane ALLALI - ALGERIA (25 min)
- Monoclonal Gammapathies of Renal Significance
  Hanene GAIED - TUNISIA (25 min)
- Kidney Toxicity of Immune Checkpoint Inhibitors
  Yasser ABDELHAMID - EGYPT (20 min)
- Kidney Disease Associated with Hematological Malignancies
  Narjess BEN AICHA - TUNISIA (20 min)

Pr. Hassouna BEN AYED Conference Hall — 07H30 – 08H15

PLENARY SESSION 6: AFRAN-ISPD Joint Session

Increasing Access to Peritoneal Dialysis in Africa
Chairpersons: Abdou NIANG, Taieb BEN ABDALLAH, Bianca DAVIDSON, Edwina BROWN

- Peritoneal Dialysis Practice in Africa, How to Overcome Limitations Barriers? **- Edwina BROWN – UNITED KINGDOM (25 min)**
- PD Practice in Africa, Ongoing Programs and Projects **- Rasha DARWISH – EGYPT (20 min)**

Pr. Hassouna BEN AYED Conference Hall — 08H15 – 10H00

PLENARY SESSION 7: Kidney Transplantation

Kidney Transplantation
Chairpersons: Ezzedine ABDERRAHIM, ElMahdi ELKHAMMAS, Abdulhafid SHEBANI, Thomas MUELLER

- Kidney Transplant Programs in Africa, Needs for Establishment and Requirements for Sustainability **- Mohamed Mongi BACHA - TUNISIA (25 min)**
- Istanbul Declaration: Clinical Practice and Organizations' Endorsement in Africa **- Thomas MUELLER - SWITZERLAND (25 min)**
- International Regulation for the Use of Generics and Biosimilars in Kidney Transplantation - Application to African Countries **- Emna GAIES - TUNISIA (25 min)**
- Novel Biomarkers in Kidney Transplantation **- Mohamed Salah Eldin ZAKI - EGYPT (30 min)**

10H00 – 10H30 - Coffee Break

Pr. Adel KHEDHER Conference Room	Pr. Hassouna BEN AYED Conference Hall	Pr. Abdelhamid JARRAYA Conference Room

10H30 – 12H00

FOCUSED LECTURES 13

Nephrolithiasis
Chairpersons: Ahmed LETAIEF, Sidi Mohamed MAH, Mohammed BENABDELHAK

- Management of Nephrolithiasis in Adults **Mohammed ABDELGAWAD - EGYPT (25 min)**
- Approach to Patients with Recurrent Nephrolithiasis **Soumaya CHARGUI - TUNISIA (25 min)**
- Nephrocalcinosis, Etiological Paradigms **Abir BOUSETTA - TUNISIA (20 min)**
- Type 1 Hyperoxaluria, Therapeutic Approach Beyond Dual Liver and Kidney Transplantation **Bahadi ABDELALI – MOROCCO (20 min)**

FOCUSED LECTURES 14

Diabetic Kidney Disease
Chairpersons: Faiçal JARRAYA, Tariq SQUALLI, Mohamed EZWAIE

- Diabetic Kidney Disease, The Rising Tide is on our Shores **Abdulhafid SHEBANI – LYBIA (25 min)**
- Non-Diabetic Nephropathies in Diabetics **Ikram MAMI - TUNISIA (25 min)**
- Management of Diabetic Kidney Disease in the New Therapeutic Era **Habib SKHIRI - TUNISIA (20 min)**
- Glycemic Control and Anti-Diabetic Drugs in Patients Undergoing Renal Replacement Therapy **Fatma MNIF BOUSSARSSAR - TUNISIA (20 min)**

FOCUSED LECTURES 15

Nephropediatrics
Chairpersons: Taher GERGAH, Awatef SALEM ELBOUAISHI, Rim GOUCHA

- Post-Infectious Glomerulonephritis, A Continuing to Impact African Children **Awatef SALEM ELBOUAISHI - LIBYA (25 min)**
- Acute Kidney Injury in Pediatric Population, Causes and Management **Sameh MABROUK - TUNISIA (25 min)**
- Tubular Acidosis, Diagnosis and Therapeutic Management **Razeen DAVIDS – SOUTH AFRICA (20 min)**
- Transition from Pediatric to Adult Nephrology Care, Medical and Psychosocial Considerations **Bianca DAVIDSON – SOUTH AFRICA (20 min)**

12H00 - 13H00 - FREE COMMUNICATIONS

Chairpersons: Zohra SASSI JALLALI, Robert KALYESUBULA	Chairpersons: Soumaya CHARGUI, Yannick NLANDU	Chairpersons: Khawla KAMMOUN, Awatef SALEM ELBOUAISHI

Pr. Adel KHEDHER Conference Room	Pr. Hassouna BEN AYED Conference Hall	Pr. Abdelhamid JARRAYA Conference Room
OPALIA RECORDATI 13H00 – 14H00 Lunch Symposium Chairpersons: Habib SKHIRI, Kais HARZALLAH, Mouna JERBI Apixaban for Renal Impairment Anticoagulation: Challenger or Game Changer? Speaker: Ismail AL ALAMY	Boehringer Ingelheim 13H00 – 14H00 Lunch Symposium Chairpersons: Tariq SQUALLI, Badreddine BEN KAAB Cardiorenal Protection with Empagliflozin: What You Need to Know Speaker: Roser TORRA	

Pr. Hassouna BEN AYED Conference Hall 14:00 – 15:30

PLENARY SESSION 8

AFRAN Committees & Working Groups Reports & Projects
Chairpersons: Mohamed Hany HAFEZ, Faiçal JARRAYA, Abdou NIANG, Mohamed Mongi BACHA

15H30 – 16H00 - Coffee Break

16:00 – 17:00 AWARDS & CLOSING CEREMONY
Chairpersons: Ezzedine ABDERRAHIM, Mohamed Hany HAFEZ, Habib SKHIRI, Abdou NIANG

AFRAN 2025 CONGRESS
Hosted by stndt
Tunis, Tunisia - April 15 - 18, 2025

ORAL COMMUNICATIONS

Epidemiology, Health Policies Training & Education

CO-01

BURDEN OF DIABETES AND KIDNEY DISEASES IN TUNISIA, A FORESIGHT BETWEEN 2014 AND 2044

Ben Youssef Fatma, Bouguerra Hind, Brayek Amel, Gam Wiem

Direction of Studies and Planification, Ministry of Health, Tunis - Tunisia

Introduction

Non-communicable diseases (NCSs) are a leading cause of morbidity and mortality globally and in Tunisia, contributing significantly to the burden of Disabilty-adjusted life years. We aimed to describe the evolution of diabetes and kidney diseases burden in Tunisia, between 2014 2024 and the foresight for 2044.

Methods

We conducted a descriptive study using extracted data on deaths, DALYs, and years lived with disability (YLDs) from the Institute of Health Metrics and Evaluation (IHME) databases. We compared the evolution of data between 2014 and 2024 and foresights of 2044 in Tunisia.

Results and discussion

Between 2014 and 2024, the diabetes and kidney diseases related deaths showed an increase of 33.5%: from 40.0 to 53.4 deaths per 100,000. In 2044, it is expected to increase by 113.7.0% (114.05 deaths per 100,000). The rank of the prevalence of diabetes and kidney diseases compared to other non-communicable diseases remained unchanged (third) between 2014 and 2044. DALYs per 100,000 inhabitants related to diabetes and kidney diseases showed an increase of 29.8% between 2014 (1628 DALYs per 100,000 inhabitants, ranked 6) and 2024 (2113 DALYs per 100000, ranked). DALYs per 100,000 inhabitants in 2044 is expected to increase by 97.7% to reach second rank after cardiovascular diseases (4178 DALYs per 100,000). On the other hand, YLDs related to diabetes and kidney diseases also showed an increase of 41.6% between 2014 (786.9 YLDs per 100000 inhabitants, ranked 6th) and 2024 (1114.2 YLDs per 100 000, ranked fourth). It is expected to reach 2440.8 YLDs per 100,000 (ranked third) in 2044.

Conclusion

The burden of diabetes and kidney diseases is increasing in Tunisia. Primary and secondary prevention is needed to protect the Tunisian population's health, along with further studies to investigate the factors associated with this increase.

CO-02

DEMOGRAPHY OF ADULT NEPHROLOGISTS A TUNISIAN NATIONAL OVERVIEW

Sellami Nada, Barbouch Samia, Ben Othmane Ilhem, Abbassi Meryem, Helal Imed, Abderrahim Ezzedine

Department: Nephrology and Internal Medicine, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Developed and developing countries face a substantial shortage in the nephrology workforce, which should be addressed to overcome the burden related to the increase in the prevalence of chronic kidney diseases. Our study aimed to investigate the demographics of Tunisian nephrologists, compare their distribution across regions and practice sectors, and assess the escalating migration phenomenon.

Methods

We referred to the Tunisian National Council of Physicians and the Board of Nephrology records to identify Nephrologists qualified between 1975 and 2024. Modality and place of practice were updated via personal contact via email. Density rates were calculated by dividing the number of qualified nephrologists by the corresponding total population count, confident intervals were determined and compared at the threshold of 5%.

Results and discussion

We identified 305 qualified nephrologists, including 7 who were deceased (2.3%) and 6 retired (2%). There were 220 females (72.1%) and 85 males, corresponding to a sex-ratio of 0.39. Of the remaining, 279 are active (95.5%), and 13 (4.5%) are awaiting completing recruitment procedures. Eighty-one nephrologists emigrated to Western or Gulf Countries, representing 29% of the total active pool; 198 are practicing in Tunisia, representing a ratio of 16.5 pmp [95% CI: 14.2 – 18.8]. There are 80 nephrologists in private sector (6.7 pmp; [5.2 – 8.1]) and 118 are working in public facilities (9.8 pmp; [8.1 – 11.6]): 72 in academic teaching hospitals (6 pmp; [4.6 – 7.4]) and 46 in first-line governmental hospitals (3.8 pmp; [2.7 – 4.9]). The nephrologist-to-population ratio was of 26.2 pmp [22 – 30.4] in the coastal cities housing teaching hospitals, contrasting with that of 7.9 pmp [5.6 – 10.1] in other regions; the lowest rate was of 4.7 pmp observed in the south western region.

Conclusion

The Tunisian nephrology workforce has been growing over the last decades. Our survey highlights the predominance of women nephrologists, exceeding the average global proportion. Nephrologists' density is among the highest in Africa, ranging between upper-middle and high-income countries' rates. Unfortunately, it does not accurately reflect regional discrepancies. Offering the young generations more job opportunities could be challenging for the Tunisian authorities to reduce the emigration rates and harmonize the standards of care.

CO-03

NAVIGATING RENAL REGISTRY CHALLENGES THE KENYA HAEMODIALYSIS REGISTRY

Wala Jonathan, Soki Khalida

Kenya Renal Association, Nairobi - Kenya

Introduction

The population of individuals living with chronic kidney disease is estimated to be 10.4% among men and 11.8% among women, with the majority of patients living in low- or middle-income countries. Haemodialysis (HD) is the most common kidney replacement therapy (KRT), accounting for 69% of all KRT and 89% of all dialysis therapies. Since 2010, the Government of Kenya has rapidly increased access to haemodialysis services. The Kenya Haemodialysis Registry was developed by the Kenya Renal Association in order to docu- ment, analyse and improve the quality of haemodialysis services in Kenya. In this report we present the preliminary findings of the registry and discuss the challenges encountered.

Methods

The Kenya Haemodialysis Registry is a prospective cohort study of prevalent and incident haemodialysis patients being treated in haemodialysis units in Kenya. Consecutive sampling of all patients was done, and patient data was captured into a digital questionnaire, immediately anonymized, and uploaded for cloud-based storage.

Results and discussion

Over 4 months from September 2024, 130 haemodialysis units (49.4% of the units in Kenya) were approached, with 16.2% declining participation and 20% being found to have shut down. 2316 patients were registered with 64.4% of them being male. The mean age was 52.7 years, and only 21.6% were younger than 40 years. The most common vascular access was a tunnelled HD catheter (54%) and only 24.7% had an arteriovenous fistula. In view of reimbursements by the national insurer, more than 99% of the patients were on twice-weekly haemodialysis. The vast majority (over 90%) were receiving anaemia treatment, but more than half had received blood transfusion previously. Only 5.6% tested positive for HIV, with 1.7% having hepatitis B infection, and 0.5% hepatitis C infection. Most patients (54%) had been on HD for 1 to 5 years, and only 17.9% had been on HD for more than 5 years.

Conclusion

The interim report of the Kenya Haemodialysis Registry demonstrates the feasibility of renal registries in Africa despite the logistical challenges encountered. More robust efforts can be made into expanding the scope of renal registries by digitization of the health care system and development of standard renal patient files.

CO-04

WHAT ARE THE OBLIGATIONS OF THE DIALYSIS INDUSTRY IN SUB-SAHARAN AFRICA?

Luyckx Valerie[1], Arogundade Fatiu[2], Ashuntantant Gloria[3], Cullis Brett[4], Limsawart Wirun[5], Mueller Thomas[6], Naicker Saraladevi[7], Niang Abdou[8], Sumaili Ernest[9], Mengistu Yewondwossen[10]

1- Department of Nephrology, Chidren's Hospital, Zurich - Switzerland,

2- Renal Unit, Obafemi Awolowo University Hospitals Complex, Ife-Ife Nigeria,

3- Department of Clinical Sciences, Faculty of Health Sciences, University of Bamenda - Cameroon,

4- Department of Paediatrics and Child Health Institution, University of Cape Town - South Africa,

5- Society and Health Institute, Ministry of Public Health, Bangkok - Thailand,

6- Swiss Transplant Institution, Bern - Switzerland,

7- Department of Internal Medicine, University of The Witwatersrand, Johannesburg - South Africa,

8- Department of Nephrology, Cheikh Anta Diop University, Dakar - Senegal,

9- Department of Neprhology, Cliniques Universitaires de Kinshasa - Democratic Republic Of Congo,

10- School of Medicine, Addis Ababa University - Ethiopia

Introduction

Universal health coverage (UHC) is important to increase access to quality care. Thus far, the focus has been on extending coverage for interventions that are high-priority and low-cost. Coverage for high-priority but high- cost interventions such as dialysis has not been systematically addressed as opportunity costs are high. Stark global inequities exist in access to dialysis. The COVID-19 pandemic highlighted pervasive global inequities, with the availability of vaccines and therapeutics being highly skewed toward richer countries. These realities raised ethical questions regarding obligations of the pharmaceutical industry during global health emergencies, highlighting four key obligations: production, dissemination, sustainability and accountability.

Methods

We examine if and how these four obligations may apply to the dialysis industry in sub-Saharan Africa, to support progressive achievement of the right to dialysis for all, everywhere, considering the high level of intransparency around production costs, country pricing, the high profits generated by the industry, and the millions of people globally who die without access to dialysis every year.

Results and discussion

A handful of companies manufacture and sell machines and dialysis supplies. The global dialysis industry is currently valued at over 100 billion dollars, and is forecast to continue to grow rapidly as global demand for dialysis is increasing. We argue here that each of the four obligations put forth for the vaccine industry also apply to the dialysis industry, given that millions of people are dying from lack of access to a therapy which generates billions in profits each year. Questions regarding these duties can be equally applied to the shareholders of these companies, who reap the profits but are either unaware or choose to turn a blind eye to consequences when their products are unaffordable, and to all other manufacturers and transportation companies also involved in the production or distribution of dialysis supplies.

Conclusion

Transparent engagement with the dialysis and pharmaceutical industries is urgently required at country, regional, and global levels, leveraging the collective ethical responsibilities to develop a sustainable path for all towards fair prices and profits and increasing equity of access to dialysis across SSA.

CO-05

BURNOUT AMONG NEPHROLOGY AND HEMODIALY SIS WORKERS IN BURKINA FASO: PREVALENCE AND ASSOCIATED FACTORS

Zoehinga Patrice Juste, Bonzi Yeremadé, Belem Abdoul Aziz, Coulibaly Gérard

Department of Nephrology and Hemodialysis,

Ouahigouya Regional Teaching Hospital - Burkina Faso

Introduction

The accumulation of stress at work can lead to burnout. Burnout is very prevalent among healthcare professionals and has an impact on the quality of patient care. In nephrology and hemodialysis, the working environment is very stressful. This situation can plunge workers into burnout. This will have an impact on the care provided to patients with kidney failure, whether or not they are undergoing kidney replacement therapy, and on their quality of life. We wanted to study the burden of burnout among nephrology and haemodialysis workers in the context of sub-Saharan Africa.

Methods

Between 29 November 2023 and 29 January 2024 we conducted a cross-sectional study among nephrology and haemodialysis workers in six hospitals in Burkina Faso. These hospitals were the only ones in the country to have nephrology and hemodialysis services. We assessed burnout using the Maslach Burnout Inventory. We used multiple logistic regression to identify the factors associated. The study was approved by the Health Research Ethics Committee (N° 2023-09-228).

Results and discussion

A total of 108 workers took part in the study, representing a participation rate of 62.4%. The mean age was 39.5 ± 6.9 years. The sex ratio was 1.03. The prevalence of Burnout was 64.8%. Burnout levels were low in 71.4% of cases, moderate in 25.7%, and high in 2.9%. High emotional exhaustion, high depersonalization and low personal fulfilment were found in 22.2%, 16.40%, and 40.4% of workers, respectively. Age, lack of responsibility, and the practice of a sporting activity several times a week were strongly associated with the occurrence of burnout. On the other hand, a young age (mean 38.2 ± 6.7 years) was a protective factor against burnout.

Conclusion

Burnout is a reality in nephrology and haemodialysis practice in Burkina Faso. Measures must be implemented to reduce the burden of burnout among healthcare professionals in nephrology and hemodialysis.

CO-06

THE ROLE OF SIMULATION IN TRAINING FOR THE MANAGEMENT OF HEMODIALYSIS EMERGENCIES

Mariam Elhammouti[1], El Othemany Wafae[1], Hanafi Houda[1], Lemrabett Saloua[1], Bendrissalami Soukaina[1], Bouchari Asmae[2], Motiaa Youssef[2], Assem Maryam[1]

1- Department of Nephrology, University Hospital Mohammed VI, Tanger - Morocco

2- Department of Intensive Care, University Hospital Mohammed VI, Tanger - Morocco

Introduction

The management of emergencies in hemodialysis, particularly cardiopulmonary arrest, is crucial to ensuring patient safety. Medical simulation, conducted with the collaboration of the resuscitation team is an essential educational method for improving the handling of critical situations.

Methods

We conducted this study in December 2024, at the Simulation Center of the Faculty of Medicine of Tangier. The training used a scenario simulating the management of cardiopulmonary arrest during dialysis in a chronically hemodialyzed patient hospitalized in the intensive care unit. Roles were assigned for cardiac massage, ventilation, monitoring, and administration of treatments. A scoring system was applied to assess the depth and frequency of chest compressions, the effectiveness of ventilation, and team coordination. Additionally, a ventricular tachycardia was simulated, requiring the use of a defibrillator. At the end, participants discussed the etiological assessment of the cardiac arrest, key actions during resuscitation, and post-recovery. Statistical analysis of the data was carried out using SPSS software version 25.

Results and discussion

This descriptive study included 24 participants. Among the participants, 62.5% were physicians and 37.5% nurses. Furthermore, 58.3% had between 1 and 5 years of professional experience, while only 8.3% had more than 5 years of experience. Additionally, 37.5% had previously received similar training, whereas 62.5% had not. Before the training, 66.7% of participants reported having already faced a cardiac arrest during dialysis, but only 33.3% felt they had adequately mastered the resuscitation equipment used. However, after the simulation, 91.7% of participants reported full mastery of the necessary equipment. Before the training, 33.3% of participants considered themselves competent in managing such incidents, while 87.5% rated themselves as competent after the simulation. Finally, 75.8% of participants judged the training to be effective in improving the management of cardiopulmonary arrest during dialysis.

Conclusion

These results confirm the positive impact of simulation on the management of emergencies in hemodialysis, enhancing technical skills, caregiver confidence, and team collaboration.

Clinical Nephrology

CO-07

DISTINCT URINARY PROTEOME CHANGES ACROSS VARIOUS ESTIMATED GLOMERULAR FILTRATION RATE (EGFR) STAGES IN A BLACK SOUTH AFRICAN COHORT - RESULTS FROM A PILOT STUDY

Khoza Siyabonga[1], George Jaya[2], Naicker Previn[3], Stoychev Stoyan[4], Mokoena Rethabile[5], Govender Ireshyn[5], Fabian June[6]

1- Department of Chemical Pathology, National Health Laboratory, Faculty of Health Sciences, University of The Witwatersrand – Johannesburg - South Africa

2- National Health Laboratory, Academic Affairs, Research & Quality Assurance, Wits Diagnostic Innovation Hub, University of the Witwaters- rand, Johannesburg

3- Resyn Biosciences Institution, Edenvale - South Africa

4- Evosep Biosystems, Odense - Denmark

5- Council for Scientific and Industrial Research, Pretoria - South Africa,

6- Wits Donald Gordon Medical Centre, School of Clinical Medicine, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg - South Africa

Introduction

Kidney function parameters, including estimated glomerular filtration rate (eGFR) and urine albumin excretion are commonly used to diagnose chronic kidney disease (CKD). However, these parameters are relatively in- sensitive, limiting their utility for screening and early detection of kidney disease. Studies have suggested that urinary proteomic

profiles differ by eGFR stage, offering potential insights into kidney disease pathogenesis alongside opportunities to increase the sensitivity of current testing strategies. In this pilot study, we characterized and compared the urinary proteome by eGFR stage in a Black African cohort from rural Mpumalanga Province, South Africa.

Methods

We stratified 81 urine samples by eGFR stage (ml/min/1.73 m²): Stage G1 (eGFR ≥ 90; n=36), Stage G2 (eGFR 60-89; n=35), and Stages G3-G5 (eGFR <60; n=10). Creatinine-based eGFR was calculated using the Chronic Kidney Disease Epidemiology Collaboration (CKD-EPI) equation (2009) without adjusting for ethnicity. Urine proteomic analysis was performed using an Evosep One LC coupled to a Sciex 5600 TripleTOF in data-independent acquisition mode. Nonparametric multivariate analysis and receiver operating characteristic (ROC) curves were used to assess the performance of differentially abundant proteins (DAPs). A pathway analysis was performed on DAPs.

Results and discussion

In this pilot study, thirty-eight urinary proteins were differentially abundant for eGFR stages G3-G5 when compared to Stages G1 (AUC = 0.95; CI: 0.86-1) and G2 (AUC = 0.84; CI: 0.64-0.98). Notably, only six urinary proteins (CST6, GGT6, SUSD2, IGFBP6, HSP90B1, and MAN1A1) were differentially abundant when com- paring Stage G1 and Stage G2 with a modest AUC=0.81; CI: 0.67-0.92). Pathway analysis indicated that DAPs were associated with haemostasis and fibrin clot formation.

Conclusion

In a rural cohort from South Africa, the urinary proteome differed by eGFR stage, identifying six differentially abundant proteins, which in combination, could help to differentiate earlier eGFR stages with higher predictive accuracy than currently available tests. These preliminary findings need to be validated in larger regional multi-site studies.

CO-08

EXOGEN ESTROGEN USE AND CHRONIC KIDNEY DISEASE PROGRESSION IN MENOPAUSAL WOMEN

Kaabia Ons, McCausland Finnian

1- Department of Gynecology and Obstetrics, Faculty of Medicine, Sousse - Tunisia

2- Department of Nephrology, Brigham and Women Hospital, Boston - USA

Introduction

Several studies have reported gender disparities within Chronic Kidney Disease (CKD) patients with a protective role of Estradiol on the kidney hemodynamic function and the renal-angiotensin system. However, this protective effect is reduced with CKD progression. In addition, not all estrogens, especially synthetic ones, have shown the same conformation of estrogen receptors. This study aims to test for an association between the use of exogen estrogens and CKD progression in menopausal women.

Methods

This is an analysis of the CRIC study, a large prospective ethnically and racially diverse cohort of individuals with CKD in 7 clinical centers across the United States between 2003 and 2008, with a 2008–2013 extended follow-up. Participants received clinical evaluations at baseline, at annual clinic visits, and by telephone at 6- month intervals. Multivariate analysis was performed using unadjusted and 3 adjusted Cox proportional hazards models to test for the association between Exogenous Estrogen use and CKD progression. Model 1 adjusted for Age, Race, and BMI. Model 2 adjusted for model 1 variables and Current Smoking Status, Diabetic Status, Congestive Heart Failure, Coronary Artery Disease, Stroke, Peripheral Vascular Disease, Hematocrit, Phosphate, Serum Albumin, and Baseline eGFR Model 3 Incorporated all identified potential confounders and interaction factors by adding the Use of Beta Blockers, Use of Calcium Channel Blockers, Use of Diuretics, Use of ACE Inhibitors or ARBs, and 24H Urine Protein.

Results and discussion

The study included 2436 participants, of whom 184 received Exogen Estrogens. The mean age in the Estrogen use group was 56 ± 12 versus 59 ± 11 in the no Estrogen use group. There is a statistically significant association between the use of exogen estrogens and a slower progression of CKD in menopausal women in the unadjusted and all adjusted models.

Conclusion

In menopausal women with CKD in the CRIC cohort, the use of exogen estrogen is associated with a slower CKD progression.

CO-09

FACTORS ASSOCIATED WITH GFR DECLINE IN TYPE 2 DIABETES MELLITUS DATA FROM A MOROCCAN COHORT STUDY

Abda Naima, Benabdelhak Mohammed, Machmachi Iman, Hanane Aissaoui, Bentata Yassamine

Laboratory of Epidemiology, Clinical Research & Public Health Institute &: Faculty of Medicine and Pharmacy,

University Mohammed Premier, Oujda - Morocco

Introduction

Chronic kidney disease is a major public health problem and one of the most important long-term complications of diabetes mellitus, hence the importance of its screening in all diabetic patients. The main objective of this work was to determine the evolutionary profile of diabetic kidney disease in diabetic patients admitted and followed at the reference center for chronic diseases in the city of Oujda

Methods

This is a retrospective cohort study including all type 2 diabetic patients who had at least four consultations between 2005 and December 2020. The diabetic kidney disease risk factors analysis was based on the risk of occurrence of a decline in glomerular filtration rate (GFR) using the usual statistical tests and the multivariate COX model

Results and discussion

The study included 3244 type 2 diabetic patients, of whom 64.2% were women, with an average age of 56.2

±11.7 years. On admission, 56.3% had diabetes duration of less than 6 years, 36.1% of patients had high blood pressure, 43.2% were overweight, while 23.2% were obese. Nearly 10% of patients had at least one complication on admission: 2.6% had heart disease, 4.3% had nephropathy, 1.6% had retinopathy, 0.8% had neuropathy, and 0.6% had a diabetic foot. The multivariate COX model showed that the decline in GFR was significantly associated with advanced age and glycemic control, and the occurrence of positive albuminuria was associated with initial treatment with renin angiotensin system blockers

Conclusion

Primary care health centers may not have sufficient human and material resources to effectively screen for and monitor diabetes-related complications. Therefore, it is crucial to strengthen human and material resources at secondary care referral centers to ensure comprehensive and optimal management of diabetes patients, including diabetic control and early detection and management of its complications.

CO-10

A CROSS-SECTIONAL PROSPECTIVE STUDY MEASURING ALBUMIN / CREATININE RATIO TEST FOR DIABETIC TYPE 2 LIBYAN PATIENTS ATTENDING DIABETIC CLINIC TRIPOLI MEDICAL CENTER

Shebani Abdulhafid[1], Esoum Souad[2], Hender Faiza[3]

1- Department of Nephrology, Tripoli Medical Center - Libya,

2- School of Basic Sciences, Research Center, Tripoli - Libya,

3- Department of Endocrinology Tripoli Medical Center - Libya

Introduction

Nephropathy is considered the major causative for illness and death among diabetes mellitus type 2 patients. Diabetic nephropathy has become the main cause of chronic kidney disease; and progresses to kidney failure that requires lifelong dialysis or kidney transplant. The progression of diabetic nephropathy from the appearance of proteinuria to end-stage renal disease (ESRD) accounts for about 20-40% of patients with diabetes mellitus type 2. With scarce in data about the prevalence of diabetic nephropathy among Libyan patients with diabetes mellitus type 2. Objectives: The aims of this study were to evaluate the prevalence of diabetic nephropathy in an early stage, and to determine the related risk factors among Libyan type 2 diabetic patients attending diabetic Out Patient Department clinic at Tripoli Medical Center.

Methods

A cross-sectional prospective study was conducted with sample of 125 eligible diabetes mellitus type 2 patients aged 22-80 years, recruited via attendance to diabetes Out Patient Department clinic at Tripoli Medical Center, Tripoli, Libya. A well-designed questionnaire was used to gather demographic characteristics, clinical data, and laboratory assessment of HbA1c, serum creatinine, BUN, serum cholesterol, and triglyceride. The early diabetic nephropathy was defined as Albumin/ Creatinine Ratio 30mg/g and above.

Results and discussion

The majority of our recruited subjects (92/125, 73.6%) were

females, and the median age of the patients was 54.72 years, the mean duration of diabetes for the study population was 9.47 years, and the mean glycosylated hemoglobin (HbA1c) for our study group was 7.95% with about 70% of the patients having HbA1c over 7%. Proteinuria was found in 27 of participants. Is that the prevalence of diabetic nephropathy among our study group was 21.6%. The statistical analysis revealed that being smoking patients (p=0.002), and having uncontrolled glycosylated hemoglobin (HbA1c) (p=0.003) were significantly associated with presence of proteinuria.

Conclusion

The prevalence of proteinuria in our study isn't low among Libyan diabetic type 2 patients. An urgent approach needs to be taken to avoid the development of diabetic nephropathy in an early stage by implementing the screening of diabetic nephropathy for all diabetes mellitus patients and emphasizing the risk factors associated with proteinuria.

CO-11

FACTORS OF RAPID PROGRESSION IN AUTOSOMAL DOMINANT POLYCYSTIC KIDNEY DISEASE: MULTICENTER, PROSPECTIVE STUDY

Mbengue Mansour[1], Haki Zimana Marie de Montserrate[1], Tsahabayembi Jatt[1], Ndiaye Fatou[1], Keita Niakhaleen[1], Faye Maria[2], Lemrabott Ahmed Tall[2], Ka El H Fary[2], Niang Abdou[2]

1 Department of Nephrology, Dalal Jamm Hospital, Guédiawaye - Senegal

2 Department of Nephrology, Aristide Le Dantec Hospital, Dakar - Senegal

Introduction

The objectives of our work were to determine the prevalence of rapid progression factors of autosomal dominant polycystic kidney disease and to determine the correlation of these rapid progression factors of autosomal dominant polycystic kidney disease with the loss of glomerular filtration rate.

Methods

It was a multicentric, prospective, descriptive, and analytical study conducted over a period of one year in three tertiary hospitals in Dakar. Patients with autosomal dominant polycystic kidney disease with a glomerular filtration rate ≥ 15 ml/min/1.73 m² were included. Rapid progression was defined as a loss of the glomerular filtration rate ≥ 3.5 ml/min/1.73 m² after 1 year of follow-up. During the study period, 70 patients were followed for 12 months, including 38 women and 32 men.

Results and discussion

The average age was 48±15.52 years. The most frequent reasons for consultations were lower back pain and hypertension, found in 97.1% and 75.7% of cases, respectively. Stage 3 of chronic kidney disease was present in 24.3% of cases at the beginning of the study. The most frequently found progression factors were hypertension, herbal medicine, and the existence of a family history of chronic kidney disease before the age of 58; found in 75.7%, 41.4%, and 34.3% of cases, respectively. There were 67.1% of patients who had a rapid progression of chronic kidney disease. In bivariate analysis, the factors that were correlated with the rapid progression of chronic kidney disease were age (p = 0.016) and stage 3 of chronic kidney disease at the time of diagnosis (P=0.043). In multivariate analysis, no factor was correlated with the rapid progression of chronic kidney disease.

Conclusion

More than half of our patients had a rapid progression of chronic kidney disease. Hypertension and herbal medicine are the most commonly found progression factors in our context. Age and Stage 3 of chronic kidney disease at diagnosis were factors correlated with the rapid progression of the disease. Early screening and the search for progression factors would be a strategy for prevention and improvement of prognosis.

CO-12

GENETIC CONTRIBUTIONS TO HEREDITARY NEPHROPATHIES IN TUNISIA: ADVANCING PRECISION MEDICINE FOR END-STAGE RENAL DISEASE

El Younsi Mariem[1], Achour Ahlem[1], Kerkeni Nesrine[1], Maazoul Faouzi[1], Abderrahim Ezzedine[2], Goucha Rim[4], Abdelhak Sonia[3], Gargah Tahar[4], Trabelsi Mediha[1], Mrad Ridha[1]

1 Department of Genetics, 2- Department of Nephrology and Internal Medicine

2 Department of Pediatrics, Charles Nicolle Hospital, Tunis - Tunisia

3 Department of Nephrology, Mongi Slim Hospital, La Marsa - Tunisia

Introduction

End-Stage Kidney Disease (ESKD) is a major public health issue in Tunisia. To ensure effective preventive measures, it is essential to have precise epidemiological data on the main actionable genetic and non-genetic etiologies lead-

ing to ESKD. The objective of this study is to characterize molecular genetics of a sample of Tunisian patients with hereditary nephropathies progressing to early-onset ESKD.

Methods

This retrospective (1990-2022) and collaborative study included 553 Tunisian families, categorized into five groups of hereditary nephropathies: glomerular, tubulointerstitial, cystic, nephrolithiasic, and metabolic. The genomic DNA of index cases was sequenced using Sanger sequencing, Whole Exome Sequencing (WES), or targeted gene analysis.

Results and discussion

Our study strategy, based on precise patient phenotyping, enabled us to confirm the diagnosis in 35% of cases. These included: 16.7% glomerular nephropathies 9.1% cystic kidney diseases 42.6% nephrocalcinosis/nephrolithiasis 4.5% nephropathic cystinosis 26.9% tubulointerstitial nephropathies In the glomerular ne- phropathy group, the most frequent mutation observed was an autosomal recessive inheritance of Alport Syndrome (AS) caused by mutations in the COL4A3 gene (54% of cases), which differs from data reported in the literature. In the cystic kidney disease group, analysis of 21 families using a gene panel revealed that 15 cases corresponded to autosomal recessive polycystic kidney disease (ARPKD) caused by mutations in the PKHD1 gene. For the nephrolithiasis and nephrocalcinosis group, analysis of 174 families using Sanger sequencing identified an etiology in 42.6% of cases, of which 31% were primary hyperoxaluria due to mutations in the AGXT gene. In the tubulointerstitial nephropathy group, 18% of cases were nephronophtisis type 1 caused by deletion of the NPHP1 gene.

Conclusion

A molecular analysis strategy guided by precise patient phenotyping proved to be effective. Moving forward, we aim to complete the genetic analysis for families in which the molecular etiology has not yet been identified. This will be achieved by systematically applying gene panel analysis or Whole Exome Sequencing (WES). This approach will prepare the groundwork for the implementation of precision medicine in nephrology.

CO-13

EVALUATING THE NEPHROPROTECTIVE EFFECTS OF SGLT2 INHIBITORS IN DIABETIC NEPHROPATHY: A COMPARATIVE STUDY ON ALBUMINURIA AND CREATININE CLEARANCE

Baltagi Myriam, Bchir Najla, Ben Chehida Anaam, Bel Hadj Slimane, El Guiche Dorra, Chaima, Zouaoui Chadia, Ouertani Haroun

Department of Endocrinology, Military Hospital of Tunis - Tunisia

Introduction

Diabetic nephropathy (DN) is the leading cause of chronic kidney disease worldwide. While treatments targeting the renin-angiotensin-aldosterone system inhibitors (RAASi) provide some benefits, additional therapeutic options are necessary to better address the renal complications associated with DN. This study aims to evaluate the effects of sodium-glucose cotransporter 2 inhibitors (SGLT2i) on renal function, focusing specifically on creatinine clearance and 24-hour urine albumin excretion, as these are key biological markers of kidney health. The goal is to assess whether SGLT2i can offer a more effective treatment strategy to manage renal outcomes in patients with diabetic nephropathy.

Methods

We conducted a prospective, evaluative, and comparative study at a single center with 115 patients diagnosed with diabetic nephropathy (DN). The patients were matched based on age, sex, and the stage of DN. Group 1 consisted of 54 patients who received both SGLT2 inhibitors (SGLT2i) and RAAS inhibitors (RAASi), while Group 2 included 61 patients treated solely with RAAS inhibitors. The study was conducted over three periods: T0 at the beginning of treatment, T1 after three months, and T2 after six months.

Results and discussion

The mean age was 60.2± 9.2 years. Examining the renal effects of SGLT2i, our results indicated a statistically lower albuminuria difference between the two time points (T1-T0 and T2-T0, respectively) in group 1 compared to group 2($p<10^{-3}$). The albuminuria difference between T1 and T0 was -16 (-116-8) for group 1 and 35 (-3- 230) for group 2. After 24 weeks, the albuminuria difference between T2 and T0 was -29 (-180-16.5) for group 1 and 50 (-2-207) for group 2. Regarding the evolution of creatinine clearance, a non-significant negative difference was noted in both groups between T1 and T0 ($p=0.155$) after 12 weeks of treatment. However,

after 24 weeks of treatment, group 1 exhibited a positive creatinine clearance difference between T0 and T2 in group 1 (0.58 (-5-3)), contrasting with group 2, which maintained a negative differential in creatinine clearance (-0.6 (-5-1)) (p=0.044).

Conclusion

Our findings underscored the role of SGLT2i in treating DN in conjunction with RAASi and their nephroprotective efficacy.

CO-14

ASSOCIATION BETWEEN THE USE OF SGLT2 INHIBITORS IN PATIENTS WITH CKD DURING RAMADAN FASTING AND THE RISK OF ACUTE KIDNEY INJURY

Elkeraie Ahmed[1], Zyada Rowan[2], Elrggal Mohamed[2], Abukhatwa Merna[3], Elsayed Mariam[2]

1- Department of Nephrology, Faculty of Medicine, Alexandria University - Egypt,

2- Department of Nephrology, Kidney and Urology Centre, Alexandria - Egypt,

3- Department of Clinical Pharmacology, Faculty of Pharmacy, Alexandria University City/Country: Alexandria - Egypt

Introduction

Sodium glucose co-transporter 2 inhibitors (SGLT2i) are currently considered a corner stone in management of chronic kidney disease (CKD) together with renin angiotensin aldosterone blockers (RAAS blockers). However, it is not known whether the hemodynamic effects exerted by SGLT2i would increase the risk of acute kidney injury (AKI) in patients with CKD during fasting or not. We aimed to investigate the effect of SGLT2i on the development of AKI in patients with CKD who fasted during Ramadan.

Methods

This is prospective cohort included all patients with CKD with stable kidney function over the 3 months before Ramdan and were allowed to fast Ramadan. Patients were classified into SGLT2i users and non-users. Kidney functions were assessed using serum creatinine (eGFR by CKD-EPI) at baseline (before Ramadan), weekly during fasting and one month and 6 months after the end of Ramadan. Both groups were compared according to incidence of AKI episodes (defined by a rise in serum creatinine of ≥ 0.3 mg/dl) within 1 week or more of initiating Ramadan fasting.

Results and discussion

From 158 CKD patients who fasted during Ramadan, 37 were SGLT2i users (23.42%) and 121 were non-users (76.6%). The mean age was 66.9 ±13.6 years, and 62.6% were males. The mean baseline serum creatinine was 1.9 ± 0.76 mg/dl. SGLT2i users were older (p=0.003) and had a higher prevalence of diabetes than non-users (p=0.001) and used RAAS blockers more frequently as a standard care for diabetic kidney disease (p=0.001). There was no significant difference between the two groups regarding baseline serum creatinine, use of diuretics, prevalence of cardiovascular disease, and hypertension. There was no significant difference regarding the incidence of AKI among SGLT2i group (18.92%) and SGLT2i non-users (23.9%) (p=0.5). A multivariate regression analysis showed that baseline serum creatinine was the most important factor associated with the incidence of AKI (p=0.036).

Conclusion

SGLT2 inhibitors use in CKD patients during fasting Ramadan is not associated with increased risk of AKI. High baseline renal function is the most important risk factor resulted in developing AKI during fasting.

CO-15

VARIATION IN BLOOD VOLUME IN TYPE II DIABETICS UNDER SGLT2 INHIBITORS

El Aissaoui Khaoula

Department of Nephrology, Dialysis and Transplantation, Hassan II University Hospital, Fes - Morocco

Introduction

Sodium-glucose cotransporter 2 inhibitors are antihyperglycemic drugs with a diuretic action. We recently reported that empagliflozin, improves extracellular volume expansion with a slight increase in urine volume. However, the impact of pre-treatment extracellular volume status on body fluid response to SGLT2 inhibitors remains to be determined

Methods

We conducted a prospective interventional study in the nephrology department of the Centre Hospitalier Has- san II, Fez. We included all diabetic patients followed up in nephrological consultation between February 2023 and July 2024, aged less than 75 years, with diabetic nephropathy at the stage of micro albuminuria or proteinuria (30-3500 mg/g), with creatinine clearance greater than 60ml/min/m², having received RAAS blocker treatment for at least 4 weeks and having a stable diuretic dosage and constant salt in-

take, 40 of these patients were put on iSGLT2. The aim of our work is to evaluate changes in blood pressure, plasma volume by mea- suring intracellular volume (ICW), extracellular volume (ECW) and total water volume by BCM (body compo- sition monitot)® in response to iSGLT2 treatment, compared with initial values at 4 and 24 weeks of treatment.

Results and discussion

The mean age of patients was 60.8 years, the duration of type 2 diabetes was 12 years, and 4 of the patients were on diuretics; the mean l'HbA1C was 8.43%. Treatment with empagliflozin resulted in changes from baseline in mean systolic blood pressure of 144 mmHg, 136 mmHg, and 144 mmHg respectively, at baseline, 4 and 12 weeks, after adjustment for baseline SBP. Bioimpedancemetry revealed overhydration in 36.6%, 7.3% after 4 weeks, 0% at 12 weeks, euvolemia in 41.5% initially, and 56.1% after 12 weeks, and dehydration in 19.5% and 36.6% at 12 weeks of patients, the variation in extracellular water between 17. 048 and 17.045 at baseline and 12 weeks respectively, and intracellular water between 19.333 and 21.17 at baseline and 12 weeks.

Conclusion

Empagliflozin produces natriuresis, resulting an improvement in blood pressure and blood volume. These cumulative effects suggest that empagliflozin may have a diuretic-like ability to reduce blood pressure in addition to beneficial effects on metabolic control. SGLT2 inhibition in patients with severe extracellular retention may help maintain adequate body water status.

CO-16

STRATIFYING RISK FOR SAFER OUTCOMES: EARLY RENAL MONITORING IN DIABETIC NEPHROPATHY PATIENTS ON SGLT2 INHIBITORS

Myriam Baltagi, Bchir Najla, Ben Chehida Anaam, Zouaoui Chadia, El Guiche Dorra, Ouertani Haroun

Department of Endocrinology, Military Hospital of Tunis - Tunisia

Introduction

Diabetic nephropathy (DN) is the leading cause of chronic kidney disease globally. While SGLT2 inhibitors combined with RAASi offer nephroprotective benefits, identifying patients at risk for acute kidney injury (AKI) is crucial. This study establishes stratification criteria and a protocol for renal monitoring three weeks after starting SGLT2i therapy.

Methods

A single-center, prospective study involving 115 diabetic nephropathy (DN) patients established stratification criteria to identify those requiring early renal monitoring. Patients were grouped based on renal function (eGFR ≥60 vs. 30–59 mL/min/1.73 m², UACR categories), age (<65 vs. ≥65 years), comorbidities (heart failure, prior AKI), and concurrent nephrotoxic treatments (diuretics, NSAIDs). Group 1 (n = 54) received SGLT2i plus RAASi, while group 2 (n = 61) received RAASi alone. Renal function parameters were assessed at baseline (T0), three weeks (T1), and six months (T2).

Results and discussion

Stratified analysis revealed that patients with an eGFR of 30–59 mL/min/1.73 m² or UACR >300 mg/g required closer monitoring due to transient changes in renal function. At T1, group 1 exhibited a significant reduction in UACR compared to group 2, particularly in moderate-risk patients (-38 [-210 to -16] mg/g vs. +22 [-5 to +140] mg/g, $p < 0.001$). Despite mild fluctuations in serum creatinine at T1, renal function stabilized by T2 in group 1, with a mean eGFR improvement of +1.2 [-3 to 4.5] mL/min/1.73 m², while group 2 showed a decline of -1.3 [-5.5 to -0.9] mL/min/1.73 m² ($p = 0.038$). Electrolyte disturbances were more frequent in patients re- ceiving diuretics or NSAIDs, necessitating monitoring in this subgroup.

Conclusion

This study highlights the importance of stratifying patients with DN based on renal function, age, comorbidities, and concurrent treatments. While SGLT2i therapy is effective in reducing albuminuria and stabilizing renal function, early monitoring at three weeks is crucial for patients with moderate risk (eGFR 30–59 mL/min/1.73 m², UACR > 300 mg/g, age ≥ 65 years, or concurrent nephrotoxic medications). This approach ensures patient safety and optimizes therapeutic outcomes.

CO-17

MALNUTRITION IN PATIENTS WITH CHRONIC KIDNEY DISEASE IN LOME

Dolaama Badomta, Sabi Kossi Akomola, Blatome Laune Odilon

Department of Nephrology, Sylvanus Olympio University Hospital, Lomé - Togo

Introduction

Malnutrition is a frequent complication of chronic kidney diseases. The aim was to describe the prevalence of mal-

nutrition in patients with chronic kidney disease (CKD) not on dialysis and its associated factors

Methods

This was a prospective descriptive and analytical study over a period of 07 months from April 1, 2023 to October 31, 2023, carried out in patients with chronic renal failure not on dialysis received in consultation or hospitalized in the nephrology department at the University Hospital Center Sylvanus Olympio. Malnutrition was defined by Body mass index below 18 kg/m2 or albuminemia bellow 35 g/l. The data collected was entered using an online form deployed via kobotoolbox and analyzed with R Studio, Version 2023.06.1+524

Results and discussion

A total of 304 patients were included in this study. Malnutrition was present in 90 patients, representing a prevalence of 29.6%. The male sex was the most represented at 61.8%, with a sex ratio (M/F) of 1.6. The mean age of our patients was 55.5+/-14.1 years, with extremes ranging from 18 to 90 years. In multivariate analysis, history of high blood pression (Odd Ratio OR 0.03; 95% Confidence Interval (CI): 0.00 - 0.27), marital status (OR 0.5; 95% CI: 0.02 - 0.97) and widowed (OR 0.43; 95% CI: 0.06 - 0.72), natremia between 135 and 145 mmol/l (OR 0.15; 95% CI: 0.02 - 0.77), calcemia between 90 and 105 mg/l (OR 0.03; 95% CI: 0.00 - 0.19), and uricemia over 60mg/l (OR 0.14, 95% CI: 0.03 - 0.66) were protective. Kalemia greater than 5.3 mmol/l (OR 33.2; 95% CI: 2.18 - 1,008), platelet count (OR 68; 95% CI: 2.85 - 2,887), cholesterol greater than 3g/l (OR 94.1; 95% CI: 5.54 - 3,384) and proteinuria > 3 g/24h (OR 26.3; 95% CI: 4.18 - 253) were associated with mal- nutrition.

Conclusion

The progression of chronic renal failure is associated with significant malnutrition, which increases the risk of morbidity and mortality of patients.

CO-18

THE IMPACT OF MATERNAL RENAL DYSFUNCTION ON PLACENTAL DEVELOPMENT AND FETAL GROWTH

Aloui Haithem, Hammami Rami,Frikha Hatem, Dhaoui Selma, Slama Feriel, Abouda Saber Hassine, Channoufi Mohamed Badis

Department C, Maternity and Neonatology Center of Tunis - Tunisia

Introduction

Maternal renal dysfunction significantly impacts placental development, leading to complications such as in uterine growth restriction (IUGR) and stillbirth. This study investigates the relationship between impaired renal function, placental perfusion, and fetal growth, focusing on Doppler studies and angiogenic markers such as sFlt-1/PlGF ratios.

Methods

A retrospective study of 63 pregnancies in women with renal dysfunction (eGFR < 60 mL/min/1.73 m²) was conducted from 2020 to 2023. Placental perfusion was assessed using umbilical artery Doppler indices, and serum levels of sFlt-1 and PlGF were measured. The objective was to identify markers predictive of adverse fetal outcomes.

Results and discussion

In the cohort of 63 pregnancies in women with renal dysfunction, adverse fetal outcomes were observed in a significant proportion of cases. Intrauterine growth restriction (IUGR) occurred in 24 pregnancies (38%), while stillbirths were recorded in 8 cases (12.7%). Elevated sFlt-1/PlGF ratios were found in 39 pregnancies (62%), including 6 (75%) of the stillbirths and 17 (70%) of those with IUGR ($p < 0.01$). Pregnancies with ratios in the highest quartile had a 2.5-fold increase in the risk of adverse outcomes. Doppler studies revealed abnormalities in 36 pregnancies (57%), including increased umbilical artery resistance indices in 30 cases and absent or reversed end-diastolic flow in 6 cases. Among pregnancies with abnormal Doppler findings, 76% resulted in IUGR or preterm delivery. Severe Doppler abnormalities, including reversed end-diastolic flow, required preterm delivery in 14 cases (22%), typically before 32 weeks. Maternal renal dysfunction was associated with a twofold increase in the risk of IUGR compared to women with preserved renal function (odds ratio [OR]: 2.2, 95% CI: 1.4–3.5). Women with baseline eGFR <45 mL/min/1.73 m² had the highest rates of adverse outcomes, including a threefold increase in the likelihood of stillbirth ($p < 0.01$). Subgroup analysis revealed that combined elevations in sFlt-1/PlGF ratios and abnormal Doppler indices had the highest predictive value for adverse outcomes (positive predictive value: 87%).

Conclusion

Maternal renal dysfunction adversely affects placental development and fetal growth. Doppler studies and angiogenic markers are valuable tools for the early detection and management of high-risk pregnancies.

CO-19

ACUTE KIDNEY INJURY IN THE INTESIVE CARE UNIT PROFILE AND PROGNOSIS

Ezzouate Asma[1], Bouchdak Zainab[1], Alami Badr [1], Motiaa Youssef [2], Assem Maryam[1]

1- Department of Nephrology

2- Department of Anesthesia Resuscitation University Hospital Mohammed VI, Tangier - Morocco

Introduction

Acute kidney injury (AKI) affects 30 to 60% of critically ill patients in intensive care units (ICUs), leading to significant acute morbidity and mortality and extending its impact beyond the acute phase. This study aims to elucidate the profile of patients most likely to require renal replacement therapy (RRT) during AKI in the intensive care and to assess their prognosis.

Methods

This is a prospective study of AKI cases occurring in the ICU over a one-year period, from May 2023 to May 2024. Data were collected and analyzed using SPSS. Patients with ICU stays of less than 24 hours or incomplete medical records were excluded.

Results and discussion

During the study period, 961 patients were admitted to the ICU, of whom 316 (32.8%) developed AKI. A total of 282 eligible patients were included. The median age of patients was 61 years [46–72 years], with 146 men (51.8%). Comorbidities included diabetes (n=77, 27.3%), hypertension (n=74, 26.2%), and cardiovascular diseases (n=80, 28.4%). Chronic kidney disease (CKD) was present in 32 patients (11.3%), with an average glomerular filtration rate (GFR) of 41.4 ± 22.3 ml/min/1.73m². The primary reason for admission was shock (n=119, 41.6%). The severity at admission was assessed using the SOFA and APACHE II scores, with medians of 6 [3–8] and 16 [12–22], respectively. RRT was required in 64 patients (22.7%), and overall mortality was 61.8%. Subsequently, we investigated the association between clinical and biological characteristics and the need for dialysis. A significant association was noted between a history of CKD and the need for RRT(p=0.003), while no significant association was found with other comorbidities such as diabetes, hypertension, or cardiovascular diseases (p > 0.05, chi-square test). The presence of AKI at admission was significantly associated with RRT (p=0.004, chi-square test), but there was no association with shock or vasopressor use. Mortality was not statistically significant in the RRT group(p=0.26, chi-square test).

Conclusion

AKI remains a frequent cause of morbidity and mortality in the ICU, with RRT often necessary. Early prevention and detection of AKI are crucial. This study highlights the importance of pre-existing kidney disease as a key factor in determining the likelihood of requiring dialysis

CO-20

ACUTE KIDNEY INJURY AND METABOLIC DISORDERS IN CRITICALLY ILL CIRRHOTIC PATIENTS

Tlili Badis, Garbaa Yesmine, Zaghdoud Ghada, Sedghiani Ines, Borsali Falfoul Nebiha

Emergency and Intensive Care Department, Habib Thameur University Hospital, Tunis - Tunisia

Introduction

Acute kidney injury (AKI) and metabolic disorders are common in patients with decompensated liver cirrhosis, a group with high morbidity and mortality in intensive care units. This study aims to assess whether AKI and related metabolic disorders are associated with increased in-hospital mortality in these critically ill patients.

Methods

We conducted a retrospective analysis of medical records from patients with decompensated liver cirrhosis admitted to a Tunisian intensive care unit (ICU) over six years (November 2018 - November 2024). Two groups were identified based on in-hospital mortality (surviving vs. non-surviving patients). We examined various clinical and biological parameters to evaluate the role of metabolic disorders and acute kidney injury (according to the KDIGO definition) in patient outcomes.

Results and discussion

Forty-four patients were included in our study, 17 of whom presented an acute kidney injury, and 20 died during hospitalization. The two groups were comparable based on several clinical and biological parameters at admission (Table 1). Acute kidney injury was observed in 12 out of the 20 non-survivors (p = 0.08). Serum creatinine and sodium levels at admission were strongly correlated with in-hospital outcome with respectively a Cutoff value of 135 µmol/L (AUC = 0.681, p = 0.04, CI = [0.522-0.841], Se = 65%, Sp = 37.5%, PPV = 59%, NPV = 68%) and a cutoff value of 125 mmol/L (AUC = 0.697, p = 0.026, CI = [0.538-0.856], Se = 95%, Sp = 70%, PPV = 90%, NPV = 67.6%).

Conclusion

Our findings indicate that acute kidney injury and hyponatremia at admission are more prevalent in critically ill liver cirrhosis patients who do not survive. Profound hyponatremia (<125 mmol/L) emerges as a reliable predictor of in-hospital mortality, with a positive predictive value of 90%.

CO-21

PREDICTIVE FACTORS OF ACUTE KIDNEY INJURY DURING RHABDOMYOLYSIS, A PROSPECTIVE STUDY

Amani Smiai[1], Ghabi Hiba[1], Mami Ikram[1], Boukhtiwa Mariem[1], Tlili Syrine[1], Sebki Dhekra[2], Massoudi Yosri[2], Ben Hamida Fathi[3], Rais Lamia[1], Zouaghi Mohamed Karim[1]

1- Department of Nephrology

2- Department of Intensive Care and Anesthesiology La Rabta University Hospital, Tunis - Tunisia

3- Renal Pathology Laboratory LR00SP01, Charles Nicole Hospital,Tunis - Tunisia

Introduction

Rhabdomyolysis is an injury to skeletal muscle cells that leads to the release of their contents into the systemic circulation. It is defined by a serum creatinine phosphokinase (CPK) level >1000 or more than five times the upper limit of normal. Acute kidney injury (AKI) is one of its common and severe complications.

Methods

We conducted this monocentric prospective study on patients with rhabdomyolysis who were admitted to intensive care unit of Rabta Hospital between January and June 2024. Patients with stage 5 of chronic kidney disease, renal transplantation, obstructive renal failure or myocardial infraction were not included. Additionally, we excluded patients who did not undergo the required investigations. Our aim was to determine the incidence and risk factors for AKI during rhabdomyolysis.

Results and discussion

We included 54 patients. The mean age was 46.19 years and the gender ratio (M/F) was 4.4. Diabetes affected 18.5% of patients. The other most commonly reported comorbidities were arterial hypertension (25.9%), dyslipidemia (25.9%) and coronary artery disease (18.5%). The incidence of AKI was 51.9% after 0.96 days of rhabdomyolysis diagnosis: 7.4% were in KDIGO-defined stage 1, 16.7% in stage 2, and 27.8% in stage 3. The mean duration of AKI was 8.22 days. The mean maximum creatinine level was 457.57 µmol/l. Among these patients, 21.4% were hospitalized due to trauma, while 78.6% were admitted for non-traumatic conditions such as sepsis, seizures, or vascular disease. AKI was complicated by hyperkalemia in 39.3% and severe metabolic acidosis in 14.3%. Renal replacement therapy was implemented in 39.3% of cases. The risk factors for AKI occurrence, revealed by univariate analysis, included: diabetes (p=0.004), dyslipidemia (p=0.02), non-traumatic conditions (p=0.001), sepsis (p=0.2E-5), elevated lactate dehydrogenase (LDH) levels (p=0.007), elevated phosphatemia (p=0.04) and low bicarbonatemia (p=0.026). Multivariate analysis identified LDH as an independent risk factor for AKI with an Odds ratio of 1.005 [CI 1.001; 1.01].

Conclusion

The incidence of AKI during rhabdomyolysis is significant and influenced by multiple risk factors. These findings highlight the importance of early prevention and the necessity to improve medical care by targeting and acting on those factors.

CO-22

ACUTE KIDNEY INJURY IN NON-RENAL MEDICAL AND SURGICAL ADMISSIONS IN A SECONDARY HOSPITAL IN CAMEROON: RECOGNITION AND OUTCOMES

Teuwafeu Denis Georges[1], Ayonghe Arisha[1], Mahamat Maimouna[2], Ashuntantang Gloria[2]

1- Faculty of Health Sciences, University of Buea - Cameroon

2- Faculty of Medicine and Biomedical Sciences, University of Yaoundé - Cameroon

Introduction

There is a paucity of data on the burden of acute kidney injury (AKI) in non-renal medical and surgical admissions where renal function monitoring is not routinely done. This study evaluated the incidence and outcomes of AKI in non-renal medical and surgical admissions at risk of AKI.

Methods

We prospectively assessed non-renal medical and surgical admissions at the Buea Regional Hospital during 6 weeks for AKI risk factors. Consenting participants were screened for AKI using the modified KDIGO (Kidney Disease Improving Global Outcomes) criteria. We excluded patients with CKD, confounders of serum creatinine (cimetidine, limb amputees) and those without a second serum creatinine value. Modifiable AKI risk factors were corrected. Patients were followed up until hospital discharge or death. The out-

come measures were presence of AKI, need and access to dialysis, renal recovery on discharge, for both participants with and without AKI, death and length of hospital stay.

Results and discussion

A total of 165 (41.6% males) participants were included, and six were excluded. The mean (SD) age was 50.7(17.29) years. Hypertension 43 (26.06 %), obesity 28 (16.97%), Human Immunodeficiency Virus 25 (15.15%) and Diabetes Mellitus 22 (13.33%) were the most frequent co-morbid conditions. Sepsis 110 (66.67%) and volume depletion 69 (41.82%) were the most common AKI risk factors. The incidence of AKI was 27.3% (n=45), with 35.6% (n=16) of these in KDIGO AKI stage 3. A total of 4 (8.9%) required dialysis with a 100% access rate. The in-hospital mortality was 6.6% (11/165), with the rate significantly higher in the AKI group (17.78%) compared to the non-AKI group (2.50%) (HR: 2.3, CI: 1.48-2.80, p =0.001). Complications of AKI accounted for 27.27% (3/11) of all causes of death. The median length of hospital stay was longer in the AKI group (11(6-15)) without a statistically significant difference compared to the non-AKI group (8(6- 12.5)) (HR: 1.04, CI: 0.99-1.09, p=0.103, (Figure 3)). Renal recovery on discharge was complete in 62.2% of survivors.

Conclusion

The incidence of AKI is high in non-renal medical and surgical admissions at the Buea Regional Hospital and it is associated with a high mortality.

CO-23

COMPARING ACUTE KIDNEY INJURY RISK FACTORS AND OUTCOMES IN ELDERLY VERSUS NON-ELDERLY PATIENTS IN ALEXANDRIA MAIN UNIVERSITY HOSPITAL

Elkhouli Shymaa[1], Elkeraie Ahmed[1], Saad Marwa[1], Elneily Dalia[2], Ramadan Ali[1]

1- Department of Internal Medicine and Nephrology, Alexandria Kidney and Urology Centre

2- Department of Clinical Pathology Institution, Faculty of Medicine, Alexandria - Egypt

Introduction

Acute kidney injury (AKI) is a serious deadly disease reaching an annual incidence of 13.3 million people with about 1.7 annual million deaths. Different risk factors contribute to this & vary according to the patient's age group. Senility is considered a risk factor with some differences making the elderly unique. Elderly patients with AKI have a higher mortality risk & often develop CKD that eventually progresses to ESRD.

Methods

A prospective observational study conducted over a 3-month period with a 3-month follow up. AKI is defined according to KDIGO guidelines.

Results and discussion

301 patients were assorted into 2 groups, Group I (GI, elderly, > 65 years, n=157) and group II (GII, non- elderly, n=144). The mean age in group I was 74 years Vs 55 years in group II. The mean length of hospital stay in GI was 8.68 Vs 12.56 in GII. HTN, CKD and cardiovascular disease were significantly higher in GI compared to GII with higher incidence of autoimmune diseases. GI patients showed a significantly higher incidence of stage I AKI compared to GII presenting with stage II or III. Sepsis represented the most common cause of AKI for both. AKI on top of CKD was significantly higher in GI. Outcomes of AKI on discharge were classified into complete recovery, Partial recovery, No recovery, DAMA and Death. GII patients showed a higher incidence of complete and partial recovery on discharge Vs GI patients who showed higher death. Both groups didn't show a significant difference regarding the need for renal replacement therapy, however; GI patients showed a significantly higher need for ICU transfer. Patients were followed for the renal outcome after 3 months. GII patients showed a higher incidence of non-progression (Improved or stable) in comparison to GI which showed a higher incidence of progression and death. A univariate and multivariate analysis for the risk factors and predictors of in-hospital mortality and progression of renal functions after 3 months was done showing significant results.

Conclusion

Multiple risk factors contribute to AKI and affect its short and long-term outcomes. The elderly usually have more co-morbid conditions with worse outcomes especially mortality and CKD progression.

CO-24

RENAL THROMBOTIC MICROANGIOPATHY IN LUPUS NEPHRITIS A CASE - CONTROL STUDY

Larayedh Cyrine, Chargui Soumaya, Agrebi Sahar, Mekki Soumaya, Sellami Nada, Harzallah Amel, Hajji Mariem, Abderrahim Ezzedine

Department of Internal Medicine A, Charles Nicolle Hospital, Tunis – Tunisia

Introduction

Renal thrombotic microangiopathy (TMA) seems to be associated with poor renal outcomes in lupus nephritis (LN). In this study, we aimed to evaluate the impact of these features on renal presentation and prognosis.

Methods

We conducted a case-control study in our department between 1998 and 2019. As case group, we included patients whose kidney biopsies showed LN and TMA. Controls were patients with LN, matched two to one by age and gender. Patients with antiphospholipid syndrome were excluded.

Results and discussion

Fifty patients with renal TMA and 102 controls were included. The mean age was 35 ± 11.7 years in case group (p=0.66), and the gender ratio was nine females for one male in both groups. There was no difference in the disease activity score. Kidney disease was more severe in the case group, with higher levels of proteinuria (p = 0.03), and serum creatinine (p=0.00001). As for histological feature, there were no significant differences in LN classes between the groups. However, endocapillary proliferation was more frequent (p=0.04), and interstitial inflammation was more important (p=0.03) in the TMA group. Chronicity markers were more intense cases of TMA with more frequent tubular atrophy lesions (p=0.01) and more extensive interstitial fibrosis (p=0.000002). The complete remission rate was lower in case group (p=0.008). The annual rate of renal failure was 10.7% (95% CI: 5.6 - 15.8) in case group and 2.4% (95% CI: 1.13 - 3.6) in controls (p<0.05). Renal TMA was associated with an increased risk of renal failure (OR=2,8; 95% CI: 1.3 - 5.8; p=0.006). In multivariate analysis, kidney injury at the time of biopsy (OR=2.6; 95%CI: 1.6 - 6.7; p=0.01), renal TMA (OR=1.4; 95%CI: 1.06 - 3.5; p=0.04) and non-response to treatment (OR=2.9; 95% CI: 1.15 - 7.4; p=0.01) were independent risk factors for the progression to end stage renal disease.

Conclusion

Patients with LN and renal TMA have more chronic kidney injury at presentation and worse renal outcomes under classical therapy.

CO-25

SUB-SAHARAN AFRICA'S EXPERIENCE OF RITUXIMAB FOR PRIMARY GLOMERULONEPHRITIS: THE CASE OF DURBAN, KWAZULU-NATAL PROVINCE, SOUTH AFRICA

Mbobnda Kapche Cedric Xavier, Gumede Sindy, Frank Astley, Hassim-Sakoor Ahmed, Harriparshad Sudesh, Assounga Alain

Department of Nephrology, Inkosi Albert Luthuli Central Hospital, Durban - South Africa

Introduction

Rituximab is the first anti-CD20 monoclonal antibody to be marketed. It remains a significant option in managing primary glomerulonephritis (GN) despite newer therapies stemming from improved understanding of the pathogenesis of these diseases. However, its use has been limited in regions with a high burden of infectious diseases, such as Sub-Saharan Africa. This study reports real-world outcomes of Rituximab use for managing primary GN.

Methods

Pharmacy records were searched to identify patients who received Rituximab between January 2015 and July 2024 at the nephrology unit of Inkosi Albert Luthuli Central Hospital. Individual patient records were re- viewed using an electronic search engine to verify eligibility. Patients with less than 6 months of follow-up were excluded. Patients' clinical and laboratory data were collected. Follow-up data were collected at 1, 3, 6, 12, 18, and 24 months.

Results and discussion

Data from 28 patients were analysed: 71% (19/28) female, 50% (14/28) Black African, and 40% (12/28) Indian. The mean age was 26.9 years, and hypertension was present in 53% (15/28). Only 10% had HIV; there were no other chronic infections. Histologic patterns were focal segmental glomerulosclerosis, lupus nephritis, and membranous nephropathy in 43%, 40%, and 17%, respectively. Rituximab was mostly used as second-line treatment and was indicated for: absence of response to previous immunomodulatory treatments 42% (12/28); rapidly declining kidney function 14% (4/28); and extra-renal manifestations 7% (2/28). Complete response was achieved in 25% at 6 months and a further 46% at 1 year. This response was sustained after 1 year in 80%. Non-African ethnicity and severe kidney disease were associated with the absence of response. Sepsis occurred in 14% (4/28), which led to one death.

Conclusion

Rituximab is a viable option for managing primary GN in our setting, leading to complete remission in approximately half of the patients. This response was sustained, and side effects were similarto those observed in high-income countries.

CO-26

INTEREST OF PLA2R ANTIBODIES IN THE DIAGNOSIS OF MEMBRANOUS NEPHROPATHY

Sihem Oulakrouz[1], Saidani Messaoud[1], Allam Ines[2], Tahiat Azzaddine[3], Kaci Louisa[4]

1- Department of Nephrology, University Hospital Beni Messous - Algeria

2- Department of Immunology, Zeralda - Algeria

3- Department of Immunology, Rouiba Hospital - Algeria

4- Liberal Anatomopathology Laboratory, Algiers - Algeria

Introduction

Membranous nephropathy (MN) is the most common cause of non-diabetic adult nephrotic syndrome, it is a rare autoimmune disease. The gold standard for its diagnosis is the renal biopsy, but recently, the availability of tests for the assay of anti-PLA2R antibodies (Ab) has changed the management of MN. Nowadays, PLAQ2R Ab have become an attractive non-invasive tool for diagnosis and follow-up.

Methods

We studied the sensitivity and specificity of anti-PLA2R Ab in the diagnosis of MN. In a prospective, monocentric study conducted at the nephrology department, hospital Beni-Messous.

Results and discussion

85 patients were tested for antibodies anti PLA2R and a renal biopsy, negative or doubtful results were verified by IFI, of the 85 patients, 53 (62.4%) had antibodies anti PLA2R positive to ELISA, 2 (2.4%) had a positive antibodies anti THSD7A, and 30 patients (35.3%) were doubly seronegative, the results of biopsy were in favor of a MN in 79 patients (92.94%), the 6 patients whose result was not in favor of a MN, The PLA2R an- tibodies were slightly positive at ELISA (threshold < 40UR/ml) and came back negative at IFI, giving a sensi- tivity and specificity of 59.5% and 100% respectively for the diagnosis of MN. For the subgroup of patients with MN and antibodies anti PLA2R positive with normal renal function (Clcr greater than 60 ml/min/1.73m 2), and absence of all secondary causes, our results showed that there was no indication to do a biopsy if the antibodies anti PLA2R were positive.

Conclusion

To our knowledge, this is the first study conducted in Algeria to determine the sensitivity and specificity of PLA2R anti Ac for NM in our population. This work showed the possibility of using ELISA as a diagnostic test for NM with 100% specificity. A value of 40 UR/ml is sufficient to diagnose MN without the use of a biopsy; below this value, it is necessary to confirm the diagnosis by IFI. A negative serology requires us to perform a biopsy. MN With impaired renal function or suspicion of associated diseases, biopsy has a definite interest in the prognosis and management of the disease.

CO-27

THERAPEUTIC POTENTIAL OF CURCUMIN AND PENTOXIFYLLINE IN CHRONIC KIDNEY DISEASE: A RANDOMIZED CONTROLLED TRIAL

Elsayed N.[1], El-Koraie Ahmed[2], Mostafa Tarek[1]

1- Faculty of Pharmacy, Tanta – Egypt

2- Department: Internal Medicine and Nephrology, Faculty of Medicine, Alexandria University - Egypt

Introduction

Curcumin reduces kidney damage, inflammation, and fibrosis through its anti-inflammatory and antioxidant effects. Pentoxifylline offers antioxidant and anti-inflammatory effects, slows the progression of the kidney disease, and preserves kidney function. P-Cresyl sulfate is a uremic toxin that accumulates in CKD, contributing to inflammation, oxidative stress, and vascular dysfunction. Monitoring p-CS levels helps in assessing the progression of CKD. Malondialdehyde is elevated in CKD, reflecting lipid peroxidation and oxidative damage. A high level of MDA is correlated with kidney injury, making monitoring essential for assessing damage and guiding treatment. High sensitivity C-reactive protein is an inflammatory marker linked to CKD progression and cardiovascular risk. Elevated hs-CRP levels correlate with faster disease progression, and therefore, reducing hs-CRP levels may improve outcomes.

Methods

A randomized controlled parallel study was conducted on 60 patients with CKD (eGFR<60 ml/min), who were randomly assigned to CUR group (n=20) which receive CUR 500mg twice daily, PTX group (n=20) which received PTX 400mg twice daily and control group (n=20) which received tradi-

tional therapy. Clinical and bio-chemical parameters were assessed at baseline, 1 month, 3 months, and 6 months of the study. Uremic toxin, oxidative, and inflammatory markers were measured at baseline and 6 months after intervention.

Results and discussion

Baseline characteristics were similar across groups. After 6 months, PCS and MDA levels significantly decreased in the CUR group compared to PTX and control groups. The PTX group showed significant improvement in hs-CRP (P=0.019) and urinary albumin-to-creatinine ratio (P=0.034). Both CUR and PTX groups had a significant increase in eGFR and reduction in blood urea nitrogen (P<0.001 for each). Uric acid levels remained unchanged in all groups. The control group showed a non-significant eGFR decline [from 27.50 (14.0–38.0) ml/min to 23.50 (11.0 – 44.0) ml/min].

Conclusion

Curcumin effectively reduced uremic toxins and oxidative stress as compared to PTX and the control group. PTX showed the strongest anti-inflammatory effect among the three groups. These findings highlight the therapeutic benefits of CUR and PTX in patients with advanced stages of CKD and suggest that CUR and PTX may play a valuable role in reducing the progression of CKD.

CO-28

RETROPERITONEAL FIBROSIS: CLINICAL PRESENTATION AND RENAL OUTCOMES A 5-YEAR BICENTRIC STUDY

Souissi Sarra[1], Mami Ikram[1], Ghabi Hiba[1], Tlili Syrine[1], Driss Nour[2], Bibi Mokhtar[1], Boukhtioua Meriem[1], Ben Hamida Fethi[3], Nouira Yassine[4], Zouaghi Mohamed Karim[1]

1- Department of Nephrology Institution

2- Department of Urology, La Rabta Hospital, Tunis – Tunisia

3- Laboratory of Kidney Pathology LR00SP01, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Retroperitoneal fibrosis (RPF) is a rare fibroinflammatory disease with an unpredictable course and potentially serious renal complications. It remains poorly predicted and understood. This study aimed to evaluate the clinical characteristics, management strategies and renal outcomes of patients with RPF in a hospital setting.

Methods

We conducted a retrospective bicentric study including 25 patients admitted to urology and nephrology de- partments, diagnosed with RPF over a 5-year period between 2019 and 2024. Data collected included demo- graphics, clinical presentation, imaging findings, treatment modalities, and renal outcomes.

Results and discussion

The cohort included 25 patients (male/female ratio 1.5) with a mean age of 57.88 ±12.77 years. Significant comorbidities included hypertension (48%), active smoking (48%), and a history of malignancy treated with radio chemotherapy (12%). RPF was predominantly discovered incidentally (96%) during the investigation of low back pain (52%), which was identified as the main reason for consultation, including oligoanuria (32%) and abdominal pain (12%), and was suspected in only one patient who presented with fornix rupture. The diagnosis was confirmed by imaging in all cases, with histological confirmation in only 5 patients (20%). The etiology was idiopathic in 72% and secondary to various causes (radiotherapy, B-cell lymphoma, desmoid tumor, vascular disease) in 28%. At presentation, 80% had obstructive acute kidney injury, with 36% requiring emergency hemodialysis. Management included surgical intervention in 96% of cases, mainly JJ stent placement (80%), while 2 patients required nephrectomy, along with medical therapy including corticosteroids (64%) combined with immunosuppressive therapy (20%). At a median follow-up of 5 months, despite initial treatment, 64% had progressed to chronic kidney disease, with 31% requiring chronic hemodialysis, and only 44% of patients had good renal function. Overall mortality was 8%.

Conclusion

This study highlights the significant renal morbidity associated with RPF, despite early treatment with a com- bination of surgery and immunosuppressive therapy. The high rate of progression to chronic kidney disease and dialysis dependency emphasises the need for early detection and aggressive management strategies. Further studies are needed to identify predictive factors for poor renal outcomes and to optimize therapeutic approaches.

Renal Replacement Therapy

CO-29

INFLUENCE OF LOW SOCIOECONOMIC STATUS ON ADHERENCE AND QUALITY OF LIFE AMONG CHRONIC HEMODIALYSIS PATIENTS IN CAMEROON

Hermine Danielle Fouda Menye Epouse Ebana[1], Teuwafeu Denis[2], Mouaffo M Franck N[3], Elimby Lionel[1], Halle Marie-Patrice[1]

1- Department of Internal Medicine, Faculty of Medicine and Biomedical Sciences of Yaoundé,

General Hospital of Douala - Cameroon

2- Department of Internal Medicine, Faculty of Health Science & Regional Hospital of Buea, Cameroon

3- Department of Internal Medicine, Université des Montagnes, Bagangte - Cameroon

Introduction

Studies in high-income countries have demonstrated a strong association between low socioeconomic status (SES) and increased mortality, poor quality of life, and depression among individuals on maintenance hemodialysis. However, limited research has focused on the impact of SES on hemodialysis patients in low-income countries, particularly in sub-Saharan Africa. This study aims to evaluate the influence of low SES on adherence and quality of life among hemodialysis patients in two Cameroonian hemodialysis centers.

Methods

A cross-sectional study was conducted over four months in two hemodialysis facilities in Cameroon. All consenting adult patients hemodialyzed for at least three months were included. SES was assessed using the World Bank household wealth index, with patients in the lowest two quintiles classified as having low SES. Non-adherence was defined as missing ≥ 2 hemodialysis sessions within a six-week observation period. The KDQOL-36 and HADS were used to assess quality of life and depression risk, respectively. Chi-square and Student's t-tests were employed to compare data between low-SES and other SES groups, with $p<0.05$.

Results and discussion

A total of 199 patients were included, of whom 53% were male and 87% resided in urban areas. Low SES was prevalent in 48% of participants. SES was intermediate in 35.2%, and high in 17.1%. Low SES was significantly associated with younger age (patients <46 years age: 61% vs 38.5%, p=0.001), single marital status (43.2% vs 29%, p=0.03), non-adherence (42.1% vs 23%, p=0.015), and lower risk of depression (13.7% vs 26%, p=0.03). Overall, the quality of life of the participants was poor, with low scores on both the physical and mental (mean score 57,7±26 and 42,16±23 respectively) component summaries of the KDQOL-36. Patients with low SES exhibited significant limitations in emotional functioning and perceived general health domain compared to those with higher SES (90.5% vs 80%, p=0.04 and 86.1% vs 76%, p=0.047 respectively).

Conclusion

Low SES is prevalent in hemodialysis patients in our setting, especially among younger and single adults. It is associated with poor quality of life and non-adherence. To improve the outcomes of these patients, targeted interventions should be implemented to address the socioeconomic barriers that contribute to these challenges.

CO-30

THE INVISIBLE BURDEN OF HAEMODIALYSIS: WHEN ANXIETY, DEPRESSION AND INSOMNIA INTERTWINE

Dadi Kawtar, Anibar Sara, Bouchoual Mohammed, El Ouazzani Mouad, Chakri Imad, Leila Lahlou, Jabrane Marouane, Arrayhani Mohamed

Department of Nephrology, Haemodialysis and Transplantation, University Hospital Souss-Massa, Agadir - Morocco

Introduction

Chronic hemodialysis is associated with various mental health disorders, affecting the quality of life of hemodialysis patients and their families. Among these disorders, the most reported are anxiety, depression, and sleep disturbances. The aim of our study is to determine the prevalence of anxiety, depression, and sleep quality disturbances among chronic hemodialysis patients and to identify their risk factors to institute appropriate management of these patients.

Methods

We conducted an analytic cross-sectional multicentric study from July 2023 to July 2024. All chronic hemodialysis patients aged over 15 years old were included. We assessed their clinical and biological profiles, the anxiety and depression were evaluated using the Hospital Anxiety and Depression Scale (HADS), and the sleep quality using the Pittsburgh Sleep Quality Index (PSQI).

Results and discussion

Out of 1790 patients, 19,4% suffered from depression, 10,6 % from anxiety, and 21,3 % had poor sleep quality. In multivariate analysis, depression was significantly associated with urban origin (p=0.04), the number of dialysis sessions (p=0.001), intra-dialytic incidents (p=0.0015), intra-dialytic hypotension (p=0.001), anemia (p=0.003), and hypoalbuminemia (p=0.013). Regarding anxiety, the factors associated included the type of dialysis membrane used (p=0.01), intra-dialytic hypotension (p=0.024), and alcohol consumption (p=0.027). Poor sleep quality was linked with the presence of heart disease (p=0.04), the number of dialysis sessions (p=0.01), the type of dialysis membrane used (p=0.001), intra-dialytic hypotension (p=0.002), a complicated arteriovenous fistula (p=0.002), chronic pain (p<0.001) and anemia (p=0.01). Notably, intra-dialytic hypotension emerged as a common risk factor across these conditions.

Conclusion

Anxiety-depressive disorders and sleep quality are among the most common neuropsychiatric disorders in chronic haemodialysis patients, as highlighted by our study. The disorders showed significant correlations with multiple clinical and paraclinical parameters associated with patient characteristics and dialysis quality. Prompt and appropriate management of these patients should be proposed to improve their quality of life.

CO-31

SEXUAL DYSFUNCTION IN HAEMODIALYSIS PATIENTS IN CAMEROON

Mambap Tatang Alex, Ossamba Nzah Marion, Boli Ongmeb Anne, Ashuntantang Enow Gloria

Department of Clinical Sciences, Faculty of Health Sciences, University of Bamenda - Cameroon

Introduction

Sexual dysfunction is a prevalent yet often overlooked complication among maintenance haemodialysis (MHD) patients, significantly impacting their quality of life and psychological well-being. This study aims to assess the prevalence and contributing factors of sexual dysfunction among maintenance haemodialysis patients in Cameroon.

Methods

We conducted a cross-sectional, multicentric study across three dialysis centres in Cameroon from February to June 2024. All consenting patients on maintenance haemodialysis were included. We reviewed medical records, collected clinical parameters, and assessed sexual function using the IIEF-5 scale for males and the FSFI scale for females. Depression was evaluated using the Beck Depression Inventory, and serum prolactin levels were measured via fluorescence immunoassay. Data were analysed using CS Pro V8 and R Studio 4.3. we defined Female sexual dysfunction as any female with a FSFI score less than 26 while erectile dys- function as any male with a IIEF-5 score of less than 22. Any participant with a Beck Depression Inventory scale score of more than 11 was considered to have depression. Ethical clearance and administrative appro- vals were obtained prior to the start of this study.

Results and discussion

Among 156 participants (96 males), the mean ± SD age was 43.2 ± 11.4 years. The haemodialysis vintage was 19.1[3.5-196] months. Hyperprolactinemia was found in 69.2% (n = 108) of participants while depression in 50% (n = 78). The overall prevalence of sexual dysfunction in this study was 77.6% (n=121). In male gender, erectile dysfunction affected 76 (79.1%) of men, with severe cases found in 21 (21.9%). Factors positively associated with erectile dysfunction included Hb < 10 [OR: 5.98, CI: 2.07-17-2; p=0.0053] and age ≥ 40 years [OR: 3.41, CI: 5.59 - 21.78; p=0.0004]. Among women, 75% (n = 45) exhibited female sexual dysfunction, with the desire domain (70%) mostly affected. Significant associations to female sexual dysfunctions were found with age ≥ 40 years [OR: 4.12, CI: 1.13 – 14.9; p=0.015], Hb < 10 [OR: 4.61, CI: 1.52 - 13.29; p=0.0014], and depression [OR: 112, CI: 12.02 - 1043; p=0.0084].

Conclusion

Sexual dysfunction is prevalent among maintenance haemodialysis patients, with anaemia, depression, and age ≥ 40 years as significant contributing factors.

CO-32

ANXIO-DEPRESSIVE DISORDERS AND ERECTILE DYSFUNCTION IN CHRONIC HEMODIALYSIS PATIENTS ABOUT 100 CASES

Keraani Lynn[1], Ben Salem Mariem[1], Ben Mahmoud Nouha[1], Ktari Kamel[2], Ben Salah Manel[1], Bchir Sirine[1], Hamouda Mouna[1], Letaief Ahmed[1], Skhiri Habib[1]

1- Department of Nephrology, Dialysis and Kidney Transplantation,

2- Department of Urology, Fattouma Bourguiba University Hospital, Monastir - Tunisia

Introduction

Erectile dysfunction (ED) is a common problem in the general population affecting 50% of men between the ages of 40 and 70. The prevalence may increase in some popula-

tions, such as with kidney failure in which erectile dysfunction is present in 70% to 80% of cases. It has multiple etiologies mainly several organic disorders in the same person. However, psychological factors linked to chronic disease are also incriminated in the genesis and/or the persistence of this sexual disorder.

Methods

This was a descriptive retrospective study of 100 chronic hemodialysis male in the department of nephrology, dialysis and kidney transplantation Fattouma Bourguiba University Hospital of Monastir. An interrogation was carried out in order to discover sexuality's disorders as well as the psychological profile. The study of erectile function in patients was based on the IIEF5 score (International Index of Erectile Function Questionnaire), while the psychological profile was assessed by the HADS score (Hospital Anxiety and Depression Scale).

Results and discussion

The mean age of the patients was 50 ± 11 years. Erectile dysfunction was present in 70% of hemodialysis patients. The degree of erectile dysfunction was distributed as follows: severe in 30%, moderate in 32.85%, moderate to mild in 21.42%, and mild in 15.71%. Anxiety was found in 62% of patients. The mean anxiety score was 13+-6.7 (0 to 21). Depression was found in 73% of cases. The mean depression score was 16 ± 7.2 (0 to 21). In total, 60% of patients had a depression-anxiety association. Erectile dysfunction was more common in patients with depression ($p<0.01$) as well as in those with anxiety, but the difference was not significant.

Conclusion

Management of psychological disorders plays a crucial role in ensuring the overall well-being of patients and should be considered an integral component of defining adequate dialysis.

CO-33

INCREMENTAL AND CONVENTIONAL HEMODIALYSIS: EXPERIENCE OF THE MONASTIR AND MAHDIA NEPHROLOGY DEPARTMENTS

Safa Abidi[1], Ben Mahmoud Nouha[1], Haj Brahim Mayssa[2], Ben Salem Mariem[1], Ben Salah Manel, Hadhri Asma[2], Letaief Ahmed[1], Hamouda Mouna[1], El Ati Zohra[2], Skhiri Habib[1]

1- Department of Nephrology, University Hospital Fattouma Bourguiba Monastir Tunisia,

2- Department of Nephrology, Tahar Sfar University Hospital, Mahdia - Tunisia

Introduction

Chronic kidney disease (CKD) is a common condition that naturally progresses to the end stage and increasingly requires haemodialysis. Several questions have been raised about the difference between incremental haemodialysis and conventional haemodialysis in terms of the various factors influencing mortality.

Methods

It is a bi-centric, retrospective, cross-sectional, analytical, and comparative study conducted in the nephrology departments of Monastir and Mahdia concerning hemodialysis patients between January 2018 and January 2023.

Results and discussion

This study included 127 patients: a first group of 72 conventionally haemodialysed (56.69%) and a second group of 55 incrementally haemodialysed (43.30%) with a median age of 54.97 years. Men represented 58.3% of the population. 71.7% of patients were hypertensive, and 38.6% were diabetic. The initial nephropathies observed were respectively: diabetic (30.7%), tubulointerstitial (25.2%), undetermined (16.5%), vascular (15%), primary glomerular (11%), and hereditary (1.6%). When the two groups were compared, there was no significant difference in anthropometric measurements. Interdialytic weight gain was significantly higher in group 1 ($p<0.001$). Arterial hypertension was significantly more prevalent in group 1 pre, per and post haemodialysis ($p=0.009$, $p=0.004$ and $p=0.011$ respectively). Anuria was more prevalent in group 1 ($p<0.001$). Biologically, group 2 had less anaemia ($p<0.001$), less hyperkalaemia ($p<0.001$), less hypocalcaemia ($p=0.039$), less hyperphosphataemia, and lower parathyroid hormone and ferritin levels. A better and more adequate quality of haemodialysis was observed in group 2: the PRU was higher ($p=0.009$) and at least 65% higher in this same group ($p=0.004$). The mean time to start haemodialysis was shorter in group 2, with no significant difference. The majority of patients in both groups had started haemodialysis with a pre-confectioned AVF. Hospital admission and cardiovascular events were more frequent in group 1 ($p=0.005$, $p=0.001$ respectively). Mortality was higher in group 1.

Conclusion

Our results suggest that incremental dialysis is not at least inferior to conventional dialysis. It is therefore, crucial to adopt a holistic approach to therapeutic decision-making, taking into account the patient's various clinical and biological parameters with regular, targeted monitoring

CO-34

CHRONIC LIMB-THREATENING ISCHEMIA IN CHRONIC HEMODIALYSIS VS. NON-HEMODIALYSIS PATIENTS UNDERGOING REVASCULARIZATION: A COMPARATIVE ANALYSIS

Belhoussine Drissi Hamza[1], Abderrahim Maroua[1], Ouhmich Mohamed[2], Banana Youssef [2], Abda Naima[3], Rezziki Abdellah[2], Benzirar Adnane[2], Bentata Yassamine[1], El Mahi Omar[2]

1- Department of Nephrology Dialysis and Kidney Transplantation,

2- Department of Vascular Surgery Mohammed VI University Hospital, Oujda – Morocco

3- Laboratory of Epidemiology, Clinical Research and Public Health

Introduction

Chronic limb-threatening ischemia (CLTI) is a severe vascular complication in chronic hemodialysis (CHD) patients, associated with high morbidity and mortality. The management of CLTI in this population is challenging, with limited consensus on optimal treatment. This study aims to analyze the clinical profiles and outcomes of CHD patients admitted with CLTI, compared to those without CHD.

Methods

A retrospective dynamic cohort study was conducted between July 2014 and June 2024 at Mohammed VI University Hospital Center in Oujda, Morocco. Adult patients (>18 years) with CLTI were included and divided into two groups: the CHD group, comprising 39 patients and 44 limbs, and the no-CHD group, comprising 41 patients and 43 limbs.

Results and discussion

CHD patients were younger (61.4 ± 9.1 vs. 69.6 ± 12.1 years, P < 0.001) and male predominance was greater in the no-CHD group (92.6% vs. 76.9%, P < 0.001). CHD patients had higher rates of hypertension (71.7% vs. 39%, P = 0.03), were more anemic, with a mean hemoglobin level of 10.4 ± 2.3 g/dL vs. 11.5 ± 2 g/dL (P= 0.023), and had elevated C-Reactive Protein (CRP) levels (135.1 ± 122.1 mg/L vs. 75.2 ± 87.1 mg/L, P < 0.001). CHD patients presented more frequently with Rutherford stages 4 (22.7% vs. 16.2%) and 6 (18.1% vs. 4.6%), while stage 5 prevalence was similar between groups. The infra-popliteal region was predominantly affected in both groups (63.6% in CHD vs. 74.4% in no-CHD, P = 0.002). Endovascular treatment was the most frequent revascularization method in both groups (84% vs. 79%, P = 0.196). The mean hospital stay was longer in CHD patients (8.5 ± 6.5 vs. 6.3 ± 5.2 days, P = 0.100). Early complications such as major cardiovascular events (MACE) and major adverse limb events (MALE) were more frequent in CHD patients (10.2% vs. 2.4%; 25.6% vs. 17%, P = 0.694), while infections were more common in the no-CHD group (7.6% vs. 17%).

Conclusion

CLTI in CHD patients presents with a more complex clinical profile and higher rates of early complications.

CO-35

PREVALENCE, CLINICAL ASPECTS AND RISK FACTORS OF AORTIC STENOSIS AMONG HEMODIALYSIS PATIENTS ATTENDING NEPHROLOGY CENTER OF BENGHAZI

Ezwaie Mohamed[1], Alagoury Malak[2]

1- Department of Nephrology and Hemodialysis, Benghazi Medical Center, Faculty of Medicine, University of Benghazi - Libya,

2- Department of Nephrology and Hemodialysis, Faculty of Medicine, Libyan International Medical University, Benghazi - Libya

Introduction

Cardiac valve calcifications are common among hemodialysis (HD) patients. Valves most commonly involved are mitral and secondarily aortic valves. In Libya, there is a lack of research in this field. Thus, it is our motivation to conduct this study, which has significant impact on hemodialysis patients' health status. To identify aortic valve calcifications, prevalence of aortic stenosis (AS) in hemodialysis patients, and to determine clinical aspect and risk factors that may lead to development aortic stenosis.

Methods

A cross-sectional study on adults' chronic HD patients receiving hemodialysis for more than one year, between May and November 2023. Patients with previous cardiac surgery, history of endocarditis, or with severe anemia (Hb <7.5 mg/dL) are excluded, a convenient study sample of 48 patients has been enrolled in our study, patients have undergone clinical, biochemical and a trans-thoracic echocardiographic evaluation.

Results and discussion

patients age of 31-60 years ±13.2 SD. Aortic stenosis has a prevalence of 6.3 %, mitral regurgitation (MR) of 33.3%, and cardiac valves calcification is detected in 60.4% of chronic HD patients, with aortic valve calcification seen in 52.1%,

and mitral valve calcification is seen in 25%. Patients with aortic valve calcification were more often females 58.6%. Diabetes mellitus is seen in 64.6 %, autosomal polycystic kidney disease (ADPKD) 25 % of cases. We found out that dyspnea is the most common symptom, 66.7 %, followed by palpitations 35.4 % and asymptomatic patients are 27.1 %. However clinically detected AS was observed in three individuals (6.3%). Surprisingly, patients did not exhibit significant differences in age, duration of dialysis, or comorbidities. However, hyperphosphatemia is detected in 56.25%, and hyperparathyroidism is recorded in 64.5% of patients.

Conclusion

Our study has shown that aortic stenosis is the second common valvular lesion in chronic hemodialysis patients, preceded by mitral valve regurgitation. However, asymptomatic aortic valve calcification has the highest prevalence among chronic HD patients. Hyperphosphatemia and hyperparathyroidism are major risk factors that enhance the calcification of cardiac valves.

CO-36

THE ERYTHROPOIETIN RESISTANCE INDEX IN CHRONIC HEMODIALYSIS PATIENTS: FACTORS INFLUENCING THE 'ERI' RESPONSE

Laasli Hajar, Zajjari Yassir, Elkabbaj Driss

Department of Nephrology, Military Hospital Mohamed V, Rabat - Morocco

Introduction

In chronic hemodialysis, anemia is a common complication treated with erythropoiesis-stimulating agents. The use of high doses of recombinant human erythropoietin (EPO) is associated with severe complications, particularly cardiovascular, leading to increased mortality. The objective of our study was to describe the various factors influencing the response to EPO.

Methods

This cross-sectional study was conducted from July 10, 2024, to October 10, 2024, in the nephrology department of Mohammed V Military Teaching Hospital. It included all chronic hemodialysis patients aged over 18 years on EPO therapy. We used the erythropoietin resistance index (ERI) to evaluate patients' response to EPO. The patients were divided into two groups based on their ERI: Group 1 included patients with an ERI >10 IU/kg/week/g/100 mL, while Group 2 included those with an ERI ≤10 IU/kg/week/g/100 ml. The impact of anthropometric, clinical, biological, and dialysis-related factors on ERI was assessed.

Results and discussion

A total of 42 patients were included in our study, with a mean hemoglobin level of 11.07 ± 1.16 g/dL and a mean ERI of 9.9 ± 4.1 IU/kg/week/g/100 mL. Patients in Group 1 had a low BMI (p=0.02), elevated serum ferritin, and high levels of β2-microglobulin before dialysis. Multivariate analysis revealed a significant association between low serum albumin levels and poor EPO response (OR=0.56; p=0.02).

Conclusion

Our study is a modest contribution to understanding the factors influencing EPO response. However, larger prospective studies are needed to identify factors underlying poor response among Moroccan dialysis patients. This finding could help improve the management of hemodialysis patients, but further prospective studies on larger samples are recommended to generalize our results.

CO-37

A USER-FRIENDLY APPLICATION LEVERAGING MACHINE LEARNING FOR PROACTIVE ANEMIA MANAGEMENT IN HEMODIALYSIS PATIENTS

Abid Feryel[1], Badrouchi Samarra[1], Hajji Kawther[1], Sellami Nada[1], Ben Ayed Tasnim[1], Fattoum Safa[1], Dridi Amel[1], Krir Asma[2], Bahlous Afef [2], Abderrahim Ezzedine[1]

1- Department of Nephrology and Internal Medicine, Charles Nicolle Hospital, Tunis - Tunisia

2- Biochemistry Laboratory, Pasteur Institute, Tunis - Tunisia

Introduction

Anemia is prevalent among hemodialysis patients, and managing iron status remains challenging given the dynamic nature of biological parameters influencing hemoglobin levels. Regular assessments are critical for timely treatment adjustments; however, the high cost of these tests often limits their frequency. We aim to address these challenges by developing a predictive application integrating data on treatments and intercurrent events to estimate ferritin levels, enabling more proactive and cost-efficient anemia management.

Methods

Bicentric prospective study (July 2023 - January 2024) including hemodialysis patients receiving standardized anemia treatment (intravenous iron and erythropoiesis-stimulating agents [ESA]) with frequent iron status measurements for timely treatment adjustments. Intercurrent events were

recorded, with each interval treated as a distinct scenario. Ferritin levels were categorized (<200, 200–500, >500ng/mL), with SMOTE applied for class imbalance. Random Forest (RF) and XGBoost were optimized and validated using five-fold cross-validation. Performance was assessed via AUC levels. The best model was integrated into a user-friendly application for real-time ferritin prediction.

Results and discussion

We analyzed 230 scenarios from 103 patients (sex-ratio=0.77, mean age=53.4 years). At baseline, the mean hemoglobin level was 9.3 g/dL, the mean ferritin was 346.7 ng/mL, and the mean transferrin saturation was 21.8%. The mean hemoglobin increased significantly to 11 g/dL, with a notable rise in patients achieving optimal iron status (10.7% vs. 28.6%). The mean ESA requirement was 130 units/kg/week/patient in 54.1% under ESA, while the mean intravenous iron dose was 396.1mg/patient/month. The incidence rates of intercurrent events were: coagulation of the extracorporeal circuit (18.4/100 patients/month), hemorrhages (18.4/100 patients/month), infections (23/100 patients/month), hospitalizations (18/100 patients/month), and blood extracted for sampling (19.8ml/patient/month). RF and XGBoost models classified ferritin levels into class 0 (< 200 ng/mL), class 1 (200–500 ng/mL), and class 2 (> 500 ng/mL). Both models performed best for class 0 (84% accuracy). Class 1 was the most challenging (58% RF, 56% XGBoost), while class 2 had intermediate accuracy (65% and 67%, respectively). RF slightly outperformed XGBoost with a mean AUC of 0.86 versus 0.85.

Conclusion

We achieved significant improvements in anemia indicators through frequent measurements and timely treatment adjustments. The promising performance of machine learning models underscores their potential to proactively guide treatment and achieve targeted outcomes if trained on larger datasets.

CO-38

HYPERPARATHYROIDISM IN HEMODIALYSIS PATIENTS: CURRENT SITUATION, CHALLENGES, AND PERSPECTIVES: EXPERIENCE OF THE HEMODIALYSIS CENTER AT THE REGIONAL HOSPITAL OF SIDI BOUZID

Guesmi Rahma, Zohra Sessi, Sana Heni, Gaddour Khabbebi

Department of Nephrology, Regional Hospital of Sidi Bouzid - Tunisia

Introduction

Hyperparathyroidism in hemodialysis patients is a multifactorial issue. Early and effective treatment is crucial to prevent bone disease, cardiovascular complications, and improve overall patient outcomes. Here, we report the situation of the hemodialysis unit at the regional hospital of Sidi Bouzid regarding hyperparathyroidism, its frequency, complications, management, and the challenges encountered

Methods

We conducted a descriptive and analytical cross-sectional study including patients on chronic hemodialysis at the HD unit of the regional hospital of Sidi Bouzid, in December 2024. Epidemiological, clinico-biological data, as well as therapeutic measures were collected from medical records. The SPSS version 26 software was used for the statistical study

Results and discussion

Among the ninety four (94) patients included, thirty seven (37) patients had hyperparathyroidism, a frequency of 56.9%, knowing that data was missing in 29 patients. The average age in these patients was 51.5 years, with extremes 12 and 86 years, and a sex ratio of 1.1. The etiologies of renal failure were essentially: chronic interstitial nephropathy, and diabetic nephropathy. 68% of these patients benefited from 3 HD sessions per week. Clinically: 2 patients (13.33%) were asymptomatic, 15 patients had bone pain, 4 had walking difficulties, 10 had pruritus. Biologically: serum calcium was below the laboratory limit in 25 patients. Therapeutically, the molecules used were: calcium carbonate and vitamin D. Four patients had undergone parathyroidectomy. Twenty patients had poor therapeutic compliance, and the first cause of this poor compliance was the unavailability of prescribed molecules, followed by digestive intolerance to calcium carbonate.

Conclusion

HPT remains a frequent problem in hemodialysis patients. Monitoring the kinetics of PTH levels is essential to judge the severity and define the therapeutic strategy. Management must be vigorous and active in order to establish, in time, the appropriate therapeutic modality for the clinical form. Personalizing treatment represents the new therapeutic challenge. For that, clinical research and large databases are necessary to evaluate the complexity of SHPT development in chronic kidney disease and to select the best available therapy for the individual patient.

CO-39

CONTINUOUS HEMODIAFILTRATION IN INTENSIVE CARE: EFFECTIVENESS AND PROGNOSIS THROUGH A SINGLE-CENTER STUDY

Benalaya Ines, Chihaoui Abir, Chouchène Salma, Ben Dabebiss Rafla, Zaouri Hajer, Hamdi Dhouha, Emah Sidina, Akkari Ayoub, Hmouda Houssem

Department of Medical Intensive Care, Sahloul University Hospital, Sousse - Tunisia

Introduction

Acute kidney injury (AKI) represents a major turning point in the progression of critically ill patients, worsening the prognosis of those admitted to intensive care. Continuous hemodiafiltration (CHDF) helps manage hydroelectrolytic and acid-base disturbances and removes inflammatory mediators, although mortality remains high. The aim of this study was to evaluate the effectiveness of CHDF and to identify the factors associated with mortality in patients who required CHDF

Methods

This is a retrospective, descriptive, single-center study conducted in the medical intensive care unit of Sahloul University Hospital, Sousse, between 2014 and 2024. It included 18 patients who underwent renal replacement therapy with CHDF

Results and discussion

Our study included 18 patients (11 men and 7 women) with a mean age of 59.3 ± 12.5 years. The initial severity score (APACHE II) was 26 ± 6.9. The indications for CHDF, in order of frequency, were: anuria in 7 patients, sodium and water overload in 6 patients, and lactic metabolic acidosis in 3 patients. Six patients had received intermittent hemodialysis (IHD) before starting continuous hemodiafiltration. The use of CHDF was mainly driven by hemodynamic instability in 15 patients. The median duration of CHDF sessions was 35.5 hours. The femoral catheter was the most commonly used access route, found in half of the cases. Anticoagulation was provided with unfractionated heparin (UFH) in 17 patients and with citrate in 1 patient. Adverse effects occurred in 13 patients, the most common being thrombocytopenia (10 patients) and anemia (3 patients). CHDF successfully controlled fluid balance, potassium levels, and metabolic acidosis in all patients. The mortality rate was high, with 17 out of 18 patients dying. The cause of death was refractory septic shock with multi-organ failure in 10 of the 18 patients.

Conclusion

The mortality rate during CHDF, although high, should not limit its use. It is mainly due to multi-organ failure. On the contrary, early initiation of CHDF should be encouraged to maximize its benefits and minimize complications.

CO-40

GERIATRIC CHARACTERISTICS IN ELDERLY PATIENTS UNDERGOING CHRONIC HEMODIALYSIS

Dami Fouad, Moudafiaa Kaoutar, Alami Badr, Chanfouh Sanae, Assem Maryam

Department of Nephrology, Mohammed VI University Hospital, Tangier - Morocco

Introduction

Elderly patients undergoing hemodialysis represent a vulnerable population due to frailty and comorbidities. This study aims to characterize clinical, nephrological, and dialysis-specific parameters, as well as dialysis tolerance in patients over 70 years of age.

Methods

We conducted a retrospective multicenter cohort study of 159 hemodialysis patients aged ≥ 70 years from six dialysis centers in Morocco. Data were collected from medical and dialysis records and analyzed using SPSS version 25.

Results and discussion

Among 159 patients, 50.3% were male. The median age was 76 years [72-80] and ranged from 70 to 94. Forty-six patients (28.7%) were over 80 years of age. The median time on regular hemodialysis was 6 years [2-8]. Most patients were non-autonomous (64.8%), hypertensive (64.2%), or diabetic (38.9%). Arteriovenous fistula was the most commonly used vascular access (88.1%), and vascular access complications occurred in 13.2% of patients. Regular intradialytic events (11.3%) included hypotension (7 cases), cramps (1), fatigue (8), agitation (2), and dizziness (1), with higher rates in patients >80 years (32.6% vs. 2.7%; OR = 17.7, 95% CI [4.8–65.2], p < 0.001). Patients >80 years also had significantly higher non-autonomy rates (84.8% vs. 56.6%; OR = 4.27, 95% CI [1.76–10.35], p < 0.001), increased cancer prevalence (17.4% vs. 5.3%; OR = 3.75, 95% CI [1.22–11.52], p = 0.026), and a tendency towards more tunneled catheters (17.4% vs. 9.7%; OR = 1.95, 95% CI [0.73–5.22], p = 0.187). Moreover, duration of dialysis sessions was shorter in this subgroup (3.65 h vs. 3.86 h; OR = 0.41, 95% CI [0.18–0.92], p = 0.031), and patients experienced significantly more shortened sessions per week (0.48 vs. 0.04; p <

0.001), and missed sessions (0.15 vs. 0.01; OR = 15.0, 95% CI [3.6–62.8], p < 0.001).

Conclusion

This study highlights challenges faced by elderly hemodialysis patients, particularly those >80 years, including loss of autonomy, increased complications, and dialysis adjustments. These findings support quality-of-life assessments and discussions on personalized dialysis prescriptions and conservative management to improve well-being.

CO-41

RETROSPECTIVE STUDY ON THE MANAGEMENT OF CHILDREN ON PERITONEAL DIALYSIS: 10-YEAR EXPERIENCE IN A TERTIARY PEDIATRIC NEPHROLOGY CENTER IN WESTERN ALGERIA

Samia Zerrouki, Schahrazed Bendib, Ikram Bensid, Sabrina Chellih, Karim Hamida

Department of Pediatric Nephrology, Boukhroufa Abdelkader Hospital, Canastel, Oran - Algeria

Introduction

Peritoneal dialysis is the technique of choice for the management kidney failure in infants and children. We conducted a 10-year retrospective study based on the evolution of children under peritoneal dialysis in our unit.

Methods

The study covered a period from January 2014 to December 2023. We included all children under 15 years of age with AKI or ESKD who received peritoneal dialysis (PD) in our department. An epidemiological profile was established. The evolution of patients focused on the appearance of complications related to the technique, recovery of renal function, conversion to hemodialysis, transplant or death.

Results and discussion

204 patients from all over western Algeria were included in the study. The mean age at admission was 7.2 years (10 days-14.9 years). The age at initiation of the technique was 8.4 years (1.5 months-15.4 years) with a median weight of 22 kg. The indications concerned 13 AKI and 194 children with ESKD. Among them 3 children had fully recovered their renal function. PD was performed in 194 children with stage 5D CKD (PD was initiated twice in 3 patients). The average follow-up duration was 2.3 years. The main causal nephropathies encountered were firstly CAKUT, followed by chronic glomerulonephritis. Proven hereditary nephropathies constituted 20% of cases. 30% of children had nephropathy that could not be transplanted in Algeria. Complications were mainly of infectious origin. Peritonitis was responsible for stopping the technique in nearly 30% of cases. The rate of postoperative peritonitis was high, estimated at 19%. Mechanical complications were mainly related to catheter dysfunction. Iatrogenic hypothyroidism was observed in one child. Sclerosing and encapsulating peritonitis in another child. One third of the patients were converted to hemodialysis, half for refractory peritonitis and for loss of ultrafiltration in 15% of cases. Kidney transplantation was performed in 8 (4%) patients. Mortality was directly related to peritoneal dialysis in 6.3% of cases.

Conclusion

Peritoneal dialysis is the only dialysis technique in children under 12 kg in our country. It saves lives in many cases. Unfortunately, this must be followed by kidney transplantation, which remains very insufficient in our unit.

Kidney Transplantation

CO-42

MEDICAL STUDENTS AND ORGAN DONATION IN MOROCCO: UNDERSTANDING PERCEPTIONS TO INSPIRE CHANGE

Nejjari Amal, El Yachioui Hajar, Abderrahim Maroua, Machmachi Imane, Benabdelhak Mohammed, Haddiya Intissar, Bentata Yassamine

Department of Nephrology, Mohammed VI University Hospital, Oujda - Morocco

Introduction

Organ donation is a cornerstone of life-saving medicine. In Morocco, kidney transplantation relies primarily on living donors due to insufficient public awareness about deceased donation. As future healthcare professionals, medical students play a pivotal role in shaping public attitudes toward organ donation. This study aimed to assess their perceptions and identify opportunities to empower them as advocates for this cause.

Methods

A descriptive and analytic cross-sectional study was conducted through a questionnaire administered to Moroccan medical students who consented to participate. The questions covered their profiles, knowledge, attitudes, and positions regarding organ donation. A knowledge score was established for evaluation purposes. Bivariate analyses were performed to identify factors associated with a high level of knowledge on organ do- donation among the participants.

Results and discussion

Of the 920 students surveyed, 68% were female, and 36.5% were final-year medical students. 66% reported having little knowledge about organ donation, and the main source of information, for those who had knowledge, was faculty courses and social networks. In general, a positive perception of organ donation was re- ported by 83% for living donors and 84% for deceased donors. Regarding decision-making for a loved one in a state of brain death, only 61% expressed a favorable stance. The main reasons for refusing living organ donation were potential postoperative complications and chronic kidney failure, and for cadaveric donors, uncertainty about the deceased's wishes and religion. 76% of students said they were in favor of discussing organ donation with their loved ones and entourage. Bivariate analyses revealed a significant correlation between the level of education and attitudes toward organ donation from both living and deceased donors. Second cycle students and third cycle students were better informed ($p<0.001$) and had a more favorable position towards organ donation ($p<0.001$) compared to first cycle students.

Conclusion

As a result of this work, we suggest integrating organ donation education into medical curricula and implementing awareness initiatives in healthcare institutions to engage patients, families, and medical staff. By ad- addressing knowledge gaps, dispelling misconceptions, and empowering medical students as advocates, we can contribute to a broader societal shift toward higher organ donation rates and improved patient outcomes.

CO-43

QUALITY OF LIFE IN LIVING KIDNEY DONORS IN GRENOBLE TEACHING HOSPITAL (FRANCE)

Wognin Manzan Edwige Anastasie[1], Koffi Christ Reine[1], Gonan Abdoul Yannick[1], Kpan Kéhi Jonathan[1], Yao Ahua Sebastienne[1], Gnohite Tchetche Grâce[1], Tia Weu Melanie[1], Rostaing Lionel[2]

1- Department of Internal Medicine, Nephrology, Hemodialysis, Teaching Hospital of Bouake, University Alassane Ouattara - Ivory Coast,

2- Department of Nephrology, Hemodialysis, Apheresis and Kidney Transplantation, Grenoble Teaching Hospital, University of Grenoble - France

Introduction

Kidney transplantation is the standard treatment for patients suffering from chronic end-stage renal failure. Living kidney donation offers many advantages for recipients but requires donors without comorbidities to undergo surgery. The aim of this study was to assess the quality of life and psychosocial experience of living kidney donors after donation.

Methods

This was a cross-sectional study with an analytical aim involving living kidney donors during the period from January 2016 to April 2019 at CHUGA. (University Hospital Center of Grenoble in France).

Results and discussion

Our study had shown that out of 88 donors, 70 answered our questionnaires, representing a prevalence of 80.5%. The mean age of our donors was 55.6 years, with a female predominance. Enthusiasm for donating was found in 88.6% of donors. Social relationships with those around

us or family were understandable in 85.72%. The donation was perceived as an act of heroism in 44% of cases. No vocational rehabilitation was observed in 87.1%. Anxiety is found in 55.7%. Seven out of eight domains of the SF36 score had a good quality of life after donation, and the donation did not alter their psychosocial experience. Quality of life was poor in the physical role domain in men with no significant difference (p 0.05). In our series, 97% of donors had a quality of life score greater than 50%. The overall quality of life was good in 97.1% of donors. The majority of our donors expressed their pride and enthusiasm, did not regret having saved a life, and considered this experience positive (Table 1).

Conclusion

Kidney donation had a negative impact on quality of life and psychosocial life. The majority of donors didn't regret their donation. The dissemination of such results could make it possible to increase the number of kidney transplants from living donors in France, especially in our African countries where the management of ESRD remains a real public health problem.

CO-44

PREDICTION OF RENAL FAILURE AFTER KIDNEY DONATION USING MACHINE LEARNING

Dahmane Rihem, Azzabi Awatef, Sahtout Wissal, Farhat Roua, Ben Aicha Narjess, Guedri Yousra, Zellama Dorsaf

Department of Nephrology Department, Sahloul Hospital, Sousse - Tunisia

Introduction

Living kidney transplantation is the treatment of choice for CKD. It offers improved survival for both recipients and grafts. The success of this procedure depends on its short- and long-term safety for the donor.

Methods

This work explores the use of machine learning and artificial intelligence to develop a robust predictive model within our department to predict renal failure in kidney donors. Our objective has two distinct components: a descriptive analysis and a predictive analysis. The descriptive analysis aims to identify the main factors influencing the development of renal failure in living kidney donors in Tunisia. We performed a simulation with the aid of R software using the Random Forest model for our database.

Results and discussion

We developed a predictive model based on the Random Forest algorithm to anticipate and predict renal failure in living kidney donors. The model achieved a precision of 0.15, a recall (sensitivity) of 81%, and an F1 score of 77%, demonstrating a satisfactory balance between precision and recall in the prediction of technique failure. Accuracy: 83.33. BMI proved to be the most influential factor in prediction, followed by factors such as: prediabetes and other variables. These results highlight the relevance of Random Forest's algorithm as well as the important factors for anticipating and predicting renal failure in kidney donors and helping to make informed clinical decisions.

Conclusion

This study demonstrates the effectiveness of advanced data analysis methods to improve the management of kidney donor choices. Predictive models provide decision support for clinicians.

CO-45

SURVIVAL ANALYSIS AND MORTALITY RISK FACTORS OF TUNISIAN PATIENTS ON THE KIDNEY TRANSPLANT WAITING LIST

Fadwa Helaoui[1], Bacha Mohamed Mongi[1], Ben Othmen Ilhem[1], Ounissi Mondher[1], Chakroun Marouène[2], Laamari Hajer[3], Ben Abdallah Taieb[1], Hedri Hafedh[1], Sellami Nada[1], Abderrahim Ezzedine[1]

1- Department of Internal Medicine, Charles Nicolle Hospital, Tunis - Tunisia,

2- Department of Urology Institution, Charles Nicolle Hospital, Tunis - Tunisia,

3- Department of Immunology, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Despite numerous studies exploring survival outcomes among patients undergoing dialysis, particularly those awaiting kidney transplantation from deceased donors (KTDD) on national kidney transplant (KT) waiting lists (WL), our study represents the inaugural investigation of its kind in Tunisia. It concentrates on assessing mortality risk factors among patients registered on the national WL within the Department of Internal Medicine "A" at Charles Nicolle Hospital in Tunis.

Methods

This retrospective cohort study targeted patients with end-stage renal disease (ESRD) who were monitored in the In-

ternal Medicine "A" department and placed on the national WL. Data were collected from January 1, 2001 to December 31, 2022. Patients were observed from their initial placement on the WL until death, last follow-up available, or the end of the study period. Patients who underwent KT elsewhere in Tunisia or abroad were excluded from the analysis. We utilized univariate and multivariate Cox proportional hazards regression analyses to assess survival outcomes post-WL placement.

Results and discussion

During the study period, a total of 787 patients were listed on the WL, with 42.6% being female and the mean age recorded at WL registration being 38.9±11.4 years. Among these patients, 65.4% had hypertension, 5.7% were diabetic and KTDD was performed for 12.5% of the patients. The death rate among registered patients was 37.1%, with 41.1% not being transplanted at the study's end and 27.5% receiving a kidney from a DD. The mean age of death was 50.37 ± 12.3 years for not non-transplanted patients and 48.1 ± 8.4 years for transplant recipients. The primary causes of death were cardiovascular diseases (CV) (35%) and infectious causes (32.5%) for patients on dialysis, while transplanted patients died from infectious causes (57.1%) and CV diseases (21.4%). In the univariate analysis, a lower risk of death was associated with transfusions (HR=0.76 [CI: 0.59-0.98]), serum albumin levels >35 g/L (HR=0.65 [CI: 0.47-0.9]), updated pre-transplant assessments (HR=0.58 [CI: 0.45-0.75]), and KTDD (HR=0.43 [CI: 0.29-0.64]). Shorter survival was observed among patients aged 35-50 years (HR=2.79 [CI: 1.68-4.64]) and >50 years (HR=6.49 [CI: 3.73-11.35]) at dialysis initiation, patients with diabetes (HR=3.59 [CI: 2.44-5.3]), hypertension (HR=1.34 [CI: 1.03-1.76]), CV diseases (HR=1.65 [CI: 1.01-2.69]), a history of pregnancy (HR=1.75 [CI: 1.15-2.67]), and body mass index >30 kg/m2 (HR=2.73 [CI: 2.18-6.32]). In the multivariate analysis, KTDD (HR=0.27 [CI: 0.1-0.75]) and updated pre-transplant assessments (HR=0.34 [CI: 0.14-0.8]) were associated with improved survival outcomes.

Conclusion

In summary, our study has highlighted the importance of KTDD and regular updating of pre-transplant assessments in improving the survival of patients on the kidney transplant WL. However, challenges persist related to patient age and comorbidities. Further research is needed for a better understanding of these associations and to develop clinical strategies to improve survival outcomes for patients awaiting KTDD.

CO-46

IMPACT OF PARATHYROIDECTOMY TIMING ON RENAL GRAFT FUNCTION: A RETROSPECTIVE ANALYSIS

Maaiden Zineb, Benbella Meryem, Zniber Amal, Ouzeddoun Naima, Bouattar Tarik

Department of Nephrology Institution, Ibn Sina Hospital, Rabat - Morocco

Introduction

Hyperparathyroidism (HPT) is a common metabolic complication in patients with end-stage renal disease (ESRD), driven by dysregulated calcium and phosphate metabolism. Despite kidney transplantation (KTx) restoring renal function, HPT often persists, contributing to bone disease, cardiovascular complications, and graft dysfunction. Parathyroidectomy (PTx) is the definitive treatment for refractory HPT, but the optimal timing of the procedure—before or after transplantation—remains controversial. Previous studies suggest that elevated pre-KTx parathyroid hormone (PTH) levels may accelerate graft decline, while PTx may transiently impair graft function. This study compares the outcomes of pre- versus post-transplant PTx to clarify its impact on graft function and patient outcomes.

Methods

A retrospective analysis of 178 kidney transplant recipients at Ibn Sina Hospital (Rabat, Morocco) from January 1998 to December 2023 was conducted. Patients with refractory HPT undergoing PTx were divided into two groups: pre-transplant PTx (Pre-KTx, n=12) and post-transplant PTx (Post-KTx, n=6). Demographic, clinical, and biochemical data, including serum calcium, phosphate, PTH levels, and estimated glomerular filtration rate (eGFR), were analyzed. The primary endpoint was eGFR at 5 years post-transplantation; secondary outcomes included serum calcium and PTH levels.

Results and discussion

The Pre-KTx group included 12 patients (66.7%) and the Post-KTx group included 6 patients (33.3%). No significant differences were observed in recipient age, donor type, or PTx type between the groups. At 5 years post-transplantation, eGFR was comparable in the Pre-KTx group (59.6 ± 15.3 ml/min/1.73 m²) and Post-KTx group (73.6 ± 20.8 ml/min/1.73 m²; p = 0.19).

Conclusion

The timing of parathyroidectomy, whether performed before or after kidney transplantation, does not appear to

independently influence long-term renal graft function. Further studies with larger cohorts are needed to confirm these findings and guide clinical decision-making.

CO-47

PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE A (PCSK-9) INHIBITION AMONG KIDNEY TRANSPLANT PATIENTS WITH HIGH CARDIOVASCULAR RISK

Osama Gheith, Elsayed Zakaria, Maher Najib Ayman, A Hamil Medhat, Said Tarek, Nair Prasad

Department of Nephrology, Organ Transplant Center, Kuwait – Kuwait

Objectives

The benefits of the reduction in low-density lipoprotein cholesterol by evolocumab by nearly 60% has not been evaluated among kidney transplant recipients to our knowledge. We assessed the efficacy and safety of evolocumab, a proprotein convertase subtilisin/kexin-9 inhibitor, in reducing lipids and cardiovascular events among kidney transplant recipients in a randomized controlled study.

Materials and methods

Between June 2017 and June 2019, we enrolled 197 kidney transplant recipients with high cardiovascular risk score (>20). Patients who received evolocumab (140 mg/2 weeks) comprised group 1 (n = 98), and patients maintained on statin therapy comprised group 2 (n = 99). We followed patients clinically and with necessary laboratory investigations over 24 months.

Results

The 2 groups had comparable demographic characteristics (P >.05). Before enrollment in the study, smokers were significantly more prevalent in group 1, whereas posttransplant diabetes mellitus was more prevalent in group 2 (P =.033). Moreover, baseline serum creatinine was higher in group 1, whereas immunosuppression was equivalent in both groups (P >.05). We found no significant differences between the 2 groups concerning cardiovascular events, and both graft and patient outcomes were comparable (P >.05). The higher baseline cholesterol in group 1 (5.5 vs 4.7 mmol/L; P <.001) decreased significantly after 3 months and thereafter (P =.031) compared with levels in group 2 and baseline values (P <.001). We reported 2 cases of acute myocardial infarction and 1 atrial fibrillation in group 2.

Conclusions

Proprotein convertase subtilisin/kexin-9 inhibitors, as an added therapy to statins, are safe and effective in treating hypercholesterolemia after kidney transplant. Evolocumab can minimize cardiovascular events after kidney transplant in patients with high events at baseline. Longer-term trials with a larger number of patients are needed to confirm its beneficial effects on cardiovascular complications and patient and graft survival. Keywords: Hyperlipidemia, renal transplant, high cardiovascular risk, outcome.

FREE COMMUNICATIONS

Wednesday April 16 12H00 - 13H00 — Pr. Adel KHEDHER Conference Room

Chairpersons: Awatef AZZABI, Ramdane ALLALI

CO-18 The Impact Of Maternal Renal Dysfunction On Placental Developpment And Fetal Growth
Aloui HAITHEM - TUNISIA

CO-19 Acute Kidney Injury In The Intensive Care Unit: Profile And Prognosis
Asma EZZOUATE - MOROCCO

CO-20 Acute Kidney Injury And Metabolic Disorders In Critically Ill Cirrhotic Patients
Badis TLILI - TUNISIA

CO-21 Predictive Factors Of Acute Kidney Injury During Rhabdomyolysis, A Prospective Study
Smiai AMANI - TUNISIA

CO-22 Acute Kidney Injury In Non-Renal Medical And Surgical Admissions In A Secondary Hospital In Cameroon: Recognition And Outcomes.
Denis Georges TEUWAFEU - CAMEROON

CO-23 Comparing Acute Kidney Injury Risk Factors And Outcomes In Elderly Versus Non-Elderly Patients In Alexandria Main University Hospital
Shymaa ELKHOULI - EGYPT

CO-28 Retroperitoneal Fibrosis: Clinical Presentation And Renal Outcomes - A 5-Year Bicentric Study
Sarra SOUISSI - TUNISIA

CO-29 Influence Of Low Socioeconomic Status On Adherence And Quality Of Life Among Chronic Hemodialysis Patients In Cameroon
Hermine Danielle FOUDA MENYE EPOUSE EBANA - CAMEROON

Wednesday April 16 12H00 - 13H00 — Pr. Hassouna BEN AYED Conference Hall

Chairpersons: Amel HARZALLAH, Zeinabou MAIGA MOUSSA TONDI

CO-07 Distinct Urinary Proteome Changes Across Various Estimated Glomerular Filtration Rate (Egfr) Stages in a Black South African Cohort - Results From A Pilot Study
Siyabonga KHOZA - SOUTH AFRICA

CO-09 Factors Associated With Gfr Decline In T2dm: Data From A Moroccan Cohort Study.
Naima ABDA - MOROCCO

CO-10 A Cross-Sectional Prospective Study Measuring Albumin / Creatinine Ratio Test For Diabetic Type 2 Libyan Patients Attending Diabetic Clinic Tripoli Medical Center
Abdulhafid SHEBANI - LIBYA

CO-13 Evaluating The Nephroprotective Effects Of Sglt2 Inhibitors In Diabetic Nephropathy: A Comparative Study On Albuminuria And Creatinine Clearance
Myriam BALTAGI - TUNISIE

CO-14 Association Between The Use Of Sglt2 Inhibitors In Patients With Ckd During Ramadan Fasting And The Risk Of Acute Kidney Injury
Rowan ZYADA - EGYPT

CO-15 Variation In Blood Volume In Type Ii Diabetics Under ISGLT2
Khaoula EL AISSAOUI - MOROCCO

CO-16 Stratifying Risk For Safer Outcomes: Early Renal Monitoring In Diabetic Nephropathy Patients On SGLT2 Inhibitors
Myriam BALTAGI - TUNISIA

CO-27 Therapeutic Potential Of Curcumin And Pentoxifylline In Chronic Kidney Disease: A Randomized Controlled Trial
Nada ELSAYED - EGYPT

Wednesday April 16 12H00 - 13H00 — Pr. Abdelhamid JARRAYA Conference Room

Chairpersons: Mohamed CHERMITI, Mohammed BENABDELHAK

CO-08 Exogen Estrogen Use And Chronic Kidney Disease Progression In Menopausal Women
Ons KAABIA - TUNISIA

CO-11 Factors Of Rapid Progression In Autosomal Dominant Polycystic Kidney Disease: Multicenter, Prospective Study
Mansour MBENGUE - SENEGAL

CO-12 Genetic Contributions To Hereditary Nephropathies In Tunisia: Advancing Precision Medicine For End-Stage Renal Disease
Ridha MRAD - TUNISIA

CO-17 Malnutrition In Patients With Chronic Kidney Disease In Lome
Badomta DOLAAMA - TOGO

CO-25 Sub-Saharan Africa's Experience Of Rituximab For Primary Gns: The Case Of Durban, Kwazulu-Natal Province, South Africa
Cedric Xavier MBOBNDA KAPCHE - SOUTH AFRICA

CO-26 Interest Of Pla2r Antibodies In The Diagnosis Of Membrane Nephropathy
Sihem OULAKROUZ - ALGERIA

CO-30 The Invisible Burden Of Haemodialysis: When Anxiety, Depression And Insomnia Intertwine.
Kawtar DADI - MOROCCO

CO-32 Anxio-Depressive Disorders And Erectile Dysfunction In Chronic Hemodialysis Patients About 100 Cases
Lynn KERAANI - TUNISIA

FREE COMMUNICATIONS

Friday April 18 12H00 - 13H00 — Pr. Adel KHEDHER Conference Room

Chairpersons: Zohra SASSI JALLALI, Robert KALYESUBULA

CO-41 Retrospective Study On The Management Of Children On Peritoneal Dialysis: 10-Year Experience In A Tertiary Pediatric Nephrology Center In Western Algeria.
Samia ZERROUKI - ALGERIA

CO-42 Medical Students And Organ Donation In Morocco : Understanding Perceptions To Inspire Change
Amal NEJJARI - MAROC

CO-43 Quality Of Life In Living Kidney Donors Grenoble Teaching Hospital (France)
Manzan EDWIGE ANASTASIE WOGNIN - CÔTE D'IVOIRE

CO-44 Prediction Of Renal Failure After Kidney Donation Using Machine Learning
Rihem DAHMANE - TUNISIA

CO-45 Survival Analysis And Mortality Risk Factors Of Tunisian Patients On The Kidney Transplant Waiting List
Fadwa HELAOUI - TUNISIA

CO-46 Impact Of Parathyroidectomy Timing On Renal Graft Function: A Retrospective Analysis
Zineb MAAIDEN - MOROCCO

CO-47 Proprotein Convertase Subtilisin/Kexin Type A (Pcsk-9) Inhibition Among Kidney Transplant Patients With High Cardiovascular Risk
Osama GHEITH - KUWAIT

Friday April 18 12H00 - 13H00 — Pr. Hassouna BEN AYED Conference Hall

Chairpersons: Soumaya CHARGUI, Yannick NLANDU

CO-01 Burden Of Diabetes And Kidney Diseases In Tunisia, A Foresight Between 2014 And 2044
Fatma BEN YOUSSEF - TUNISIA

CO-02 Demography Of Adult Nephrologists: A Tunisian National Overview
Nada SELLAMI - TUNISIA

CO-03 Navigating Renal Registry Challenges: The Kenya Haemodialysis Registry
Jonathan WALA - KENYA

CO-04 What Are The Obligations Of The Dialysis Industry In Sub-Saharan Africa?
Valerie LUYCKX - SWITZERLAND

CO-05 Burnout Among Nephrology And Hemodialysis Workers In Burkina Faso: Prevalence And Associated Factors
Patrice ZOEHINGA - BURKINA FASO

CO-06 The Role Of Simulation In Training For The Management Of Hemodialysis Emergencies
Mariam ELHAMMOUTI - Morocco

CO-24 Renal Thrombotic Microangiopathy In Lupus Nephritis: A Case-Control Study
Cyrine LARAYEDH - TUNISIA

CO-40 Geriatric Characteristics In Elderly Patients Undergoing Chronic Hemodialysis
Fouad DAMI - MOROCCO

Friday April 18 12H00 - 13H00 — Pr. Abdelhamid JARRAYA Conference Room

Chairpersons: Khawla KAMMOUN, Awatef SALEM ELBOUAISHI

CO-31 Sexual Dysfunction In Haemodialysis Patients In Cameroon
Alex MAMBAP TATANG - CAMEROON

CO-33 Incremental And Conventional Hemodialysis: Experience Of The Monastir And Mahdia Nephrology Departments.
Safa ABIDI - TUNISIA

CO-34 Chronic Limb-Threatening Ischemia In Chronic Hemodialysis Vs. Non-Hemodialysis Patients Undergoing Revascularization: A Comparative Analysis
Hamza BELHOUSSINE DRISSI - MOROCCO

CO-35 Prevalence, Clinical Aspects And Risk Factors Of Aortic Stenosis Among Hemodialysis Patients Attending Nephrology Center Of Benghazi
Mohamed EZWAIE - LIBYA

CO-36 The Erythropoietin Resistance Index In Chronic Hemodialysis Patients : Factors Influencing The 'Eri' Response
Hajar LAASLI - MOROCCO

CO-37 A User-Friendly Application Leveraging Machine Learning For Proactive Anemia Management In Hemodialysis Patients
Feryel ABID - TUNISIA

CO-38 Hyperparathyroidism In Hemodialysis Patients: Current Situation, Challenges, And Perspectives Monocentric Experience Of The Hemodialysis Center At The Regional Hospital Of Sidi Bouzid
Rahma GUESMI - TUNISIA

CO-39 Continuous Hemodiafiltration In Intensive Care: Effectiveness And Prognosis Through A Single-Center Study
Ines BENALAYA - TUNISIA

AFRAN 2025 CONGRESS
Tunis, Tunisia - April 15 - 18, 2025

SCIENTIFIC POSTERS

I- EPIDEMIOLOGY, TRAINING & HEALTH POLICIES

P001

IMPLEMENTING AN ECO-CONSCIOUS WATER SALVAGE SYSTEM KIDNEY DIALYSIS UNIT: A COST-EFFECTIVE APPROACH AN INITIATIVE CALL FOR AFRICAN GREEN NEPHROLOGY WORKING GROUP

Hafız Ehab

Clinical Laboratory Division, Theodor Bilharz ResearchInstitute, Giza - Egypt

Introduction

Kidney care, particularly hemodialysis, has a significant environmental footprint, driven by greenhouse gas emissions, waste production, and water consumption. Hemodialysis is a water-intensive process requiring large volumes of purified water, with current reverse osmosis (RO) systems rejecting 50–70% of input water as waste. A single 4-hour session can consume up to 500 liters for dialysate preparation, priming, washing, and sterilization. This poses a considerable challenge for water-scarce regions, particularly in low- and middle-income countries (LMICs), where hemodialysis is often the most accessible treatment for chronic kidney disease (CKD), which affects an estimated 3.5–5.2% of Africa's population. As global efforts to expand health- care access through the UN Sustainable Development Goal 3.8 continue, the environmental burden of kidney care is expected to grow. Africa faces critical water security challenges, with one in three people experiencing scarcity and 766 million lacking access to safe drinking water. Poor water quality exacerbates health crises, contributing to 80% of diseases in some regions. Addressing these challenges aligns with the 2024 UN World Water Development Report, which emphasizes water as a driver of prosperity and peace. Improved water access is vital forreducing disease burdens, enhancing food security, and supporting sustainable development.

Methods

Establishing a water salvage system in dialysis units aligns with green Nephrology principles, reducingresh-water demand and wastewater generation. To reduce water waste without compromising care quality, cost- effective strategies are essential, considering infrastructure, location, energy prices, and operational demands. Direct investments or sustainability-focused grants can fund such projects, which promise lower operational costs and environmental benefits.

Results and discussion

Innovative water reuse systems in healthcare facilities offer a promising solution. Reverse osmosis reject- water, is clean enough for non-patient use after minimal filtration, and can be repurposed for cleaning, landscaping, and flushing toilets. Case studies highlight the feasibility of such systems: a UK dialysis unit saved

4.49 million liters annually with a £2500 investment, while similar setups in Australia achieved water savings of 50,400 liters annually, with rapid cost recovery.

Conclusion

A call for an African Green Nephrology Working Group is vital to scale these initiatives across the continent, fostering sustainable healthcare solutions.

P002

EPIDEMIOLOGICAL CHARACTERISTICS OF KIDNEY BIOPSIES IN ELDERLY PATIENTS: A 15-YEAR RETROSPECTIVE STUDY

Araoud Maha[1], Ben Aicha Narjes[1], Mrabet Sanda[1],Abdessaied Nihed[2], Azzabi Awatef[1], Boukadida Raja[1], Fradi Asma[1], Sahtout Wissal[1], Guedri Yosra[1], Zellama Dorsaf[1]

1 Department of Nephrology, Dialysis, and Kidney Transplantation, Sahloul University Hospital

2 Pathological Cyto-Anatomy Laboratory, Hached University Hospital, Sousse - Tunisia

Introduction

The indications for kidney biopsy in elderly patients remain a subject of debate due to associated risks and the complexity of renal diseases in this age group. This study aims to analyze the epidemiological characteristics of Kidney biopsies performed in patients aged 65 years and older over a 15-year period.

Methods

Between January 2007 and June 2022, a total of 1610 kidney biopsies were performed. Among them, 101involved elderly patients meeting the inclusion criteria, with 30 cases excluded due to missing or unusable data. Ultimately, 71 patients were included in the analysis.

Results and discussion

The average annual incidence of kidney biopsy in elderly patients was 4.7%, ranging from 1.4% to 12.6%, with a peak observed in 2016. The mean age of included patients was 70.6 ±5.1 years, ranging from 65 to 88 years. The majority of patients (65%) were in the 65–74 age group. A male predominance was observed,60.6% male and 39.4% female participants, resulting in a male-to-female ratio of 1.53. The

mean ages were comparable between genders (71.1 ± 0.8 years for males vs. 69.8 ± 0.9 years for females).

Conclusion

This study highlights a low proportion of kidney biopsies performed in patients aged over 65 years, although their incidence showed a gradual increase over the years. The findings underscore the need for a thorough evaluation of the indications and benefits of kidney biopsy in this age group to optimize their management.

P003

BACTERIAL RESISTANCE AND URINARY INFECTION PROFILES IN NEPHROLOGY PATIENTS: FOCUS ON ESBL-PRODUCING BACTERIA AND EMERGING MULTIRESISTANCE

Mechaacha Kawther[1], Belatoui Zakaria[2], Djoudad Kada[1], Boudani Samia[1], Zerdoumi Faiza[1]

1 Department of Nephrology

2 Department of Bacteriology University Hospital, Oran - Algeria

Introduction

Urinary tract infections (UTIs) is a significant health challenge among hospitalized patients, especially in Nephrology, due to the rising prevalence of multidrug-resistant bacteria, including extended-spectrumbetalactamase (ESBL)-producing bacteria. This study aims to analyze the epidemiological profile and resistance patterns of bacteria isolated from this population.

Methods

This observational, descriptive, and retrospective study included hospitalized Nephrology patients diagnosed with a UTI confirmed by urine culture and antibiogram in 2022 at the EHU of Oran. A total of 73 patients were included. Demographic data and antibiogram results were collected and analyzed using SPSS 25.

Results and discussion

The mean age of patients was 51.31 ± 19.81 years, with a male-to-female sex ratio of 1.14. Most infections occurred in December (21.9%). Enterobacteriaceae accounted for 76.7% of isolates, with E. coli (27.4%),Enterobacter spp. (27.4%), and Klebsiella spp. (17.8%) being predominant. Multiresistance (defined as resistance to more than three different antibiotic families) was observed in Escherichia coli (35%), Klebsiella pneumoniae (18.1%), and Klebsiella spp. (50%).

ESBL production was identified in 35% of cases. A significant association was found between age and the presence of ESBL (45.78 years for ESBL-negative vs. 67.2 years for ESBL-positive patients, p = 0.004).Among ESBL-positive isolates, 50% were multidrug-resistant (p = 0.029), 50% were resistant tofluoroquinolones, and all positive strains remained sensitive to carbapenems.

Conclusion

This study highlights the high prevalence of multidrug-resistant and ESBL-producing bacteria amonghospitalized Nephrology patients. The significant resistance to antibiotics represents a major therapeutic challenge, highlighting the need for continuous surveillance and tailored treatment strategies.

P004

FACTORS ASSOCIATED WITH THE OCCURRENCE OF DEATHS AMONG KIDNEY FAILURE PATIENTS AT BRAZZAVILLE UNIVERSITY HOSPITAL CENTER IN 2024

Gandzali Ngabe Pierre Eric, Department of Nephrology, University Hospital, Brazzaville - Congo

Introduction

The general objective of our research was to analyze the factors associated with mortality and survival ofpatients with renal failure at the University Hospital of Brazzaville.

Methods

This is a cross-sectional and analytical study in the Nephrology department of the University Hospital ofBrazzaville lasting 5 months over a period of 2 years from November 2022 to October 2024. The target population will be all renal failure patients admitted to Nephrology in hospital and outpatient.

Results and discussion

The frequency of deceased patients was 22.58%. The mean age were of 54 years ± 16.5 and age group of 47 - 56 years was the majority with 24 patients followed. Men were more representative 52 (82.54%) alive and 11 (17.46%) deceased vs women 20 (66.67%) alive and 10 (33.33%) deceased. Diabetes was 60.66% followed by infection at 22.47%; HTA at 11.48%; then undetermined nephropathies at 4.92%. The mean crea- tinine level in patients was 187.3 ± 88.31 mg/l. The mean urea level in patients was 1.33± 1.46 g/l. The majority of deceased patients who had a complication were 17 (68%) vs 4 (5.88%). There was a significant association between the occurrence of deaths and age in the patients followed (HR = 0.98 [0.00; 0.99] and p = 0.03) spe- cifically

in the age groups of 37 - 46 years (76.92% vs 23.08%; HR = 0.30 [0.00; 0.84] and p = 0.02), 47 - 56 years (75% vs 25%; HR = 0.33 [0.00; 0.87] and p = 0.02) and 67 - 76 years (80% vs 20%; HR = 0.17 [0.00; 0.47] and p = 0.001) in correlation adjusted for the complication of the disease and the educational level.

Conclusion

The frequency of deceased patients was 21 (22.58%). Men were more representative 82.54%. Diabetes was 60.66%. Patients with urea less than 2 g / l are the majority plus those who had urea greater than 2 g / l. There is a significant association between the occurrence of deaths in patients with: age, educational level and the evolution towards complications.

P005

EPIDEMIOLOGY AND ANTIBIOTIC RESISTANCE PATTERNS OF URINARY TRACT INFECTIONS IN SOUSSE

Jihene Mosbah[1], Yasmine Maatouk[1], Ahlem Kahloul[1],Maher Farhat[1], Imene Ghoufa[1],Jalel Boukadida[1], Neila Hannachi[1], Manel Marzouk[1]

Microbiology Laboratory,Farhat Hached University Hospital, Sousse - Tunisia

Introduction

Urinary tract infections (UTIs) are one of the most common reasons for medical consultations and represent a significant public health challenge worldwide. The objective of this study was to examine the epidemiology of urinary tract infections and the patterns of antibiotic resistance in Sousse over a three-year period.

Methods

This retrospective study was conducted at the Microbiology Laboratory of Farhat Hached University Hospital in Sousse, focusing on bacterial isolates from urine cytobacteriological examinations collected across various departments between 1011 and 1013. Bacterial identification was carried out using conventional techniques, and antibiotic susceptibility testing was performed following the EUCAST-CASFM guidelines.

Results and discussion

A total of 6495 samples were included. The sex ratio (M/F) was 0.35. The adult emergency department (16.6%), pediatric emergency department (13.1%), and pediatric department (10.4%) were the most frequent sources of samples. Forty-two percent of cases originated from the surgical setting. The microbiological profile revealed a predominance of Escherichia coli (61.4%), followed by Klebsiella pneumoniae (18.3%).

E. coli strains were resistant to amoxicillin in 71.3% of cases, amoxicillin-clavulanic acid in 46.8%,cotrimoxazole in 17.9%, and third-generation cephalosporins in 7.5%. The resistance to amikacin was about 1.8%.Resistance to ertapenem was observed in 0.5% of cases, and to imipenem in 0.08%.

For K. pneumoniae, resistance rates were high for cefotaxime (16.7%), ciprofloxacin (11%), cotrimoxazole (15.7%), and gentamicin (11.4%). The most active antibiotics against this species were imipenem, furans, and amikacin, with resistance percentages of 4.5%, 6.1%, and 8.6%, respectively.

Conclusion

In light of the emergence of multidrug-resistant bacteria that may lead to therapeutic impasse, it is crucial to rationalize antibiotic use and establish a robust system for monitoring bacterial resistance.

P006

THE RISING THREAT OF ANTIBIOTIC RESISTANCEIN PEDIATRIC URINARY TRACT INFECTIONS

Jihene Mosbah[1], Yasmine Maatouk[1], Ahlem Kahloul[1],Maher Farhat[1], Imene Ghoufa[1], Jalel Boukadida[1], Neila Hannachi[1], Manel Marzouk[1]

Microbiology Laboratory,Farhat Hached University Hospital, Sousse - Tunisia

Introduction

Urinary tract infections (UTI) remain among the most prevalent bacterial infections in pediatric populations, representing a significant burden on healthcare systems worldwide. This study aimed to identify the mainpathogens responsible for pediatric UTI in the Sousse region and describe their antibiotic resistance profiles.

Methods

This was a retrospective study carried out at the Microbiology Laboratory of the CHU Farhat Hached in Sousse, involving bacterial isolates from urine of children consulting or hospitalized in the various departments, during the years 1011-1013. Bacterial identification was performed according to conventional methods, and antibiotic susceptibility testing according to EUCAST-CASFM recommendations.

Results and discussion

During the study period, 1050 bacterial strains were isolat-

ed from pediatric urine samples. The most frequently observed pathogens were Escherichia coli (65.9%), Klebsiella pneumoniae (17.9%), and Proteus mirabilis (4.9%).

For E. coli, the highest resistance rates observed were for amoxicillin (83.3%), amoxicillin-clavulanic acid (49.6%), and cotrimoxazole (14.9%). The resistance to cefotaxime was about 6.5%, while resistance toami-kacin and ertapenem were low (1.05% and 0.4% respectively).

For K. pneumoniae, high resistance rates were reported for cefotaxime (33.1%), ciprofloxacin (19.9%),gentamicin (13.4%), and cotrimoxazole (10.8%). The most active antibiotics against this species were amikacin and imipenem, with resistance rates of 6.9% and 1.7%, respectively.

Conclusion

In conclusion, our study highlights the alarming rise of antibiotic resistance in pediatric UTI, particularly tocephalosporins. Ongoing surveillance is vital to adapt treatment strategies and preserve the effectiveness of antibiotics. A coordinated approach is essential to combat the growing resistance threat.

P007

EPIDEMIOLOGY AND ANTIBIOTIC RESISTANCE IN PSEUDOMONAS AERUGINOSA STRAINS FROM URINARY TRACT INFECTIONS

Jihene Mosbah[1], Yasmine Maatouk[1], Ahlem Kahloul[1],Maher Farhat[1], Imene Ghoufa[1], Jalel Boukadida[1], Neila Hannachi[1], Manel Marzouk[1]

Microbiology Laboratory,Farhat Hached University Hospital, Sousse - Tunisia

Introduction

Pseudomonas aeruginosa is an opporTunistic Gram-negative pathogen commonly found in urinary tractinfections. The rise in these infections is a concerning trend, particularly due to their resistance to antibiotics. This study aims to investigate the microbiological profile and antibiotic susceptibility of Pseudomonasaeruginosa strains isolated from urinary tract infections in the Sousse region over a three-year period.

Methods

This is a retrospective study carried out at the Microbiology Laboratory of the CHU Farhat Hached in Sousse, involving P. aeruginosa strains isolated from urine samples collected from various departments, between 1011 and 1013. Bacterial identification was performed using conventional methods, and antibiotic susceptibilitytesting was carried out according to EUCAST-CASFM recommendations.

Results and discussion

Out of 6495 urine samples analyzed, 97 strains of Pseudomonas aeruginosa were isolated (including 10pediatric strains), accounting for 1.4% of urinary tract infections.

The most common origins were the medical and surgical emergency departments (15.3% of cases), theinfectious diseases department (10.1%), and the oncology department (9.5%). The antibiotic susceptibilityresults showed high resistance to common antibiotics: 16.5% of strains were resistant to ciprofloxacin, 17.1% to levofloxacin, 19.5% to ceftazidime, and 10% to piperacillin-tazobactam. Nevertheless, imipenem andamikacin demonstrated good effectiveness, with resistance rates of 9% and 6.1%, respectively.

Conclusion

While the prevalence of urinary tract infections caused by P. aeruginosa in the Sousse region is relatively low, antibiotic resistance remains a major concern, particularly to fluoroquinolones and beta-lactams. This study emphasizes the importance of ongoing monitoring of pathogen susceptibility and the need for targeted,customized treatment approaches.

P008

PEDIATRIC URINARY INFECTIONS DUE TO PSEUDOMONAS AERUGINOSA:A RARE BUT CONCERNING THREAT

Yasmine Maatouk[1], Jihene Mosbah[1], Ahlem Kahloul[1], Maher Farhat[1], Imene Ghoufa[1], Jalel Boukadida[1], Manel Marzouk[1], Neila Hannachi[1]

Microbiology Laboratory,Farhat Hached University Hospital, Sousse - Tunisia

Introduction

Pseudomonas aeruginosa is a common pathogen in pediatric urinary tract infections (UTI), often associated with high antibiotic resistance rates. This study aims to analyze the antibiotic sensitivity profiles ofP. aeruginosa strains isolated from pediatric UTI in the Sousse region over a three-year period.

Methods

This retrospective study was conducted at the Microbiology Laboratory of CHU Farhat Hached in Sousse,including P. aeruginosa strains isolated from urine samples of pediatric patients between 1011 and 1013.Bacterial identification was carried out using conventional methods, and antibiotic

susceptibility was determined following EUCAST-CASFM guidelines.

Results and discussion

Out of 1050 urine samples analyzed, 10 strains of P. aeruginosa were isolated, accounting for 0.9% of pediatric UTI cases. The most common sources were pediatric services (18.6%), pediatric oncology (13.8%), followed by pediatric emergency (19%). Resistance was observed in 5.8% of cases to ciprofloxacin, 15% tolevofloxacin, and 11.3% to ceftazidime. Good sensitivity to amikacin was observed with only 5% resistance, and no resistance to imipenem was detected.

Conclusion

These findings reveal a high level of multidrug resistance in P. aeruginosa, posing significant challenges in managing pediatric UTI. The results highlight the need for prudent antibiotic use and enhanced surveillance to reduce the spread of resistance.

P009

BACTERIAL RESISTANCE IN URINARY INFECTIONS: INSIGHTS FROM INTENSIVE CARE UNITS IN SOUSSE

Yasmine Maatouk, Jihene Mosbah, Ahlem Kahloul, Maher Farhat, Imene Ghoufa, Jalel Boukadida, Manel Marzouk, Neila Hannachi

Microbiology Laboratory,Farhat Hached University Hospital, Sousse - Tunisia

Introduction

Patients in intensive care units are highly vulnerable to healthcare-associated infections, with urinary tractinfections being the most common. These infections are often caused by multidrug-resistant bacteria. Analyzing bacterial profiles and their resistance patterns is crucial for guiding treatment strategies.

This study aimed to identify bacterial pathogens responsible for urinary tract infections in the Intensive Care Units (ICU) of Sousse and evaluate their antibiotic resistance profiles.

Methods

This retrospective study was conducted at the Microbiology Laboratory of CHU Farhat Hached in Sousse, analyzing bacterial isolates from cytobacteriological urine samples of patients in the ICU between 1011 and 1013. Bacterial identification was done using conventional methods, and antibiotic susceptibility testing follo- wed EUCAST-CASFM recommendations.

Results and discussion

We isolated 77 strains from urine samples collected from the intensive care unit (61.3% of the medical ICU) during the study period. The sex- ratio (M/F) was about 1.33. The most frequently involved pathogens were: Escherichia coli (19.5%), Klebsiella pneumoniae (18%), and Pseudomonas aeruginosa (10%).Among the E. coli strains isolated, 81% were extended-spectrum beta-lactamase (ESBL) producers.Hyperproduction of cephalosporinase was observed in three cases. All strains were sensitive to carbapenems. For K. pneumoniae, 81.6% of the strains showed ESBL production. Three strains were resistant to ertapenem. All strains were sensitive to colistin. P. aeruginosa was resistant to ciprofloxacin in 15%, to amikacin in 15%, and to ceftazidime in 18.5%. Two strains showed resistance to imipenem.

Conclusion

This study highlights the diversity of bacterial pathogens responsible for UTI in ICU and the high rates ofantibiotic resistance in the Sousse region. Regular updates to antibiotic protocols, based on local data, areessential to improve patient management and prevent the emergence of further resistance.

P010

PROFESSIONAL STRESS AMONG NEPHROLOGY AND HAEMODIALYSIS WORKERS IN BURKINA FASO

Zoehinga Patrice[1], Bonzi Yeremadé juste[1], Belem Abdoulaziz[1], Coulibaly Gérard[2]

1 Nephrology and Hemodialysis, Ouahigouya Regional Teaching Hospital, Ouahigouya,

2 Nephrology and hemodialysis, Yalgado Ouedraogo Teaching Hospital, Ouagadougo - Burkina Faso

Introduction

Professional stress is a worrying reality for healthcare workers. The working environment in Nephrology and haemodialysis is restrictive, with an intense relationship between healthcare staff and patients. This situation has a psychological impact on workers. We wanted to study the burden of professional stress amongnephrology and haemodialysis workers in the context of Sub-Saharan Africa marked by a lack of human and material resources in the Nephrology and hemodialysis departments.

Methods

Between 19 November 1013 and 19 January 1014 we conducted a cross-sectional study among Nephrology and haemodialysis workers in six hospitals in Burkina Faso; the

only hospitals in the country with Nephrology and hemodialysis services. We assessed professional stress using the Karasek questionnaire.The data was analyzed using Epi-info software. We used multiple logistic regression to identify the factors associated. The study was approved by the Health Research Ethics Committee (N° 1013-09-118).

Results and discussion

A total of 108 workers took part in the study, representing a participation rate of 61.4%. The mean age was

39.5 ± 6.9 years. The sex ratio was 1.03. The prevalence of professional stress was 33.3%. Job-strain was noted in 59.3% of the workers. Less than 30 minutes to get to the service (OR: 1,44; IC:[1,01 - 5,81]; p:0,0437) and working in a hemodialysis unit (OR: 3,18; IC:[1,35 - 7,98]; p: 0,0085) were associated with the occurrence of professional stress.

Conclusion

Professional stress is a reality in Nephrology and haemodialysis practice in Burkina Faso. Preventive measures need to be implemented.

P011

RISK FACTORS OF CENTRAL VENOUS CATHETER-ASSOCIATED INFECTIONS IN HEMODIALYSIS PATIENTS

Nasri Ghada[1], Ben Hmida Mariem[1], Fandri Beya[2], Baklouti Mouna[3], Toumi Salma[2], Ben Hmida Mohamed[2], Ben Ayed Houda[1], Yaich Sourour[3]

1 Department of Preventive Medicine and Hospital Hygiene,

2 Department of Nephrology, 3 Department of Community Health and Epidemiology,Hedi Chaker University Hospital, Sfax - Tunisia

Introduction

Central venous catheter (CVC)-associated infections are a significant cause of morbidity and mortality inhemodialysis (HD) patients, particularly due to their compromised immune systems and frequent catheter use. Identifying risk factors for these infections is critical to improving patient outcomes. This study aimed to identify the risk factors of CVC-associated infections in HD patients.

Methods

This was an analytical exhaustive and prospective study, including patients with chronic renal failure receiving HD via a CVC. The study was spread over a 15-month period, from April 1013 to July 1014. The study was carried out in the HD unit of a University hospital.

Results and discussion

A total of 101 CVCs were inserted in 51 patients. The median age was 58 years (interquartile range = [41- 70]). The sex ratio was 1.6. High blood pressure was noted in 71.1% of patients (n=37). A total of 19 CVC associated infections were recorded, representing an incidence of 18.8 infections/100 CVCs.

The univariate study showed that a history of sepsis (p<0.001), anuria (p=0.005), poor patient hygiene (p=0.01), difficulty in inserting the CVC (p=0.007), HD seniority > 3 years (p<0, 001), the rhythm of 3 HD sessions per week (p<0.001) and non-compliant surgical hydroalcoholic rub during CVC insertion (p<0.001) were factors significantly associated with the occurrence of CVC-associated infections. Multivariate analysis using binary logistic regression showed that a history of sepsis (AOR=20.9; p<0.001), the frequency of 3 HD sessions per week (AOR=7.9; p=0.04) and non-compliant surgical hydroalcoholic rub during CVC insertion (AOR=17.3; p=0.002) were independent risk factors for an infection associated with CVCs. The seniority of HD > 3 years proved to be a confounding factor that was included in the final model.

Conclusion

Our study showed a multitude of risk factors for the CVC-associated infections in HD patients. This implies that patients with these risk factors require special attention to avoid the infectious risk, thus improving their management and enhancing their prognosis.

P012

IMPACT OF SOCIOECONOMIC STATUS ON THERAPEUTIC ADHERENCE IN NEPHROLOGY CONSULTATIONS AT CHU TANGIER

Hanafi Houda, El outhmany Wafae, Bendriss AlamiSoukaina, Bouchari Asmae, Assem Maryam

Department of Nephrology, Mohamed VI University Hospital, Tanger - Morocco

Introduction

Therapeutic adherence in Nephrology is a critical determinant of patient outcomes, particularly in chronicdiseases. Socioeconomic factors, including education, income, and medical insurance, play a vital role in adherence. This study evaluates the impact of socioeconomic status on therapeutic adherence in patients attending Nephrology consultations at CHU Tangier.

Methods

This descriptive cross-sectional study included 110 patients (65% female, 35% male) with a mean age of 57 ± 11 years, attending Nephrology consultations at CHU Tangier between January and October 1014. Data were collected through structured interviews, focusing on demographics, educational level, monthly income, and medical insurance status. Adherence was assessed using a validated questionnaire covering medication intake, attendance at consultations, and lifestyle modifications. Statistical analysis was performed using SPSS version 15.

Results and discussion

Among the patients, 45% had a monthly income below 1,000 MAD, and 60% lacked comprehensive medical insurance. A low educational level (primary or no formal education) was noted in 58% of cases. Patients with higher educational levels showed better adherence (81%) compared to those with lower levels (54%,$p < 0.05$). Medications not reimbursed were the most frequently skipped, reported by 73% of patients with non- adherence. Therapeutic adherence was positively influenced by patient motivation (76%), therapeuticeducation (61%), and regular follow-up. However, non-adherence was significantly associated with economic constraints and lack of medical insurance.

Conclusion

Socioeconomic status, particularly income, education, and insurance coverage, profoundly affects therapeutic adherence in Nephrology patients. The non-reimbursement of essential medications remains a major barrier to adherence. Efforts to enhance therapeutic education and patient motivation, alongside improved medical coverage, are crucial to addressing these disparities and improving patient outcomes. Keywords: Therapeutic adherence, Socioeconomic status, Nephrology, Education, CHU Tangier.

P013

THE FIRST STEPS IN NEPHROLOGY AT THE LAQUINTINIE HOSPITAL IN DOUALA: A 5-YEAR EXPERIENCE

Balepna Jean-yves[1], Ngamgy Vincent ebenezer[1], Halla Marie Patrice[1]

1 Department of Internal Medicine, Laquintinie Hospital, 1 Department of Clinical Sciences,

Faculty of Medicine and Pharmaceutical Sciences, Douala - Cameroon

Introduction

Douala's 90-year old Laquintinie Hospital Douala, a 1nd category hospital, is the busiest hospital in the region, treating over 150,000 patients a year. It has only had nephrologists since 1015, initially with no haemodialysis unit. This is to present the Douala Laquintinie Hospital's first five year experience in Nephrology

Methods

This was a retrospective cross-sectional study from March 1015 to February 1010. Patients were seen in out- patient and inpatient consultations. Data was recorded on information sheet. Analysis was on microsoft excel 1013 and SPSS statistics 15.0.0.0.

Results and discussion

A total 1984 cases were retained (117 were lost to follow-up or deceased before diagnosis and 171 had no renal disease); sex ratio was 3/1 in favour of men, with an average age of 51.3 years (9 months to 95 years); 1046 patients were seen on an outpatient basis (51.77%). Altogether 776 (36.11%) patients were referred by general practitioners and 370 (18.65%) by cardiologists. Almost half with 884 (44.55%) suffered from chronic kidney disease and 771 (38.86%) from acute kidney injury.

Conclusion

In conclusion, men are more affected by kidney disease than women, and chronic kidney disease is the most frequently encountered condition.

P014

PREVALENCE OF CKD IN A SPECIFIC POPULATION IN KINSHASA

Sobrino diaz Lucia[1], Bosenedje Chadrack[1], Madika Olivier[1], Nkondi Clarisse[2]

1 Department of Nephrology, HUCA, - Spain

2 Department ofInternal Medicine, Monkole Hospital, Kinshasa - RDC

Introduction

CKD is constantly growing, its prevalence is greater than 11% of the adult population and a key determinant of the poor health outcomes. The Hospital of Monkole, that gives service to a population of more than 700,000 citizens in Kinshasa, considers the opening of a hemodialysis unit.

There are no perfect equations for the calculation of a hemodialysis room due to the differences in the preva- lence of CKD between the different regions, the lack of records for

insufficient detection and different situations thar require TRS like advanced CKD, AKI or exacerbated CKD. It's essential to know the state of the situation in this population.

OBJECTIVES: Descriptive study of patients atended in 1013- jun 1014 with the codes of the International Classification of Diseases (WHO ICD) for renal processes.

Methods

Review of the data provided by the Documentation and Clinical Admission Service of Monkole's Hospital,including clinical variables, sex, type of CKD and grade, affiliation of CKD in all patients with ICD due to renal disease

Results and discussion

Patients: age male (mean:60.7 yo) ckd 3ab: 31/137 ckd 4: 18/137 ckd 5: 18/137 age female (mean:49.3 yo) ckd3ab: 9/91 ckd4:15/91 ckd5: 11/91 global age:55.6 yo Hypert: 49 DM43 Neprhrolit 44 tubulointerstitial neph 1 Glomerulonephritis5 Obustructive 11 Policystic 4 HIVAN3 OTHER1 NOT KNOWN 68. The approach to the creation of a HD room is complex and depends on economic and social factors that in many cases are unapproachable, so the provision of adequate screening programs and registries is essential. Strategies to reduce burden and costs related to chronic kidney disease need to be included in nationalprogrammes for non-communicable diseases, and finally basic infrastructure for services must be strengthened at the primary care level for early detection and management of AKI and CKD .About 30% do not have coded staging, as well as proteinuria, so a training program is essential for the adequate follow-up of patients.

Conclusion

Despite the lack of data to recognize this fact is an extraordinary starting point for designing improvement strategies.

P015

DAY CARE UNIT IS THE CORE OF NEPHROLOGY DEPARTMENT

Aoun Manel, Barbouch Samia, Agrebi Sahar, CharguiSoumaya, Kaaroud Hayet, Hajji Meriam, Abderrahim Ezzedine

1 Department of Nephrology, Charles Nicolle Hospital,Tunis - Tunisia

Introduction

Kidney diseases are a public health issue. The Nephrology day care unit (DCU) offers an intermediate solution between inpatient and outpatient care. It can be tailored to specific situations that require the proximity ofmedical services without hospitalization. The objective of our work is to evaluate the usefulness of the day care unit in the management of Nephrology patients.

Methods

This is a retrospective, monocentric, and descriptive study conducted in our Nephrology department.included all patients followed at the DCU between January 1013 and December 1013.

Results and discussion

We collected data on 599 patients followed at our DCU over a period of one year. The sex ratio was 0.80 (Men: 167, Women: 331). The average age was 58±17.5 years.

We had 1,161 consultations, corresponding to 1.5-1 consultations per patient. The main reason for admission was outpatient blood pressure monitoring (16.5%, 159 patients), preparing for kidney transplantation (15.1%, 91 patients), and close monitoring prior to starting haemodialysis (7.5%, 45 patients). Additionally, 17 (4.5%) patients were followed for a recent worsening of creatinine levels. Patients referred for recent initiation ofimmunosuppressive protocols (methylprednisolone, cyclophosphamide IV, rituximab) accounted for 1.6% (16), 1.9% (18), and 0.8% (5), respectively. Monitoring of hypo-hyperkalaemia accounted for 0.4% (3). Finally, 18.8% (113) of our patients received medical procedures such as transfusions (0.8%, 5), albumin infusions

(1.8%, 11), intravenous iron treatments (11.9%, 78), and biopsies of accessory salivary glands in 3.18% (13) of cases. 50.1% of patients were referred from outpatient consultations, and 35.5% were referred from inpatient admissions. The average waiting time for a consultation was 1 weeks. The median follow-up time for our patients was 8 weeks. The indication for hospitalization was made in 16% of cases, 57.3% of patients were referred back to the outpatient clinic after stabilization and 10% were sub- sequently managed in the chronic haemodialysis unit.

Conclusion

The DCU is primarily aimed at patients who require regular and close monitoring, which helps avoid unnecessary visits to emergency departments for patients who can be safely managed in outpatient settings. It also provides timely care for patients with urgent nephrological needs, thus reducing prolonged hospitalizations and the associated risks.

P016

EVALUATION OF PROFESSIONAL PRACTICES OF DOSE ADJUSTMENT IN PATIENTS WITH RENAL FAILURE

Haj Belgacem Zina[1], Sellaouti Selim[1], Ben Mrad Nacef[1], Rachdi Emna[1], Jamoussi Amira[1], Jarraya Dorra[1], Ayed Samia[1], Ben khelil Jalila[1]

1 Department of Pharmacy, 1 Department of Respiratory ICU, Abderrahmen Mami Hospital, Ariana - Tunisia

Introduction

Renal failure (RF) alters drug pharmacokinetics from absorption to excretion, highlighting the need to adapt therapy to renal function. However, most prescribers rely on clinical markers rather than renal function to adjust doses. This highlights the importance of monitoring prescriptions for patients with renal failure. The aim of this study was to evaluate professional practices (EPP) for dose adjustment in patients with renal failure in the intensive care unit.

Methods

A descriptive prospective study was conducted in the respiratory intensive care unit, including patients with RF admitted between October and December 1014. The EPP focused on the compliance of prescribed doses, dosing frequency, and contraindications based on recommendations from the GPR site. Data were collected from medical records and online medication management systems, then analyzed using Excel® software. Creatinine clearance was calculated using the MDRD formula, and RF was defined as each value

Results and discussion

The study analyzed 310 prescriptions, averaging 9 items per prescription, for 33 patients with RF,predominantly male (sex ratio M/F: 1.7). The mean age was 63±18 years (range: 17–84). Overall RF prevalence was 50%, with a predominance of functional acute renal failure (56.8% of cases) and limited need for hemodialysis (18.1% of patients). Regarding antibiotic prescriptions, 54.8% of prescriptions included at least one antibiotic, mainly in dualtherapy (47.6%). The most prescribed antibiotics were colistin and cilastatin, primarily for acute pneumonia (61,1%). Most prescriptions (63,5%) met the guidelines. However, cefotaxime and cilastatin demonstrated the highest rates of non-compliance (87.5% and 70.5%, respectively). The main causes of these discrepancies (46%) were high daily doses with a regimen of excessively frequent administration.

Conclusion

This EPP highlighted that current antibiotic dosing in renal failure is generally consistent with guidelines.However, practices could be further optimized through the implementation of clear and accessible protocols to facilitate adherence to the recommended dosing adjustments.

P017

HOSPITALIZATION PATTERNS IN NEPHROLOGY: OPPORTUNITIES FORCARE OPTIMIZATION AND RESOURCE ALLOCATION

Keraani Lynn, Ben salem Mariem, Ben mahmoud Nouha, Ben salah Manel, Bchir Sirine, Hamouda Mouna, Letaief Ahmed, Skhiri Habib

Departement of Nephrology, Diialysis and Kidney Transplantation, Fattouma Bourguiba University Hospital,Monastir - Tunisia

Introduction

Hospitalization patterns in the Nephrology services reflect the complex and multifaceted nature of kidneydiseases and their management. Our study aims to identify the primary reasons for hospitalization in our nephrology department and to analyze the demographic and clinical characteristics of the patients admitted.

Methods

We conducted a retrospective analysis of hospital records from August 1014 to October 1014 in theNephrology department of Fattouma Bourguiba University Hospital of Monastir. Data from 361 consecutive admis- sions were included. The collected variables were the primary reason for hospitalization, patient demographics: age, sex, gender. We have also included in our analysis the period of hospitalization, comorbidities, diagnosis, and the speciality of the referring physician.

Results and discussion

Among the 361 admissions, the most common reasons for admission were chronic kidney diseaseexacerbations (37.5%), acute kidney injury (31.8%), nephritic syndrome (15.1%), and urinary tract infections (6.5%). Other notable reasons included hypertension- related emergencies (4.9%), glomerulonephritis (3.8%), and electrolyte disturbances (3.1%). The mean age of patients was 58 +- 16 years, with a male-to-female ratio of 1.1. The average period of hospitalization was 7+- 3 days. Referrals were predominantly from fellownephrologists (37%) and general practitioners (13%), followed by emergency departments

(11%) and other specialists (19%).

Conclusion

The findings offer valuable insights into hospitalization patterns, helping to inform resource allocation, optimize care delivery, and shape strategies for improving patient outcomes and healthcare planning.

P018

SURVEY ON PSYCHIATRIC CHALLENGES IN NEPHROLOGY: INSIGHTS INTO NEPHROLOGISTS' KNOWLEDGE, PRACTICE AND TRAINING NEEDS

Dahmane Rihem[1], Von Tokarski Florent[2], Hertig Alexandre[2]

1 Nephrology Department, Sahloul Hospital, Sousse - Tunisia,

2 Nephrology Department, Foch Hospital, Paris - France

Introduction

The management of patients with severe mental illnesses undergoing dialysis poses significant challenges, highlighting the need for enhanced psychiatric support and specialized training for nephrologists. This study explores nephrologists' knowledge, attitudes, and practices regarding psychiatric care in Nephrology.

Methods

A questionnaire was distributed to nephrologists between September 5 and December 11, 1014, with 158 fully completing the survey. The questionnaire assessed knowledge of patients' legal rights, theoreticalpsychiatric knowledge, and clinical experiences.

Results and discussion

Only 38.9% of nephrologists correctly identified that patients under guardianship retain the right to designate a healthcare proxy. While most respondents viewed their initial psychiatric training as adequate, 66.9% felt it was insufficient for current clinical demands. Among those without psychiatric internship experience, 84% be- lieved such training could have positively influenced their approach to patients with severe mental illnesses. Additionally, 90% expressed interest in further education, such as webinars on managing psychotic patients in Nephrology. In clinical practice, 91.3% of nephrologists adapt their management for patients with severe mental illnesses. However, 76.4% reported fear of losing control in cases of patient agitation, and 53% avoided discussingcertain topics to prevent adverse reactions. Psychotic illnesses were considered an obstacle to peritoneal dialysis for half of respondents, and only 16.6% would recommend kidney transplantation for patients with heteroag- gressive behavior. Moreover, 81.1% felt uncomfortable managing antipsychotic and sedative treatments. Ac- cess to psychiatric care was limited, with only 43% of Nephrology centers having easy access to a psychiatrist.

Conclusion

There is a pressing need for better psychiatric support in Nephrology practice and for psychiatric trainingtailored to nephrologists. Enhancing access to psychiatrists, developing training programs, and equippingnephrology teams with additional resources could improve care for dialysis patients with severe mental illnesses.

P019

TELEMEDICINE AND CARE COORDINATION : A NEW MODEL FOR HEMODIALYSIS PATIENTS IN RURAL AREAS

Berrada Sara

Public, Hassan II University Hospital, Fes - Morocco

Introduction

The medical reality in Morocco presents a particular challenge in the quality of care: numerous hemodialysis centers have no nephrologists, compromising access to quality care for many patients dependent onhemodialysis treatment. This disparity led our institution to adopt an innovative approach to ensure equitable access to care for those patients living in rural areas. We have implemented the "Spectator Healthcare Technology" telemedicine to support the remote dialysis center in Beni Tadjit.. This strategic decision aims to overcome geographical barriers and offer remote specialized medical consultations, including the follow-up of hemodia- lysis patients. The installation of this technology aligns with our commitment to improving the accessibility and quality of healthcare for all our patients.

Methods

The primary objective of the study was to evaluate the effectiveness and acceptability of the remote monitoring system in the medical care of dialysis patients without direct medical supervision. Several parameters were assessed, including user-friendliness, effectiveness in coordinating care, ability to improve access to medical services, the frequency and quality of interactions between medical teams, the speed of responses to patients' needs, overall patient and medical staff satisfaction, and the identification of challenges and opportunitiesassociated with this approach

Results and discussion

Preliminary results from the study show that implementation of telemedicine has facilitated effectivecommunication between the nurses of the remote dialysis center and the nephrologists . The exchange of essential medical information was easier, allowing for more efficient and individualized management of hemodialysis patients. Moreover, remote patient monitoring was optimized, enabling to quickly detect any issues or changes in patients' health conditions and make necessary adjustments to their treatment.

-Patients expressed increased satisfaction with this new system, particularly highlighting the convenience of being able to communicate with their medical team without needing to travel to the hospital.

Conclusion

In conclusion, the study demonstrated that the implementation of a new telemedicine between the Nephrology department and a hemodialysis center in Beni Tadjit has contributed to improving the quality of care,interdisciplinary coordination, and the satisfaction of both patients and medical staff. This innovative approach opens new perspectives in patient care, emphasizing communication and collaboration among various healthcare stakeholders.

P020

PHARMACEUTICAL INTERVENTIONS IN RENAL IMPAIRMENT: CLINICAL AND ECONOMIC IMPACT

Beji Zaineb[1], Ben Romdhane Tounes[1], Hajji Hekma[1],Rassas Rania[1], Sellami Fatma[2], Abassi Ayme[2]

1 Department ofPharmacy, Sahloul University Hospital, Sousse

2 Department of Pharmacy, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

The kidney plays a major role in the elimination of many drugs, and alterations in this function, whether acute or chronic, significantly influence the pharmacokinetics of these drugs, thereby increasing the risk of toxicity. The aims of this study were to analyze pharmaceutical interventions (PIs) leading to dosage adjustments in patients with impaired renal function, and to estimate their impact.

Methods

This was a prospective study conducted over six months in three clinical departments at Hôpital Charles Ni- colle, Tunis. Following the pharmaceutical analysis of computerized prescriptions for patients hospitalized in the internal medicine, gastrology and general surgery departments, we analyzed the PIs describing dosage adjustments according to the pharmaceutical intervention form of the French Society of Clinical Pharmacy (SFPC). We then assessed the clinical and economic impact of these PIs according to the CLEO scale pro- posed by the SFPC. All data were entered and processed in Excel software.

Results and discussion

total of 119 IPs were performed. They were distributed by department as follows: general surgery A (n=80), internal medicine A (n=106) and gastroenterology (n=33). A predominance of women was noted, with a sex ratio of 0.9.

Among PIs, 33.3% had a clearance of less than 15ml/min/1.73m1 and 11% of cases had a clearance of bet- ween 15-19ml/min/1.73m1. The drugs involved were mainly systemic anti-infectives (67.6%) and heparins (16.4%). The assessment of clinical impact, according to the CLEO scale, was considered moderate, major and vital respectively in 16%(n=57), 59%(n=119) and 4%(n=9)of PIs, and the economic impact of PIs was estimated to be positive at +1E in 63%(n=138) of PIs. Interventions were accepted in 73.5% of cases.

Conclusion

This work highlights the role of the clinical pharmacist in the therapeutic management of patients suffering from chronic kidney disease or with acute impairment of renal function, and in guaranteeing treatment efficacy while minimizing the risk of toxicity. It also highlights their importance in optimizing clinical and economic impact

P021

CONTRIBUTION OF FAMILY MEDICINE RESIDENTS IN NEPHROLOGY DAY HOSPITAL

Khemiri Manel, Aoudia Raja, Ferjani Seif, Hadded Sarra, Moalla Mehdi habib, Jerbi Mouna, Bettaieb Asma, Khadhar Mariem, Gaied Hanene, Goucha Rim

Department of Nephrology, Mongi Slim Hospital, Tunis - Tunisia

Introduction

Nephrology department rotations are primordial to the training of Family Medicine residents. Their task is to manage the Day Hospital Unit (DHU), which is an intermediate step between outpatient consultation and hos- pitalization and a solution for providing care without the need for a long hospital stay. The aim of this study is to highlight the role of family medicine residents in Nephrology departments

through the activity of the DHU and its contribution to patient care

Methods

We conducted a retrospective, monocentric and descriptive study in our Nephrology department. We included patients who were managed at the DHU from its inauguration on the 8th of April 1011 until the 13th of De- cember 1014.

Results and discussion

We collected data on 170 patients with a mean age of 59.3 and a sex ratio of 1.75. Patients were referred from outpatient consultation (47%), the emergency department (16.7%), the Nephrology hospitalization unit (17.4%) the cardiology department (3.3%), the pneumology department (1.1%), an outside nephrologist (1.5%), or other departments (3%). The main reasons for admission were investigations of kidney disease (17%), close monitoring before the start of dialysis and its preparation (11.9%), follow up of a recent deterio- ration of creatinine levels (11.5%), administration of immunosuppressant treatment (8.9%), and clinical reas- sessment (8.1%). Other reasons were the treatment of hypo or hyperkalemia (5.1%), ambulatory measurement of blood pressure (3.3%), transfusion (1.1%), pre-transplant evaluation (0.7%) and screening (0.7%).

Conclusion

By working in the DHU, the Family Medecine resident is able to provide regular and close monitoring of pa- tients with chronic kidney disease, avoiding long hospital stays and their consequences, thus achieving clinical and educational goals and contributing to the productivity of the Nephrology department.

P022

ECONOMIC EVALUATION OF THERAPEUTIC PLASMAPHERESIS TECHNIQUES IN NEPHROLOGY

Meftah Mabahej, Ben hammamia Rania, Chelly Faten, Hajjem Alia, Denguir Nouha, Enneb Zeineb, Ayed Ahlem, Felfel Hajer

Department of Pharmacy Pharmacy, Mongi slim hospital, Marsa Tunis - Tunisia

Introduction

Plasma exchange is an apheresis procedure that rapidly removes high molecular weight pathogenic subs- tances through filtration or centrifugation. In Nephrology, it is indicated for Goodpasture syndrome, ANCA-as- sociated vasculitis in cases of severe renal failure, and thrombotic microangiopathies. This study aimed to evaluate the economic impact of plasmapheresis techniques in Nephrology within a University hospital cen- ter.

Methods

This was a prospective, single-center study conducted in the pharmacy department of Mongi Slim Hospital over a period from May 1, 1013, to December 15, 1014. The production cost of a plasma exchange (PE) ses- sion was evaluated by considering sterile medical devices and substitution solutions, such as human albumin. The price of albumin 10 % vialis is $35, while the cost of a PE kit is $166.

Results and discussion

The evaluated population consisted of 11 patients, with a sex ratio of 1,1. The indications for plasmapheresis were ANCA-associated vasculitis in 54.5 % of cases, Goodpasture syndrome (17.3%), Wegener's disease (9.1%) and Acute humoral kidney rejection (9.1%). During the study period, each patient underwent an ave- rage of 10,3 plasma exchange (PE) sessions. A total of 17.3 % of patients did not complete all their scheduled sessions: one case due to death, another due to a poor prognosis, and one patient who had already received sessions in another facility. The average consumption per session was 11,1 vials of albumin and 1 plasma- pheresis kits. The cost of a single PE session was estimated at $661, while the total cost of plasmapheresis management per patient was estimated at $6 808.

Conclusion

The results revealed the high cost of managing a patient undergoing plasmapheresis. However, this technique remains more cost-effective compared to immunoglobulins, which are significantly more expensive.

P023

EPIDEMIOLOGY OF CHRONIC KIDNEY DISEASE IN THE NEPHROLOGY AND HEMODIALYSIS DEPARTMENT OF THE CHU DU POINT- G, BAMAKO (MALI).

Seydou Sy[1], Djibril Sy[1], Hamadoun Yattara[1], SaharéFongoro[1], Magara Samaké[2], Aboubacar Sidiki Fofana[2], Djénéba Maïga[2], Modi Sidibé[2], Alkaya Touré[2], Moustapha Tangara[2]

1 Faculty of Medicine, University of Technical Sciences and Technology (USTTB),

2 National Center for Scientific and Technological Research (CNRST), Bamako & Kayes -Mali

Introduction

Chronic kidney disease (CKD) is a truly global public health problem. The aim was to determine the frequency of CKD, identify markers of kidney damage, aetiologies and prognostic factors.

Methods

Retrospective, prospective, descriptive study from 1 January 1011 to 31 December 1011. It focused on patients hospitalised in our department during the study period for CKD defined by the presence of more than 3 months of CKD (GFR <60ml/min/1.73m²) and or a biological abnormality (haematuria, leukocyturia, proteinuria) and or a morphological abnormality (renal atrophy, renal lithiasis, lumpy kidneys, single kidney, transplanted kidney, renal cysts) and or a renal histological abnormality.

Results and discussion

Among 709 patients, 351 presented with CKD, representing a hospital frequency of 49.50%, 95.16% of whom were at the CKD stage. The mean age was 38.09 ± 15.168 years. The sex ratio was 1.4. High blood pressure was the main antecedent in 59.8% of cases. Impaired renal function was the reason for consultation in 88.6% of cases.Biological markers of renal impairment were : CKD 95.16%, proteinuria (n=131) 13.06% associated with nephrotic syndrome in 4.84%, haematuria (n=138) 18.90%, leukocyturia (n=138) 50.4%. Morphological markers were : renal atrophy 69.9%, renal lithiasis 3.47%, simple renal cysts 7.11%, polycystic kidney disease 1.6%.According to CKD-EPI 1011, CKD was classified as stage 1 (1.8%), stage 1 (1%), stage 3A (1.1%), stage 3B (1.3%), stage 4 (4.6%) and stage 5 (87.1%), with dialysis required in 58.1% of cases. The indications for dialysis were poorly tolerated uraemia (66.17%), hyperkalaemia (18.14%), PAO (7.35%), anuria (5.40%) and metabolic acidosis (1.94%). The main aetiologies were : benign nephro-angiosclerosis 33.04%, idiopathic GNC 15.91%, NTIC 11.68%, HIVAN 3.13%, diabetic nephropathy 1.84%. Poor prognostic factors were severe sepsis 51.08%, hyperkalaemia 10.83%, PAO 14.59%, severe anaemia 11.5%. The death rate was 13.68%.

Conclusion

This study shows that chronic kidney disease is very common. Patients are seen at a very advanced stage, so prevention is necessary at all levels in order to improve their vital prognosis. Key words : Epidemiology, chronic kidney disease, CKD, Mali.

P024

THE BURDEN OF CHRONIC KIDNEY DISEASE AMONG THE LIBYAN POPULATION: A RETROSPECTIVE SINGLE CENTER STUDY

Nada Elbibi

Department of Internal Medicine, Misurata University, Misurata - Libya

Introduction

kidney disease (CKD) is a major global health concern, with increasing prevalence in many populations. In Libya, limited studies have assessed the incidence and burden of CKD. This study aims to evaluate the incidence, etiology, stages at diagnosis, and disease progression of CKD in Libyan patients attending a Nephrology outpatient department (OPD) over a two-year period.

Methods

A retrospective study was conducted at Misurata Medical Center, Libya, from January 1011 to December 1013. The medical records of 100 new CKD cases out of 750 registered patients attending the Nephrology OPD were analyzed. Data collected included demographics, etiologies, CKD stages, albumin-to- creatinine ratio (ACR), and comorbidities. Statistical analysis was performed using SPSS software.

Results and discussion

A total of 100 new CKD cases were identified, yielding an incidence rate of 16.67%. The study population consisted of 109 males (54%) and 91 females (45.5%), with a mean age of 55–56 years. The most common etiologies were diabetes mellitus (64.5%), hypertension (11.5%), chronic glomerulonephritis (8%), and polycystic kidney disease (PKD) (8%). Additionally, 9% of patients had a family history of kidney disease. At diagnosis, 35% of patients were classified as having stage 3b CKD, indicating moderate to severe kidney dysfunction. The albumin-to-creatinine ratio revealed that 71% of patients had stage A3, reflecting significant proteinuria. During the study period, 30% of patients progressed to stage 4 CKD, and 4% required hemodialysis.

Conclusion

The findings of this study highlight the significant burden of CKD in Libya, with diabetes as the primary cause of the disease. These results emphasize the need for early detection, better management strategies, and targeted interventions to address the rising incidence of CKD and slow its progression.

P025

EPIDEMIOLOGIC PROFILE OF URINARY INFECTIONS IN CHRONIC RENAL FAILURE PATIENTS

Mayssa Hadj Brahim[1], Sawssen Gmati[2], Jihene Chelly[3], Asma Hadhri[1],Amel Ayed[1],Lazher Jaballah[1], Zohra Elati[1]

1 Department of Nephrology, 2 Department of Family Medicine,

3 Department of Infectiology, Taher Sfar Hospital Mahdia - Tunisia.

Introduction

Urinary tract infection represents a frequent reason for consultation and hospitalization in the general population, including chronic renal failure patients whose management requires better knowledge of the clinical, microbiological and progressive profiles in order to guarantee optimal care. Our objective is to determine the epidemiological, clinical, microbiological, therapeutic and progressive characteristics of urinary infections in chronic renal failure patients.

Methods

It was a cross-sectional study over a period of 5 years (1018-1011) including patients hospitalized for documented urinary tract infection at the medicine department of Taher Sfar Mahdia University Hospital. The collected patients were divided into two groups according to their baseline creatinine clearance (group I: GFR <60 ml/min/1.73 m² and group II: GFR ≥ 60 ml/min/1.73 m²).

Results and discussion

In total, 107 episodes of urinary infection were included (group I: 50 patients and 54 hospitalizations; group II: 146 patients and 151 hospitalizations). The average age of patients in group I was significantly older than patients in group II (71.14 years vs 53.11 years p<0.001) with a female predominance in both groups. The average baseline creatinine was 180.81umol/l. Arterial hypertension, dyslipidemia and diabetes were significantly more frequent in patients in group I (p<0.001, p=0.001 and p=0.034 respectively). Deterioration of general condition and diarrhea were significantly present in group I (p=0.009 and p=0.016). Regarding urine cultures, E coli was the most isolated germ. It was more common in group II patients (p<0.001). The resistance rate of E. coli to antibiotics higher for cotrimoxazole and ofloxacin (p=0.041 and p=0.035). C3Gs were prescribed in (74.9%) of cases, followed by carbapenems in (11.1%) in case of resistant strains. The multivariate analysis concluded that patients in group I are significantly older (p<0.001) and require a longer duration of hospitalization (p=0.018). The presence of urinary frequency and lower back pain are significantly more frequent in group II patients (p=0.017 and p=0.007) as well as for the isolation of E. coli (p=0.003).

Conclusion

There were some epidemiological, clinical and microbiological particularities of urinary infections between CKD and those with normal renal function although there was no particular severity. However, other prospective studies are necessary in order to plan better care.

P026

EPIDEMIOLOGICAL, CLINICAL, PARACLINICAL, THERAPEUTIC AND PROGNOSIS PROFILE OF PATIENTS LIVING WITH HIV AND PRESENTING WITH RENAL IMPAIRMENT

Zeinabou Maiga Moussa Tondi[1], Bonkano Baoua Djibrilla[1], Abdou Ide[1], Adehossi Eric Omar[2]

1 Department of Nephrology, Hemodialysis, Amirou Boubacar Diallo National Hospital,

2 Department of Internal Medicine, General Hospital, Niamey - Niger

Introduction

HIV infection is a pandemic. The incidence of both acute and chronic renal failure is high inHIV-infected patients. The aim of the study is to contribute to improving the management of patients living with HIV and presenting with renal impairment.

Methods

This was a prospective, descriptive and analytical multicenter study of 113 cases over a 30-month period from January 1011 to June 1014 in three centers (national hospital of Niamey, Amirou Boubacar Diallo national hospitaland the outpatient treatment center). All hospitalized patients with acute or chronic renal failure with HIV were included.

Results and discussion

The frequency was 15.61%. The 51 to 65 age group was the most affected, with 41.59%; the average age was 49.14. Males were most affected, with 56.65% and a sex ratio of 1.3. 58.56% of patients were married. We recorded 69.09% HIV1 ; 56.63% ARF and 43.37% CKD. HIV and hepatitis B co-infection was found in 6.3% of cases. ARV treatment consisted of the TDF-3TC-DTG combination in 61.33%; 11.14% of patients had benefited from hemodial-

ysis. Mortality was 7.08%. Renal involvement was associated with advanced age (P-value=0.0087), male sex(P-value=0.0163), and ARV treatment with the TDF 3TC DTG protocol (P-value=0.001).

Conclusion

Kidney damage in HIV patients on antiretroviral therapy was very common at national hospital of Niamey, Amirou Boubacar Diallo national hospital and outpatient treatement centre in Niamey. They affected married male adults infected with HIV1, some of whom were co-infected with hepatitis B virus. Asthenia, vomiting and oral candidiasis were the main signs found. Renal damage was dominated by acute functional renal failure and glomerular nephropathy (HIVAN). TDF-3TC-DTG triple therapy was the most widely used first-line ARV protocol. Renal failure was managed with rehydration and sometimes hemodialysis. An association was found between age, gender, ARV treatment with TDF 3TC DTG and renal impairment.

P027

CLINICAL AND PARACLINICAL PROFILE OF PATIENTS STARTING HEMODIALYSIS IN THE FIRST HALF OF 1013 IN CONAKRY

Aminata Diallo[1], Bangoura Soriba[1], Camara Mohamed Lamine Téguì[1], Sidibe Marthe[1], Tolno Abou[1], Balde Mamadou Saliou[1], Diakite Fousseny[1], Bah Alpha Oumar[2], Kaba Mohamed Lamine[1]

1 Donka National Hemodialysis Center

2 Department of Nephrology, National Hospital Donka, Conakry - Guinea

Introduction

The objective of our study was to determine the clinical and paraclinical characteristics of hemodialysis patients six months after initiating extracorporeal renal replacement therapy.

Methods

We included patients undergoing hemodialysis at the public center of Donka in Conakry from January 1 to June 30, 1013. Cases of acute kidney injury were excluded.

Results and discussion

Out of 179 chronic hemodialysis patients, 136 were new (49%), while 143 were established patients (51%). Among the new dialysis patients, 116 (85%) were undergoing chronic hemodialysis. The male-to-female ratio was 0.8, with 54 men (47%) and 61 women (53%). The mean age was 40 years [16–85]. Presumed nephropathies, in the absence of histological evidence, were vascular (53%), glomerular (18%), diabetic (16%), and tubulointerstitial (3%). The main clinical signs were oliguria/anuria (61%), edema syndrome (59%), nausea and vomiting (51%), dyspnea (46%), epigastralgia (34%), hiccups (17%), agitation and consciousness disorders (13%), and pruritus (9%). The mean hemoglobin level was 7 g/dl [4–11], mean potassium level was 4.9 mmol/l [3–8], and mean calcium level was 1.8 mmol/l [1–3]. The rate of viral infections was 7% for hepatitis B, 3% for hepatitis C, and 5% for HIV infection. Dialysis was initiated via a central venous catheter as an initiation modality in 97% of cases. The mortality rate was 13%, with 17 deaths out of 116 patients.

Conclusion

The lack of histological diagnosis for initial nephropathies and the widespread use of central venous catheters at dialysis initiation should be addressed to improve patient survival.

P028

PATHOLOGICAL AND ETIOLOGICAL ASPECTS OF THE FIRST NEPHROPATHIES BIOPSIED AT THE TREICHVILLE UNIVERSITY HOSPITAL.

Sery Patrick Olivier Diopoh[1], Aka Marie Josiane[2], Ouattara Kolo Claude[1], Aka Affi Astrid Jean[1], Konan Serge Didier[1], Kouadio Marie Dominique[1], Guei Monlet Cyr[1], Yao Hubert[1]

1 Department of Nephrology, Felix Houphouet Boigny University, Abidjan, Côte d'Ivoire,

2 Department of Nephrology, Treichville University Hospital, Abidjan - Côte d'Ivoire

Introduction

The renal biopsy is an essential step in the study of kidney disease, both in diagnosis and in therapeutic choice.

Methods

This was a prospective, descriptive and analytical study with data collection from May 16, 1011 to May 16, 1013.

Results and discussion

During our study, we collected 36 biopsies of all ages, representing a prevalence of 11.3%. The average age was 38 with a female predominance. The main reason for referral was alteration of renal functions (77.8%). Segmental and focal hyalinosis was the most common lesion in males whose age was less than 40 years. The most listed etiology was malaria followed by HIV and hypertension.

Conclusion

The renal biopsy has a diagnostic and therapeutic contribution. Our study had several limitations.

P029

PROFILE OF PATIENTS SEEN AT THE ABENGOUROU REGIONAL HOSPITAL (CÔTE D'IVOIRE) FOR KIDNEY DISEASE

Sery Patrick Olivier Diopoh[1], Ouattara Kolo Claude[1], Meless Roger[2], Konan Serge Didier[1], Kouadio Marie Dominique[1], Ophelia Gnamon[1], Ouhio Adelin[1], Yao Hubert[1]

1 Department of Nephrology, Felix Houphouet Boigny University, Abidjan - Côte d'Ivoire,

2 Department of Nephrology, Regional Hospital Center of Abengourou - Côte d'Ivoire

Introduction

Kidney disease is responsible for excess mortality and morbidity with considerable health costs. The objective of this study was to determine the profile of patients suffering from kidney disease at the Abengourou Regional Hospital Center.

Methods

This is an analytical study covering patients seen in consultation from January 3rd, 1011 to March 1st, 1011 at the Abengourou Regional Hospital Center.

Results and discussion

During the study period, we collected 170 patients with a mean age of 48.68 ± 16.84 years and ranges of 7 and 87 years. We observed a male predominance with a sex ratio of 1.01. Antecedents such as high blood pressure (46.67%) and diabetes (11.85%) were found. The main clinical sign was hypertensive surge (50.37%). 59.63% of patients had CKD, stage 5 of CKD was observed in 79.50% of patients suffering from CKD. AKI was observed in 40.37% of patients, 11.93% were at stage 3. Drug treatment was mainly based on antihypertensives (59.63%), antianemics (58.51%) and calcium (56.67%). Hemodialysis was indicated in 31.11% of our patients but only 8.13% of patients for whom an indication was made underwent dialysis. The outcome was marked by death in 30% of cases. Factors such as unemployed, positive HIV serology, malignant tumors, clinical signs (anuria/oliguria, impaired consciousness, hypertensive surge and edematous syndrome), plasma uremia level 1g/l, anemia, hypocalcemia, CKD stage 5, AKI stage 3, glomerular injury were statistically associated with the risk of death in our patients.

Conclusion

Kidney disease is a real problem in the care of patients at the Abengourou Regional Hospital Center. Our study identified several risk factors. Prevention of kidney disease and its complications is possible.

P030

CHARACTERISTICS OF PATIENS PRESENTING WITH END-STAGE RENAL DISEASE: EXPERIENCE OF A NEPHROLOGY DEPARTMENT

Manel Khemiri, Raja Aoudia, Ben Kmicha Erij, Mouna Jerbi, Sarra Hadded, Hanen Gaied, Mariem Khadha, Asma Bettaieb, Rym Goucha

Department of Nephrology, Mongi Slim Hospital, Tunis - Tunisia

Introduction

In an emergency context, end-stage renal disease (ESRD) often presents with acute complications that prompt urgent medical evaluation, leading to its diagnosis.This study aims to explore the various clinical data of ESRD patients seeking emergency care without a known history of advanced renal disease.

Methods

We conducted a cross-sectional, descriptive study. We included patients who presented to the emergency unit with unmanaged advanced kidney disease, who were diagnosed as end-stage right away and had a follow up in our Nephrology department, between Juin 1011 (the inauguration of our department) and December 1014.

Results and discussion

We included 39 patients. The mean age was 51.8 years, with a sex ratio of 1.9. Hypertension was the most common chronic disease associated with ERSD (16 cases), followed by diabetes (18 cases) and coronaropathy (6 cases). Fluid overload (9 cases), severe metabolic acidosis (8 cases), hyperkalemia (4 cases), uremia (11 cases) and abdominal pain (4 cases) were the most common clinical presentation.The average blood creatinine level was 980 µmol/l [486-1900]. Calcemia was lower than 1 mmol/l in 11 cases. Phosphoremia was higher than 1 mmol/l in 11 cases. Twenty-nine patients had a hemoglobin (Hb) level below 9 g/dl including 4 patients with Hb ≤ 5g/dl. Fourteen patients underwent transfusion during dialysis.Renal biopsy was performed in 4 cases revealing advanced chronic nephropathies:1 cases of IgA nephropathy, 1 case of nephroangioscleriosis and one case of tubulointerstitial nephritis.

No decompensating factors were found in 14 cases. The ones identified were poorly controlled hypertension (5 cases), pneumonia (5 cases) and urinary tract infections (3 cases), dehydration (1 case) and injection of contrast agent (1 case). However, we noted no significant improvement after addressing the decompensating factors and the ESRD was nonetheless confirmed.19 patients chose hemodialysis while 9 chose peritoneal dialysis, and 1 patient died before being scheduled for regular dialysis.

Conclusion

Although diabetes and hypertension are the leading causes of chronic kidney disease, we continue to diagnose kidney failure at an advanced stage. This highlights the need for early screening to prevent complications.

P031

KNOWLEDGE ABOUT CHRONIC KIDNEY DISEASE IN NEPHROLOGY CONSULTATION: SERIES OF 80 PATIENTS AT CHU TANGIER

Elhammouti Mariam, Hanafi Houda, El Othemany Wafae, Bendriss Alami Soukaina, Bouchari Asmae, Assem Maryam

Department of Nephrology, Mohammed 6 University Hospital, Tanger- Morocco

Introduction

Chronic kidney disease (CKD) is a major public health issue, often poorly understood by the population, which delays diagnosis and management. A better understanding of symptoms, risk factors, and therapeutic options is crucial for improving prevention and care. This study aims to assess patients' knowledge about CKD in Nephrology consultations at CHU Tangier and highlight the importance of therapeutic education

Methods

This descriptive cross-sectional study included 80 patients attending Nephrology consultations at CHU Tangier between November and December 1014. Data were collected using a structured questionnaire focusing on patients' knowledge about CKD symptoms, risk factors, diagnostic methods, and treatment options. The results were analyzed using SPSS version 15.

Results and discussion

Among the 80 patients included, 61.5% were female, and the average age was 54 ± 10 years. Only 40% of patients knew at least two symptoms of CKD, such as edema or fatigue, and 38,7% were aware that hypertension and diabetes are major risk factors. Regarding diagnostic methods, only 35% of participants knew that creatinine measurement and GFR calculation are used to diagnose CKD. Concerning treatments, 85,8% of patients were aware of the main therapeutic options, such as dialysis and kidney transplantation.A significant correlation was found between lower education levels and lack of knowledge about CKD ($p < 0.05$). Therapeutic education was considered essential by 81% of participants for better disease management

Conclusion

This study reveals a significant lack of knowledge about CKD, particularly regarding therapeutic options like dialysis and kidney transplantation. Strengthening therapeutic education and raising awareness about these treatments could improve management, facilitate decision-making, and prevent long-term complications.

P032

EPIDEMIOLOGICAL, CLINICAL AND DIAGNOSTIC ASPECTS OF CHRONIC KIDNEY DISEASE AT THE LAQUINTINIE HOSPITAL IN DOUALA

Balepna Jean-Yves[1], Ngamby Vincent Ebenezer[1], Kaze François Jerome[2]

1 Department of Internal Medicine, Laquintinie Hospital, Douala - Cameroon,

2 Department of Internal Medicine, Faculty of Medicine and Biomedical Sciences, Yaoundé - Cameroon

Introduction

Douala's Laquintinie Hospital is the busiest health facility in Cameroon, with over 150,000 patients treated each year. A Nephrology unit has existed there since 1015, and chronic kidney disease is the most frequent pathology (44.55% of cases). We propose to describe the epidemiological, clinical and diagnostic characteristics of patients with chronic kidney disease at the Doula Laquintinie Hospital.

Methods

This was a five year retrospective descriptive study (March 1015 - February 1010). Data were collected on an information sheet and analysis performed on Microsoft Excel 1013 and SPSS statistics 15.0.0.0.

Results and discussion

A total884 files were studied and 731 included. The population was 1/3 male, with an average age of 54.14 years. On outpatientbasis 445 patients (60.8%) were seen ; 84.76% lived in the city of Douala. The reason for consultation was

elevated creatinine levels in 91.11% of cases. Hypertension (58.71%) and diabetes (31.11%) were the most common comorbidities. Altogether 37.1% of patients had stage 5 chronic kidney disease, 16.4% had stage 4 and 13.86% had stage 3. Diabetic nephropathy was responsible for 13.75% of patients, and chronic inflammatory diseases for 36.87%.

Conclusion

Men are more affected by chronic kidney disease than women, at a younger age, most often hypertensive, and in an advanced stage at diagnosis, with diabetes and chronic inflammatory diseases being the most common underlying nephropathies.

P033

ACCURACY OF KFRE IN PREDICTING KIDNEY FAILURE IN TUNISIAN KIDNEY DISEASE PATIENTS

Khouloud Hafi, Manel Ben Salah, Mariem Ben Salem, Nouha Ben Mahmoud, Sirine Bchir, Ahmed Letaief, Mouna Hammouda, Habib Skhiri

Department of Nephrology, Fattouma Bourguiba Hospital, Monastir - Tunisia

Introduction

Chronic kidney disease (CKD) is a major public health challenge. slowing down the progression of chronic kidney disease and controlling the associated risk factors is the key to managing chronic kidney patient. The Kidney Failure Risk Equation (KFRE) is a validated tool for predicting progression to kidney failure. This study aimed to evaluate the predictive accuracy of KFRE in a cohort of Tunisian CKD patients and its association with clinical outcomes.

Methods

Data were collected from medical records of CKD patients attending the Nephrology outpatient clinic at Fattouma Bourguiba Hospital in Monastir. A total of 107 patients, equally distributed between stages 3 and 4, were included. Demographic, clinical, and biological data were recorded in 1019, and KFRE score was calculated for 5-year outcomes. The occurrence of adverse events, mainly kidney failure requiring dialysis, was tracked over 5 years. Descriptive statistics and logistic regression were used to examine associations between KFRE and clinical outcomes.

Results and discussion

The cohort included 49.5% males and 50.5% females, with a mean age of 61.15 ± 13.68 years. The prevalence of hypertension and diabetes was 85.0% and 70.1% respectively. CKD stage distribution showed 49.5% in stage 3 and 50.5% in stage 4. Diabetic nephropathy was the leading cause, representing 36.4% of cases. The mean eGFR in 1019 was 31.93±11.15 mL/min/1.73m², mean albuminuria was 1650±1190 mg/g and the mean KFRE at 5 years was 31.05±31.56%. Adverse events occurred in 41.1% of the cohort. The mean KFRE score at 5 years was significantly associated with adverse events mainly dialysis. Logistic regression analysis revealed that KFRE was a strong predictor of adverse events (Odds Ratio [OR] = 1.060, 95% CI: 1.037–1.083, $p < 0.001$). Importantly, patients with higher KFRE at 5 years had a markedly increased risk of experiencing adverse outcomes within 5 years of follow up.

Conclusion

KFRE is a robust predictor of adverse outcomes in Tunisian CKD patients, highlighting its value in clinical risk stratification. These findings support the importance of regular risk assessment using KFRE to guide management and improve prognostic accuracy.

P034

OPTIMIZING CKD MANAGEMENT: A COMPARATIVE STUDY OF KFRE AND EGFR IN PREDICTING KIDNEY FAILURE IN TUNISIAN PATIENTS

Khouloud Hafi, Manel Ben Salah, Mariem Ben Salem,Nouha Ben Mahmoud, Sirine Bchir, Ahmed Letaief, Mouna Hammouda, Habib Skhiri

Department of Nephrology, Fattouma Bourguiba Hospital, Monastir - Tunisia

Introduction

Chronic kidney disease (CKD) progression is a major public health concern necessitating reliable risk prediction tools for effective clinical management. The Kidney Failure Risk Equation (KFRE) and the estimated glomerular filtration rate (eGFR) are widely used for assessing CKD progression. This study aimed to compare the accuracy of KFRE and eGFR in predicting adverse events, such as kidney failure requiring dialysis, in a cohort of Tunisian CKD patients.

Methods

Data were collected from medical records of CKD patients in the Nephrology outpatient clinic at Fattouma Bourguiba Hospital in Monastir. A total of 107 CKD patients, equally distributed between stages 3 and 4, were analyzed. Demographic, clinical, and biological data were recorded in 1019, and both KFRE and eGFR were calculated for 5-year outcomes. The incidence of adverse events, primarily kidney failure requiring dialysis, was tracked over 5 years. ROC curve analysis and logistic regression were used to com-

pare the predictive value of kidney failure of both tools.

Results and discussion

The cohort included 49.5% males and 50.5% females, with a mean age of 61.15 ± 13.68 years. Hypertension and diabetes were prevalent in 85.0% and 70.1% of patients, respectively. Diabetic nephropathy (36.4%) and nephroangiosclerosis (30.8%) were the most common causes of CKD. The mean eGFR in 1019 was 31.93±11.15 mL/min/1.73m², mean albuminuria was 1650±1190 mg/g and the mean KFRE at 5 years was 31.05±31.56%. Adverse events occurred in 41.1% of the cohort. The ROC curve analysis revealed that KFRE (AUC = 0.887) was significantly more accurate than eGFR (AUC = 0.161) in predicting kidney failure requiring dialysis. Logistic regression confirmed that KFRE was a strong predictor of adverse events (Odds Ratio [OR] = 1.060, 95% CI: 1.037–1.083, p < 0.001).

Conclusion

KFRE outperforms eGFR in predicting adverse outcomes in Tunisian CKD patients, showing its superior utility for clinical risk stratification. These findings emphasize the value of incorporating KFRE in routine CKD management for better decision-making.

P035

CKD REGISTRY: RETURNING TO GFR +ACR

Lucia Sobrino Diaz[1], N Clarisse[1], Bosenedje Chadrack[1], Madika Olivier[2], Shomba Rita[3], Burgueño Eduardo[3]

1 Department of Nephrology, Monkole Hospital, Kinshasa, RDC

2 Department of Internal Medicine, Monkole Hospital, Kinshasa, RDC

3 Department of Primary Care, Monkole Hospital, Kinshasa - RDC.

Introduction

It is known that albuminuria is a prognostic factor related to mortality, cardiovascular events, and progression of CKD to dialysis. The decrease in GFR is associated with an increase in cardiovascular disease (CVD), hospitalization, and mortality. Therefore, KDIGO recommendations encompases the screening for CKD in DM, HTN, established CVD, >60 years, obese individuals, first-degree relatives of hereditary CKD, urinary tract obstruction, nephrotoxic drugs like NSAIDs use, history of AKI, chronic infections, tumors, etc. with GFR and albuminuria- creatinine ratio (ACR) The study conducted in Spain by the group of Labrador et al., in which more than 307,000 analyses of more than 97,000 patients, determined that only 16.6% had albuminuria measurement, and for CKD stages 3a and 3b the percentage of ACR ascendeded to 17.1%, while for CKD stage 4, it was 13.4%. Among diabetics, only 37.7% had albuminuria. Objective: To determine the percentage of ACR requested from primary care and recorded in the database of a Hospital of RDC

Methods

Analysis of patients with CKD in the database Hospital of Monkole classified in stages 3a to 5 of KDIGO

Results and discussion

Although ACR is a normal measurement and it's usually evaluated, this parameter is not systematically recorded in the hospital data base, and we postulate three reasons: • Lack of awareness, as in the Spanish case • Cost of albuminuria that makes this screening is not evalauted • Details in the registry. Data collected at the Documentation Service of a Hospital is a key piece in order to apply health strategies. Establish training programs in primary care for a proper screening and follow-up of patients. Regarding the cost, the use of a urine strip with a colorimetric approximation can help to select patients who need a more detailed albuminuria determination,

Conclusion

The basis of the diagnosis and prediction of CKD progression requires the measurement of GFR and ACR, and for this, the use of urine strips as a screening method and a good data recording system can help to implement effective and efficient health measures

P036

DIRECT COST OF CARE OF PATIENTS IN RENAL FAILURE, HOSPITALIZED AT THE TREICHVILLE UNIVERSITY HOSPITAL

Ouattara Kolo claude, Diopoh Sery Patrick, Konan Serge Didier, Aka Affi Astrid, Kouadio Marie Dominique, Gnamon Ophelia, Ouohi Sahya, Sanogo Sindou, Yao Hubert

Deprtment of Nephrology, Treichville University Hospital, Abidjan - Côte d'ivoire

Introduction

It is reported in the literature that the management of renal failure is expensive. Objective: To evaluate the direct cost of caring for patients with renal failure, Hospitalized at the Treichville University Hospital.

Methods

We carried out a partial medico-economic evaluation fo-

cused on direct costs for patients with renal failure Hospitalized at the Treichville University Hospital from August to December 2021. This evaluation wasassociated with a cross-sectional study with analytical purposes.

Results and discussion

During the study period, we collected 75 cases of IR with a female predominance (sex ratio = 0.87) and the average age was 45.11 years. The socio-economic level of patients was low in 59% of cases. Management of IR depended on the stage of the disease and associated pathologies.The cost of care was broken down into direct medical costs linked to treatment of the disease and its comorbidities and direct non-medical costs linked to transport, communication and catering costs. The average direct cost of caring for patients with renal failure Hospitalized at the Treichville University Hospital was 2890 euros , 65% of which was linked to hemo- Dialysis. The daily cost was around 109 euros. This cost increased from 111 euros (if Dialysis in the public) to 249 euros (if Dialysis in the private sector). In multivariate analysis by logistic regression, the cost increased by 266 euros if the patient had hypertension (p= 0.035) and by 280 euros (p= 0.03) when the patient was infected with HIV.

Conclusion

The cost of treating IR is very high for a population with a low socio-economic level, increased by the treatment of hypertension and HIV infection.

AFRAN 2025 CONGRESS
Tunis, Tunisia - April 15 - 18, 2025

II- CLINICAL NEPHROLOGY

1- GLOMERULONEPHRITIS

P037

EFFECT OF OBESITY ON CYCLOSPORINE BLOOD TROUGH LEVEL IN NEPHROTIC SYNDROME PATIENTS

Abdelaziz Enas[1], Naga Yasmin[2], Alaa Noha[1], El Goweilli Hanan[3]

1 Department of Clinical Pharmacy,

2 Department of Nephrology, Alexandria Main University Hospital, Faculty of Medicine,

3 Department of Pharmacology, Faculty of Pharmacy Alexandria University - Egypt

Introduction

Nephrotic syndrome results from different glomerular diseases, like primary MN, MCD, FSGS, and MPGN, or secondary systemic diseases. Most need immunosuppressants, including corticosteroids and other agents like cyclosporine (CsA). CsA is a lipophilic agent with a narrow therapeutic index. Its plasma distribution is mainly in lipoproteins. Obese patients have a risk of cyclosporine toxicity due to high lipoprotein concentration. Obesity decreases the expression and activity of CYP3A4. So, our aim was to investigate the impact of body weight on CsA trough levels and to explore the effective, safest, and optimum weight-based dose in these patients.

Methods

64 nephrotic patients were allocated to 32 case/obese patients with BMI > 25 kg/m² and 32 non-obese control patients with BMI ≤ 25 kg/m². The baseline anthropometrics, uPCR, s.Cr, B.urea, and CBC were measured. The CsA dose was given at 3 mg/kg/day in two divided doses based on actual body weight (ABW). After the first month, the CsA trough level (C0), lipid profile, thyroid profile, and uPCR were measured. If the C0 didn't reach the target level according to KDIGO guidelines, the CsA dose was modified. The follow-up of C0, uPCR, and the dose modifications were repeated till achieving the target uPCR for 3 to 6 months. The effective C0 at effective CsA dose and other variables were statistically analyzed using the IBM SPSS software version 26.0

Results and discussion

For obese patients, there was a positive correlation between C0 and the standard adjusted dose by ideal body weight (IBW) (r = 0.426, p = 0.015) and by adjusted body weight (AjBW) (r = 0.379, p = 0.033), also with HDL level (r = 0.44, p = 0.012), and with TSH level (r = 0.449, p = 0.01). When comparing the effective dose that achieved target C0 to doses calculated based on different weights, doses adjusted by IBW (R2 = 0.893) and AjBW (R2 = 0.840) were the best performers in obese patients.

Conclusion

IBW and then AjBW are superior to ABW and might be the optimum parameters for effective CsA weight based doses in obese nephrotic patients.

P038

CORTICOSTEROID-INDUCED DIABETES IN NEPHROLOGY

Dabbech Ghada[1.2], Chaker Hanen[1.2], Agerbi Ikram[1], Masmoudi Mondher[1.2], Ben Hamad Mayeda[3], Ben Hmida Mohamed[1.2], Marzouk Sameh[3], Kammoun Khawla[1.2]

1 Department of Nephrology, Hedi Chaker University Hospital - Sfax

2 Renal Pathology Research Laboratory LR19ES11, Faculty of Medicine, Sfax

3 Department of Internal Medicine Hedi chaker University Hospital, Sfax - Tunisia

Introduction

Systemic corticosteroid therapy is frequently used in Nephrology. However, it isn't devoid of side effects in the short, medium and long term. Corticosteroid-induced diabetes is a well-known and important entity that needs to be recognized to prevent complications. We focused on the clinical and evolutionary profile of patients with corticosteroid-induced diabetes in Nephrology.

Methods

It is a retrospective study carried out between the 1st of January 2007 and 31 December 2023, includingpatients admitted to the Nephrology unit who developed diabetes after systemic corticosteroid therapy.

Results and discussion

We identified 10 patients (7 females and 3 males) with a mean age of 48 ± 16 years [23-70 years]. One patient was obese and 5 had a family history of diabetes. Corticosteroid therapy was indicated for: extra capillary glomerulonephritis in 4 cases, lupus nephropathy in 2 cases, myeloma in 2 cases, nephrotic syndrome in 1 case and IgA nephropathy in 1 case. Corticosteroids boluses were used in 8 cases. The mean time between the start of corticosteroid therapy and the discovery of diabetes was 39 ± 51 days [2-150 days]. Insulin therapy was required in four patients, oral an-

tidiabetics in two and diet in four. Half of the patients developed long-term diabetes, 4 regressed their dia- betes and 1 died.

Conclusion

Corticosteroid is the cornerstone treatment of certain nephropathies and systemic diseases. New cortisonsparing treatments reduce the incidence of complications, especially diabetes. Careful screening and monitoring of patients requiring corticosteroid therapy is the best guarantee of a favorable outcome.

P039

OPTIC NEURITIS IN SYSTEMIC LUPUS ERYTHEMATOSUS: A CASE REPORT

Nour El Houda Driss[1], Hela Jbali1, Mami Ikram[1], HibaGhabi1, Syrine Tlili[1], Mariem Boukthioua[1], Lamia Rais[1], Fethi Ben Hamida[2], Mohamed Karim Zouaghi[1]

1 Department of Nephrology, Dialysis and Kidney Transplantation, La Rabta Hospital, Tunis -Tunisia

2, Renal Pathology Research Laboratory LR00SP01 Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Systemic lupus erythematosus (SLE) is a multifaceted autoimmune disease marked by inflammation and tis- sue damage across multiple organs. Ocular involvement occurs in up to one-third of cases, with manifestations ranging from inflammatory to thrombotic or infectious. Optic neuritis, however, is a rare neurologic complica- tion, affecting only about 1% of SLE patients.

Methods

We report a case of a young girl who presented with a rare ophthalmic complication of lupus.

Results and discussion

We report the case of a 16-year-old female with SLE and renal involvement, diagnosed as proliferative me- sangial lupus glomerulonephritis. Regular ophthalmologic monitoring revealed significant optic nerve damage with an altered visual field, confirmed by delayed P100 latency on visual evoked potential testing. MRI of the brain and orbits showed supratentorial white matter abnormalities and asymmetry with mild atrophy of the right optic nerve.

The diagnosis of retrobulbar optic neuropathy as an SLE manifestation was established. The patient was trea- ted with methylprednisolone pulses (1 g/day for 3 days), followed by oral prednisone (1 mg/kg/day tapered over 4 weeks), and monthly intravenous cyclophosphamide (800 mg). Follow-up examinations after several weeks demonstrated substantial improvement in the visual field.

Conclusion

Although rare, optic neuritis in SLE can lead to significant morbidity if not promptly diagnosed and treated. Early therapeutic intervention, as seen in this case, yields excellent visual recovery. Effective management of these cases underscores the importance of interdisciplinary collaboration between ophthalmologists and ne- phrologists.

P040

NEPHROTIC SYNDROME IN THE ELDERLY:HISTOLOGICAL PROFILE AND CLINICAL OUTCOMES

Rostoum Soukaina, Moulouade Sohaila, Adnane Najat,El khayat Selma siham, Mtioui Naoufal, Zamd Mohamed, Medkouri Ghislaine, Benghanem Mohammed Gharbi

Department of Clinical Nephrology, Kidney Transplantation, and Hemodialysis, Ibn Rochd University Hospital, Casablanca - Morocco

Introduction

Nephrotic syndrome in the elderly represents a distinct clinical entity, characterized by the predominance of secondary glomerulopathies. This study aims to explore the histological profile observed in these patients.

Methods

This retrospective study was conducted in the Department of nephrology of Ibn Rochd University Hospital in Ca- sablanca between 2018 and 2023. It included patients aged 65 years and older, presenting with nephrotic syndrome and who underwent renal biopsy. Clinical, biological, and histological data were analyzed.

Results and discussion

A total of 30 patients were included in this study. The mean age was 66.7 ± 3.2 years, with a male predomi- nance (57%). The main clinical manifestation was edema (90%). The mean proteinuria was 5.1 ± 2.1 g/24h, and the mean serum albumin was 19.4 ± 5.1 g/L. Histologically, the lesions were dominated by membranous nephropathy (38.4%) and focal segmental glo- merulosclerosis (27.5%). Diabetic nephropathy was the third most common lesion (19.3%), followed by amy- loidosis (8%) and proliferative glomerulonephritis (5.6%). Minimal change disease (MCD) was the least frequent, representing 2.2% of cases. Treatment consisted of symptomatic management with diuretics and anticoagulants and, depending on the etiology, specific treatments. The outcomes included partial remission in 48.3% of cas-

es, complete remission in 21.6%, and progression to end-stage renal disease in 30.1%.

Conclusion

This study highlights the diversity of glomerulopathies in elderly patients with nephrotic syndrome, emphasizing the need for tailored management according to etiology to optimize outcomes.

P041

REPEAT RENAL BIOPSIES IN ADULT LUPUS NEPHRITIS PATIENTS

Moulouade Sohaila, Rostoum Soukaina, Triak Fatimaezzahra, El Khayat Selma Siham, Mtioui Naoufel, Zamed Mohammed, Medkouri Ghislaine, Benghanem gharbi Mohammed

Department of Nephrology, Kidney Transplantation and Hemodialysis, University Hospital Ibn Rochd, Casablanca - Morocco

Introduction

The role of repeat renal biopsy in lupus nephritis (LN) to guide treatment or predict prognosis has been contro- versial.The objective of this work is to evaluate the indications requiring the use of a second renal biopsy, as well as to describe the histological results and the therapeutic management according to the results.

Methods

This is a descriptive retrospective study, covering 450 renal biopsy performed between January 1, 2020 and December 31, 2022 at the Department of nephrology of the Casablanca University Hospital. The patients were selected from the kidney biopsy register

Results and discussion

Thirty patients followed for lupus nephritis had benefited from a 2nd renal biopsy.The average age of our pa- tients was 36.4 years with a sex ratio of 0.8. The average time from first to second biopsy was 2, 1 years. The indications for a second renal biopsy was included a suspected flare (76.6%), of which had worsening protei- nuria with or without rising serum creatinine (90%) ,or lack of treatment response (23.4%). 22 patients (73,3%) had proliferative class on their first renal biopsy. When comparing first and second renal biopsy, 26 patients (86.6%) switched histological classes .When categorized as proliferative versus non-proliferative, 21 (95.4%) patients with proliferative class on the first biopsy remained similar on the second biopsy. The mean chronicity index (CI) was significantly different for 10 consecutive biopsies with worsening CI noted with increased num- ber of renal flares. 11 patients (36,6%) required intensification in immunosuppressive therapy after the second renal biopsy whe- reas 3 patients (10%) experienced a reduction in immunosuppression. 16 patients (53,3%) did not experience any change in immunosuppression

Conclusion

A 2nd renal biopsy was justified in most cases, making it possible to establish a precise diagnosis, to identify the evolution of the histological lesions, and to guide the therapeutic management.

P042

ETIOLOGICAL PROFILE OF RAPIDLY PROGRESSIVE GLOMERULONEPHRITISIN A NEPHROLOGY DIALYSIS DEPARTMENT : A PROSPECTIVE STUDY

Idrissi Kaitouni Kawtar, Tapsoba Wendpouiré Lydie Carine, Manirakiza Jean Claude, Belraouti Iman, Housset Pierre

Department of Nephrology Dialysis, Sud Francilien Hospital, Corbeil Essonnes - France

Introduction

Rapidly Progressive Glomerulonephritis (RPGN) is a clinical syndrome characterized by a rapid decline in renal function over days to weeks, accompanied by hematuria, proteinuria, and hypertension. RPGN repre- sents an aggressive form of glomerular nephropathy, with the histological hallmark in kidney biopsy being ex- tracapillary proliferation (glomerular crescent). Immunofluorescence allows for the classification of causative diseases into three groups based on the appearance of the deposits. The main etiologies include anti-glome- rular basement membrane disease, lupus nephritis, IgA nephropathy, and antineutrophil cytoplasmic antibody (ANCA)-associated vasculitis. RPGN is considered a nephrological emergency, delayed management can lead to permanent end-stage renal disease (ESRD).

Methods

This prospective, descriptive, and analytical study included all patients admitted to the Nephrology unit at the Sud Francilien Hospital Center in Corbeil-Essonnes, France, from July 2023 to June 2024, in whom we per- formed a kidney biopsy. We analyzed medical history, clinical presentation, laboratory results, kidney biopsy findings, treatment regimens, and the prognosis of RPGN.

Results and discussion

Ten patients were included, with a median age of 66 years and a male predominance (80%). Hypertension was present at diagnosis in 20% of cases. Hematuria and proteinuria were consistently observed, and renal insufficiency was often severe, with an average plasma creatinine level of 456 µmol/l. ANCA positivity was found in 60% of cases (40% myeloperoxidase p-ANCA and 20% proteinase 3 c-ANCA). Ground-glass opa- cities were the most common finding on chest CT scans. Initial treatments included three boluses of corticos- teroids, a bolus of cyclophosphamide, or plasma exchange. The identified etiologies were ANCA-associated vasculitis in 60% (40% microscopic polyangiitis and 20% gra- nulomatosis with polyangiitis) and IgA nephropathy in 40%. The evolution included kidney function recovery in 20% of cases, a slight improvement in kidney function : stage 4 chronic kidney disease in 40%, ESRD without initiation of dialysis in 20%, and ESRD requiring dialysis in 20%.

Conclusion

Patient survival and the potential for renal recovery are influenced by factors such as age, initial plasma crea- tinine level, crescent percentage on kidney biopsy, early treatment initiation, and etiology. Early intervention and standardized therapeutic protocols have improved the prognosis of RPGN.

P043

MANAGEMENT OF IGA NEPHROPATHY: A STUDY OF 50 CASES

Katalay Francine, Soumiya Abou-Nouh, Yassine Allata, Basmat Amal Chouhani, Ghita El bardai, Nadia Kabbali, Tarik Sqalli Houssaini

Department of Nephrology, Hassan II University Hospital, Fes - Morocco

Introduction

IgA nephropathy is the most common primary glomerulopathy, characterized by mesangial deposits of IgA that lead to hematuria and proteinuria. It is the leading glomerulonephritis progressing to end-stage chronic kidney disease (ESKD) in adults, with a higher prevalence in men.

This study aims to evaluate the overall and renal prognosis of patients with IgA nephropathy in the short and long term.

Methods

A retrospective descriptive and analytical study was conducted in the Department of nephrology of Hassan II University Hospital, Fez, Morocco. It included all patients diagnosed with biopsy-proven IgA nephropathy bet- ween December 2018 and December 2024. Clinical, biological, and histological data were analyzed. Survival analysis was performed using Kaplan-Meier and Cox regression methods to identify factors associated with clinical and renal outcomes.

Results and discussion

The study included 50 patients, with a slight male predominance (54% men vs. 46% women). The mean age at diagnosis was 34 ± 20 years. Hypertension was present in 46% of patients. The combination of proteinuria and hematuria was observed in 86% of cases, with 10% presenting macroscopic hematuria and 76% micro- scopic hematuria. Nephrotic syndrome was observed in 14% of cases, and 46% of patients had kidney failure at the time of biopsy, with a mean glomerular filtration rate of 71.1 ml/min/1.73 m². Most patients (84%) were treated with renin-angiotensin system blockers, either alone or combined with cor- ticosteroid therapy. Additionally, 28% received corticosteroids alone, 26% were treated with cyclophosphamide, 4% with azathioprine, and 4% with sodium-glucose co-transporter-2 inhibitors. One year after initiating treatment, complete remission was achieved in 28% of patients, while partial remission was observed in 34%. Ten percent of patients experienced stable kidney function, while 4% showed worsening kidney function. At the end of the study, 12% of patients were on hemodialysis, 8% were lost to follow-up, and 4% had died.

Conclusion

There is a significant variability in the clinical presentations and outcomes of IgA nephropathy. While most patients achieved partial or complete remission with treatment, a substantial proportion progressed to ESKD or required dialysis. Despite advancements in understanding the disease, there remains no consensus or universally defined protocol for its management, leading to variations in therapeutic approaches.

P044

A CASE OF LUPUS-LIKE GLOMERULONEPHRITIS IN AN HIV-INFECTED PATIENT TREATED WITH ANTIRETROVIRAL THERAPY AND HYDROXYCHLOROQUINE

Nehed Ghenam[1], Ayed Amal[1], Jaballah Lazhar[1], Hadj Ibrahim Mayssa[1], Asma Hadhri[1], Ben Mabrouk Asma[2], Ben Brahim Maissa[2], Chelly Jihen[2], Arfa Sondos[2], El Ati Zohra[1]

1 Department of Nephrology

2 Department of Medicine, Taher Sfar Hospital, Mahdia - Tunisia

Introduction

HIV infection is a general immune system deficit, paradoxically, it can also lead to the emergence of autoim- mune diseases, such as systemic lupus erythematosus

Methods

We report the case of a woman in whom we discovered lupus and HIV infection simultaneously.

Results and discussion

We report the case of a 49-year-old Tunisian woman admitted for acute renal failure. System review revealed hyposmia, xerophthalmia, xerostomia, photosensitivity, arthralgias, macroscopic hematuria, haemoptysis, nocturnal sweating and weight loss. Physical examination showed malar erythema, oral ulceration, axillary adenopathy and severe dry eye syndrome. Urine dipstick showed 2-cross haematuria and 2-cross proteinuria. Biological examinations revealed anemia, leukopenia, lymphopenia and biological inflammatory syndrom. The immunological workup was as follows: antinuclear antibodies was positive 1/800 with a positive anti- SSA, anti MPO was positive, C4 complement was slightly consumed. Serum protein electrophoresis showed a policlonal hypergamma. The sputum BK test was negative, and the Quantiferon test was negative. Tumour marker assays were normal. thoracoabdomino-pelvic scan showed multiple thoracoabdominal adenopathy. The biopsy of the accessory salivary glands was performed indicating chronic sialadenitis grade 3 of Chisholm. The renal biopsy revealed segmental mesangial proliferation, interstitial tissue with a moderate inflammatory infiltrate of lymphocytes. Direct immunofluorescence showed glomerular deposits of anti IgM, C3 and C1q. In front of this clinical, biological and histological presentation, the hypothesis of lupus nephropathy associated with Gougerot Sjogren's syndrom was initially accepted. However, human immunodeficiency virus serology requested came back positive with a viral load of 300,000 and a CD4 count of 211, classifying the patient as stage 2B according to the WHO classification. First diagnostic was doubtful: Is it really a true lupus nephropathy or a HIV-associated lupus-like nephropathy? Thus, the patient was started on antiretroviral treatment (Combivir, Lamivudine and Dolutegravir) coupled with hydroxychloroquine but no corticosteroids. Clinical improvement was noted within six months with de- crease in proteinuria, stabilisation of renal function, negativation of hematuria, ANCA and viral load.

Conclusion

Our case highlights the difficulty of differentiation between true lupus nephropathy and lupus like nephropathy associated with HIV. Treatment remains a clinical challenge based on a set of arguments.

P045

SPONTANEOUS BACTERIAL PERITONITIS IN ADULTS WITH NEPHROTIC SYNDROME

Maaiden Zineb, Kaouiri Zaineb, Zniber Amal, Bouattar Tarik, Benamar Loubna, Ouzeddoun Naima

Department of Nephrology, Ibn Sina Hospital, Rabat - Morocco

Introduction

Spontaneous bacterial peritonitis (SBP) is a bacterial infection of ascitic fluid in the absence of an identifiable intra-abdominal source. While it is a well-documented complication in pediatric nephrotic syndrome, SBP is exceedingly rare in adults, with fewer than 20 cases reported in the literature. Patients with nephrotic syndrome (NS) are prone to infections due to proteinuria-associated immunoglobulin and complement depletion, immu- nosuppressive therapy, and complications like ascites. This study aims to describe the clinical characteristics, microbiological findings, treatment, and outcomes of SBP in adults with NS.

Methods

We conducted a retrospective review of seven episodes of spontaneous bacterial peritonitis (SBP) in five adult patients with nephrotic syndrome, treated in the Department of Nephrology at Ibn Sina Hospital, Rabat, Morocco, between January 2020 and January 2024. Demographic, clinical, and laboratory data were collected, and the effectiveness of antibiotic therapy was evaluated.

Results and discussion

The mean age of the 5 patients was 30 years (range: 21–37 years). Two patients experienced recurrent SBP episodes. All cases presented with active nephrotic syndrome and symptoms including diffuse abdominal pain, fever, and ascites. Of the 7 SBP episodes, only one case yielded a positive culture for Klebsiella pneu- moniae in both blood and ascitic fluid, while the remaining 4 were culture-negative. All patients were treated with broad-spectrum antibiotics for two weeks, resulting in complete recovery.

Conclusion

SBP is an uncommon but serious complication in adults with nephrotic syndrome, typically associated with active nephrotic features and renal insufficiency. Early diagnosis and empirical broad-spectrum antibiotic the- rapy are crucial for favorable outcomes, especially given the frequent absence of culture positivity. Although SBP is rare in adults compared to children, nephrotic patients

on immunosuppressive therapy remain at risk. This study highlights the need for awareness of this condition and its early management to improve patient outcomes.

P046

UNVEILING THE CLINICAL AND HISTOLOGICAL SPECTRUM OF IGA NEPHROPATHY: INSIGHTS FROM A RETROSPECTIVE STUDY

Rihab Elaid, Asma Bettaieb, Raja Aoudia, Mariem Khadhar, Sarra Hadded, Hanene Gaied, Mouna Jerbi, Rym Goucha

Department of Nephrology, Mongi Slim Hospital, Tunis - Tunisia

Introduction

IgA nephropathy (IgAN) is the most common primary glomerulonephritis worldwide. It is often diagnosed late due to its silent progression, which can lead to chronic kidney disease (CKD). This study aimed to describe the clinical, biological, and histological characteristics of patients diagnosed with IgAN in our Nephrology de- partment to optimize diagnostic and therapeutic approaches.

Methods

A retrospective descriptive study was conducted over three years (2022–2024) in our department of nephro- logy. It included patients diagnosed with IgAN confirmed by histopathological analysis performed. Data on cli- nical history, laboratory findings, and histological features were collected and analyzed.

Results and discussion

We included 15 patients. The median age was 40 years (range 19–74), with a gender ratio of 1.5. Relevant comorbidities included type 2 diabetes, glucose-6-phosphate dehydrogenase deficiency, beta-thalassemia minor, psoriasis, and active pulmonary tuberculosis. Among 15 patients, hypertension was previously diag- nosed in five, newly identified in seven, and absent in three. Gross hematuria was observed in 3 cases. All patients had proteinuria, of whom 2 exceeding 3g/24h. One patient had normal renal function, while 14 patients exhibited CKD, of whom 3 were in stage 5 CKD. Histopathological analysis, assessed according to the MEST score, showed mesangial proliferation in 3 cases, glomerular crescents in one case, and severe tubulointers- titial fibrosis in 4 cases. One biopsy identified associated renal amyloidosis of the non-AA type, warranting further evaluation.

Conclusion

This study highlights the heterogeneous clinical and histological presentations of IgAN, with a notable preva- lence of advanced CKD. These findings underline the importance of systematic screening and comprehensive management to prevent progression to end-stage renal disease.

P047

HORSESHOE KIDNEY AND RENAL BIOPSY

Mahroug Souha[1], Hadhri Asma[1], Hadj Brahim Mayssa[1], Ayed Amel[1], Zguem Asma[1], Guizani Mariem[1], Jaballah Lazher[1], Aloui Sabra[2], Elati Zohra[2]

1 Department of Nephrology, Taher Sfar University Hospital Mahdia, Monastir - Tunisia

2 Department of Nephrology, Fattouma Bourguiba University Hospital, Monastir - Tunisia

Introduction

Horseshoe kidney (HK) is a common congenital kidney abnormality, with a prevalence of 0.25% of live births. It consists of the fusion of the two kidneys at their lower poles, which represents a challenge for renal biopsy (RB). We report a case of a nephrotic syndrome (NS) in a patient with HK.

Results and discussion

A 41-year-old female patient with no notable personal pathological history, was admitted to Hospital for the management of a renal failure in a context of diarrhea and greenish leucorrhea.On initial examination,the pa- tient was stable on hemodynamic and respiratory state,with a blood pressure of 120/70mmhg.Her temperature was at 39°C. She had no edema in the lower limbs.She was dignosed with nephrotic syndrome as albuminemia was at 28.5g/l associated to hypoprotidemia at 64g/l and proteinuria (PU) at 6.4g/24 hours. She had no he- maturia.Plasma creatinine level was at 246 µmol/L with uremia at 20 mmol/L. Other tests showed lymphopenia at 700/µl without leucopenia, a normocytic anemia with haemoglobin level at 9.5g/dl with a negative direct coombs test.C-reactive protein was at 62.4 mg/l.A renal ultrasound (RU) was without abnormalities contrasting with the results of an abdominal CT scan which was performed in the emergency department that showed 2 horseshoe-shaped kidneys communicating via a posterior parenchymal bridge and highlighted bilateral pleu- ral,pelvic and pericardial effusion of small volume. Lupus nephropathy was suspected,so a serum complement dosage was performed showing low rates,C3=139 mg/l and C4=135 mg/l,and anti-nuclear antibodies were positive at 1/160.The EULAR-ACR 2019 score(S) was at

12.Corticosteroid therapy was about to be started,but the S score was controlled at 7 in view of the disappearance of the pleural effusion and the absence of peri- cardial effusion on cardiac echography.Creatinine level has also normalized after hydration and antibiotic the- rapy.The patient underwent a CT guided RB because of peristent NS,showing endocapillary proliferation with numerous neutrophils, direct immunofluorescence found deposits of C3and igG suggesting an acute post-in- fectious Glomerulonephritis.

Conclusion

In our case, the discordance between the clinical presentation and the anatomopathological findings highlights the importance of RB,it remains an important tool for making an accurate diagnosis,especially in patients with kidney abnormalities and it should be done as far as possible.

P048

MEMBRANOUS GLOMERULONEPHRITIS: ETIOLOGICAL, THERAPEUTIC, AND PROGNOSTIC PROFILE

Salem Rihab, Mbarek Meriem, Selmi Yosra, Laabidi Jannet, Selmi Yosra

Department of Nephrology, The Main Training Military Hospital of Tunis - Tunisia

Introduction

Membranous Glomerulonephritis (MGN) is a major cause of nephrotic syndrome in adults, characterized by subepithelial immune deposits along the glomerular basement membrane. Despite advancements in unders- tanding its pathogenesis, the management of MGN remains challenging. This study aims to assess the epi- demiological profile, treatment modalities, and prognostic factors associated with MGN.

Methods

We conducted a retrospective study of 25 patients diagnosed with MGN in our Department of nephrology at the Main training Military Hospital of Tunis between 2010 and 2023. Patient data were collected from medical re- cords and included demographic information, clinical presentation, laboratory findings, therapeutic interven- tions and outcomes.

Results and discussion

The mean age of the patients was 48 ± 14 years, with a male predominance (85%). The initial nephrological presentation included pure nephrotic syndrome in 64% of cases, impure nephrotic syndrome in 32% and iso- lated proteinuria in 4%. At the time of diagnosis, twenty five percent of patients had renal insufficiency. MGN was identified as primary in 84% of cases. Among the secondary cases (16%), thyroid dysfunction was iden- tified in two patients, lupus-related MGN in another two and tertiary syphilis in one case; each patient received appropriate targeted therapy.

For primary cases, antiproteinuric therapy was used as first-line treatment in 48% of cases. Fifty two percent of patients were initially managed with the Ponticelli protocol. Rituximab was employed in 24% of patients during the course of their management.

Among the patients, thirty two percent achieved complete remission while 40% experienced partial remission. Treatment resistance was observed in 28% of cases. At follow-up, thirty six percent of patients had persistent chronic kidney failure. Six patients progressed to end-stage renal disease. Factors associated with lack of re- mission included the severity of renal insufficiency (p=0.003), low serum albumin levels (p=0.034) and high proteinuria (p=0.026) at diagnosis. Additionally, the presence of hypertension (p=0.017) and diabetes (p=0.044) were significantly correlated with the absence of remission.

Conclusion

Given the variability in treatment response and potential for progression, early detection of MGN and an indi- vidualized treatment approach are crucial for better long-term outcomes.

P049

POST-INFECTIOUS GLOMERULONEPHRITIS IN ADULTS: RENAL PROGNOSIS AND LONG-TERM EFFECTS

Taie Najlaa, Alfirdaous Inass, Rim Jamali, Naoufal Mtioui, Mohammed Zamd, Elkhayat Selma Siham, Ghislaine Medkouri, Mohamed Benghanem

Department of Nephrology, Ibn Rochd University Hospital, Casablanca - Morocco

Introduction

The progression of acute post-infectious glomerulonephritis (APIGN) in adults is typically favorable. However, the occurrence of chronic kidney disease (CKD) is becoming increasingly frequent.This study aimed to collect clinical, biological, and histopathological data from 29 patients, along with follow-up information over an ave- rage period of 52 weeks, to evaluate renal function progression and identify predictive factors for CKD through multivariate analysis.

Methods

This is a retrospective, descriptive, and analytical study conducted over a period from January 2020 to December 2024 , involving adult patients (>18 years) Hospitalized Hospitalized at the Department of nephrology of CHU Ibn Rochd in Casablanca for APIGN based on histological and/ or clinical progression criteria.

Results and discussion

Among the 29 patients included in the study, the patients had a mean age of 42.5 ± 14.8 years, with a signi- ficantly higher male predominance, reflected by a male-to-female ratio of 4.1.The most common comorbidities were hypertension (17.2%) and diabetes (13.8%). Upon diagnosis, 25.8% of the patients exhibited a nephrotic syndrome, with an average proteinuria of 4.09 g/24 hours. Renal insufficiency was observed in 72.4% of cases, with 17.2% of patients presenting advanced renal failure. The mean serum creatinine was 239.59 µmol/L. At renal biopsy, "Humps" were observed in 31% of the patients. In terms of renal evolution, 27.6% of the patients achieved complete recovery, while 20.7% progressed to chronic kidney disease, with 6 patients requiring hemodialysis. 22 maintained an active urinary sediment (MRC stage 1). Renal survival was significantly reduced in the presence of the following predictive factors: age over 45 years, diabetes, hypertension, creatinine levels exceeding 120 µmol/L, proteinuria greater than 2.0 g/L, acute hemodialysis, and the presence of 'Humps' on renal biopsy. These findings align with other studies emphasizing the importance of close mo- nitoring and timely interventions to improve long-term kidney health in APIGN patients.

Conclusion

Renal complications following APIGN in adults are becoming increasingly frequent. Identifying predictive fac- tors for CKD will allow for better management and potentially help in preventing these long-term renal out- comes.

P050

OPTIMIZING TREATMENT STRATEGIES AND OUTCOMES IN IGA NEPHROPATHY: A RETROSPECTIVE STUDY

Rihab Elaid, Raja Aoudia, Asma Bettaieb, Mouna Jerbi, Mariem Khadhar, Sarra Hadded, Hanene Gaied, Rym Goucha

Department of Nephrology, Mongi Slim Hospital, Tunis - Tunisia

Introduction

IgA nephropathy (IgAN) is a kidney disorder with varying clinical presentations and treatment outcomes. This study examines the therapeutic approaches used in our department and evaluates the treatment response in relation to initial renal function, comorbidities, and histopathological findings.

Methods

We conducted a retrospective study in our newly opened department (January 2022 to December 2024) in- volving patients with biopsy-proven IgA nephropathy (IgAN). Clinical, biological, and histopathological data were analyzed to assess the correlation between treatment strategies and patient outcomes. Corticosteroid treatment efficacy was evaluated based on changes in proteinuria and renal function.

Results and discussion

During the study period, 135 biopsies were performed, identifying 11 cases of IgA nephropathy. The median age was 40 years, with a male-to-female ratio of 1.5 . Comorbidities included type 2 diabetes, G6PD deficiency, psoriasis, and active pulmonary tuberculosis, each affecting a different patient. Hypertension was present in nine patients, and three patients had macroscopical hematuria. Proteinuria was found in all patients, with two exceeding 3 g/24h. The mean serum creatinine level was 600 µmol/l (range: 67–1600 µmol/l). Six patients received corticosteroids: one with crescentic glomerulonephritis was treated with high-dose ste- roids, but did not receive cyclophosphamide due to active tuberculosis. This patient showed significant im- provement in proteinuria and stable renal function. The other five patients followed the Pozzi protocol, with favorable outcomes observed in three patients, particularly in those with minimal fibrosis and better baseline renal function, while one patient under the same protocol progressed to end-stage renal disease (ESRD) despite treatment. Among the five patients who did not receive corticosteroids, three presented with ESRD at diagnosis, one was treated with an angiotensin-renin system blocker, and one received no specific treatment due to diabetic nephropathy. Patients with crescentic glomerulonephritis or advanced renal impairment showed poorer outcomes. The patient with active tuberculosis responded well to high-dose corticosteroids, demons- trating the need for careful management in the presence of infections.

Conclusion

This study highlights the importance of individualized treatment for IgA nephropathy, with treatment choices based on clinical and histopathological factors to optimize

outcomes. A favorable response was most com- monly observed in patients with minimal fibrosis and better baseline renal function.

P051

NEPHROTIC SYNDROME SECONDARY TO FOCAL SEGMENTAL GLOMERULOSCLEROSIS: CLINICAL, BIOLOGICAL AND HISTOLOGICAL PROFILE

Chahed Bochra[1], Agrebi Sahar[1], Azzabi Awatef[2], Sellami Nada[1], Zellama Dorsaf[2], Abderrahim Ezzedine[1]

1 Department of Internal Medicine, Charles Nicolle Hospital, Tunis - Tunisia,

2 Department of Nephrology, Sahloul University Hospital, Sousse - Tunisia

Introduction

Primary focal segmental glomerulosclerosis (FSGS), alongside minimal change disease (MCD), is classified under idiopathic nephrotic syndrome. FSGS is commonly associated with impure nephrotic syndrome. This study aims to define the clinical, biological and histological profile of this podocytopathy.

Methods

This retrospective study, conducted at theDepartment of internal medicine of Charles Nicolle Hospital from May 1983 to December 2022, included 134 patients with nephrotic syndrome secondary to FSGS, confirmed by renal biopsy. Data were analyzed using SPSS software, with frequencies and percentages for qualitative variables and means, medians, standard deviations, and ranges for quantitative variables.

Results and discussion

The mean age at diagnosis was 35.3 ± 14.6 years (range: 15–63 years), with a male predominance (male- to-female ratio: 1.73). The most common presenting symptom was lower limb edema (79.1%). Nephrotic syn- drome was pure in 22 cases (16.4%) and impure in 112 cases (83.6%). Hypertension was noted in 60 patients (44.8%) and microscopic hematuria in 81 patients (60.4%). Initial renal insufficiency was observed in 62 pa- tients (46.3%). The median serum albumin level was 16.2 g/L (range: 5.7–29 g/L). The 24-hour proteinuria ranged from 3 to 22.9 g/24h, with a median value of 5.7 g/24h. FSGS was diagnosed on the first renal biopsy in 132 patients and on the second biopsy in two patients, who had minimal change disease initially. The most frequent histological lesion was the presence of flocculent- capsular adhesions in 84.9% of renal biopsies. Interstitial fibrosis was observed in 61.9% of cases and tubular atrophy in 38.8% of cases. The Columbia histopathological classification was applied in 28 kidney biopsies, identifying 17 cases of FSGS with the "Tip lesion" type and 11 cases of the collapsing form. Immunofluorescence studies in 100 patients were positive in 87% of cases, with segmental fixation of anti- IgM and anti-C3 sera being most frequent (51.7%).

Conclusion

FSGS is a significant cause of nephrotic syndrome in adults. Understanding its clinical, biological, and histo- logical features is essential for accurate diagnosis and effective management.

P052

CLINICO-BIOLOGICAL, THERAPEUTIC AND EVOLUTIONARY CHARACTERISTICS OF EXTRA-CAPILLARY GLOMERULONEPHRITIS IN THE DEPARTMENT OF NEPHROLOGY OF IBN ROCHD HOSPITAL

Moulouade Souhaila, Triak Fatima Ezzahrae, Rostoum Soukaina, El Khayat Siham Selma, Mtioui Naoufel, Zamd Mohammed, Medkouri Ghislaine, Benghanem Gharbi Mohammed

Department of Nephrology, Kidney Transplantation and Hemodialysis, Ibn Rochd University Hospital, Casblanca - Morocco

Introduction

GNEC also called GNRP is a severe entity of glomerulopathy whose diagnosis is histological, it constitutes a diagnostic and therapeutic emergency. The speed of the treatment conditions the prognosis.The aim of our study was to describe the epidemiological, clinical, anatomy-pathological, therapeutic and evolutionary cha- racteristics of GNEC as well as the search for factors of poor renal prognosis.

Methods

We conducted a retrospective study including63patients at the Nephrology-dialysis-kidney transplantation de- partment of the University HospitalIBN Rochdbetween January 2018 and December 2022.

Results and discussion

The frequency of GNEC in our series was 9.8%. The mean age was 41.03 +/- 16.91 years and the sex ratio was 1.1. At admission, all patients had IR, 71.4% had edematous syndrome, and 45.2% had hypertension and 46% had oligoanuria. The mean creatinine value was 85.07 mg/l and

that of 24-hour proteinuria was 3.35 g/24 hours. Histologically, the mean percentage of total crescents was 66.3 +/- 17.8%. Cellular, fibrocellular, fibrous crescents, and PACs were present in 84.1%, 41.3%, 61.9%, 61.9% of biopsies respectively. Regarding the etiologies, lupus was the first cause of GNEC in our series, found in 31.7% of patients, renal vasculitis and the causesinfectious diseases reported in 28.5% and 14.3% of cases respectively. The treatment of GNEC is that of the underlying etiology, however it is mainly based on immunosuppression. The evolution of the patients was marked by the persistence of aIRCT in 52.5% of cases, partial remission in 39% of cases and only 3.7% had complete remission with 4 patients lost to follow-up. The search for poor renal prognosis factors identified several statistically significant factors: oligoanuria, severe IR on admission, high percentage of fi- brous crescents, tubular atrophy, association of endo and extra capillary proliferation, and recourse to dialysis on admission.

Conclusion

GNEC is a serious and not rare condition in our context, of which lupus was the primary cause in our series, its prognosis remains unfavorable,hence the importance of early treatment.

P053

CLINICAL PRESENTATIONS OF PROLIFERATIVE LUPUS NEPHROPATHY:A RETROSPECTIVE STUDY OF 114 CASES

Mahfoudh Olfa, Zellama Dorsaf, Mrabet Senda, Ben aicha Narjes, Azzabi Awatef, Thabet Nesrine, Boukadida Raja, Sahtout Wissal, Guedri Yosra, Achour Abdellatif

Department of Nephrology, Sahloul Hospital, Sousse - Tunisia

Introduction

Renal involvement in lupus is one of the most common manifestations of this systemic disease and one of the most severe, significantly affecting patients' functional and vital prognosis. This study aimed to describe lupus patients' clinical and biological characteristics with proliferative nephropathy (PLN).

Methods

We conducted a retrospective descriptive and analytical study in the Department of nephrology of Sahloul Hos- pital in Sousse over 13 years, from January 2007 to December 2019, focusing on PLN documented by renal biopsy.

Results and discussion

One hundred fourteen patients were included over the 13 years. We recorded 94 women and 20 men, with a sex ratio of 4.7. The average age was 34.68 years. Hypertension was documented in 41 patients (36%), of whom 17 had pre-existing hypertension. Renal symptoms were dominated by proteinuria, which was constant. The mean proteinuria level was 4.65±4.22 g/24h, with extremes ranging from 0.73 to 17.6 g/24h. Hematuria was observed in 65 cases (55.1%), and it was equally frequent in both sexes. Aseptic leukocyturia was noted in 62 cases (52.5%). The initial mean serum creatinine was 126.97±109.38 µmol/l, with extremes ranging from 42 to 666 µmol/l. Initial renal failure was encountered in 55 patients (46.6%). The median glomerular filtration rate (GFR), calculated using the MDRD formula, was 74.96 ml/min/1.73 m². The mean albumin level was 25.97±7.01 g/l (9-42 g/l). Nephrotic syndrome was noted in 56 cases (47.5%), of which 53 cases (94.64%) were of the impure form. The most common extra-renal manifestations were dermatological (80.39%) and joint (76.1%) symptoms.

Conclusion

The diagnosis of PLN, as well as its therapeutic management, should be initiated early to improve the pro- gnosis of lupus patients.

P054

HISTOLOGICAL FEATURES OF PROLIFERATIVE LUPUS NEPHROPATHY: A REVIEW OF 114 CASES

Mahfoudh Olfa, Mrabet Senda, Azzabi Awatef, Ben Aicha Narjes, Thabet Nesrine, Boukadida Raja, Dahmene Rihem, Sahtout Wissal, Guedri Yosra, Zellema Dorsaf

Department of Nephrology, Sahloul Hospital, Sousse - Tunisia

Introduction

The onset of proliferative lupus nephropathy (PLN) marks an important evolutionary turning point in lupus di- sease. Histological lesions are highly polymorphic. This study aimed to describe the histological aspects of patients with PLN.

Methods

We conducted a retrospective descriptive study in the Department of nephrology of Sahloul Hospital in Sousse over 13 years, from January 2007 to December 2019, focusing on PLN documented by kidney biopsy.

Results and discussion

All of our patients underwent kidney biopsies, with 33 patients having iterative biopsies, for a total of 159 kidney bi-

opsies studied. Histology revealed class IV lupus nephritis (LN) in 53.19% of cases, class III LN in 19.86% of cases, and class V LN associated with other classes (III-IV) in 24.82% of cases. "Wire-loop" glo- meruli were observed in 30 biopsies, with an average of 5 wire-loop glomeruli per biopsy. Endocapillary and mesangial proliferation was observed in 11 cases (7.8%), while isolated mesangial proliferation was noted in 8 cases (7.01%). Extracapillary proliferation was observed in 20 kidney biopsies (14.18%). Fibrinoid necrosis was noted in 18 cases (11.32%), while hyaline thrombi were observed in 9 cases (5.66%). Wire loop lesions were identified in 38 cases (23.9%). Tubulo-interstitial involvement was noted in 63 cases, characterized by various manifestations such as inflammatory infiltrate, interstitial fibrosis, tubular atrophy, and combinations of these lesions. In 25 kidney biopsies, renal vessel involvement was identified, including arteriolitis in one case, arteriosclerosis in 5 cases (0.31%), and fibrous endarteritis in 19 cases (11.94%). The mean activity index was 7.2 ± 3.35, while the mean chronicity index was 2.55 ± 2.08.

Conclusion

Given the lack of an anatomy clinical parallel, kidney biopsy is crucial for diagnosis, prognosis, and treatment choices.

P055

ANABOLIC STEROID-INDUCED NEPHROTOXICITY

El-Othemany Wafae[1], El Hammouti, Mariam[1], HanafiHouda[1], El Khachani Zakaria[2], Assem Mayam[1]

1 Department of Nephrology, Mohammed VI University Hospital, Tangier - Morocco,

2 Dialysis Center, Tangier - Morocco

Introduction

To enhance their athletic performance, some professional athletes consume a high-protein diet, anabolic ste- roids, and supplements rich in amino acids and creatine. These substances may expose them to the risk of nephropathy. Here, we present a case of nephrotoxicity associated with the use of such supplements and anabolic steroids.

Methods

We collected clinical, biological, and anatomopathological findings and ensured the follow-up of a 30-year- old male fitness coach with no medical history, admitted for the management of nephrotic syndrome.

Results and discussion

We report the case of a 30-year-old male fitness coach with no medical history, admitted for the management of nephrotic syndrome following the gradual onset of lower limb edema. On clinical examination, his blood pressure was 115/90 mmHg, and no extra-renal signs were observed. A 24-hour proteinuria test revealed 3.5 g/day, with no abnormalities in urinary sediment, and serum creatinine was 11.2 mg/L. Complete blood count showed no evidence of hemolysis or hypereosinophilia. Immunological and virological tests were normal. Upon further questioning, the patient reported consuming creatine monohydrate, amino acids, and anabolic- androgenic steroids (AAS) since the age of 17. Renal biopsy revealed lesions of focal segmental glomerulosclerosis (FSGS) of the NOS subtype, accompanied by podocytosis, segmental mesangial hypercellularity, and glomerular thrombotic microangiopathy. Focal interstitial nephritis without granulomas was also observed. The patient ceased the consumption of anabolic steroids and supplements and was treated with an angiotensin-converting enzyme inhibitor, which yielded no improvement. Subsequent corticosteroid therapy at a dose of 1 mg/kg led to a complete resolution of the pro- teinuria.

Conclusion

The multiplicity of renal lesions and the variety of supplements and steroids used by this patient complicate the etiological diagnosis. Uncontrolled use of protein supplements and anabolic-androgenic steroids carries a significant risk of nephrotoxicity and should be investigated in at-risk individuals.

P056

CHARACTERISTICS OF MALE LUPUS NEPHRITIS IN A TUNISIAN COHORT STUDY

Ben Mansour Rawene[1], Mami Ikram[1], Ghabi Hiba[1], Idriss Nour El Houda[1], Tlili Syrine[1], Boukhtioua Mariem[1], Raies Lamia[1], Ben Hmida Fathi[2], Zouaghi Mohamed Karim[1]

1 Department of Nephrology, La Rabta Hospital, Tunis - Tunisia,

2 Renal Pathology Research Laboratory LR00SP01, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Lupus nephropathy is a common kidney condition in male patients with systemic lupus erythematosus (SLE), a chronic autoimmune disease. Although rare, it is notable for the severity of its presentation. The aim of our work is to describe the clinico-biological, histological, and evolutionary characteristics of class IV lupus ne- phritis in men.

Methods

This study involves a series of 7 men out of a total of 60 lupus patients with class IV lupus nephritis.

Results and discussion

The average age was 30 years ± 7 years. Four patients were known to have lupus. Upon examination, hy- pertension was noted in three patients, and six patients had hematuria. The median proteinuria was 3 g/24H ± 5.42, and nephrotic syndrome was present in two patients. Elevated creatinine levels were noted in two pa- tients. Extra-renal manifestations were predominantly hematologic. Immunologic tests showed positive ANA and anti-DNA in six patients. We noted positive anti-histones in 5 patients and cryoglobulinemia in two. Com- plement was consumed in 3 patients. Histologically, the average activity and chronicity scores were 53% and 30.1%, respectively. Endocapillary and extracapillary proliferation was noted in seven and six patients, res- pectively. For treatment, all patients received corticosteroid therapy combined with Cyclophosphamide. The outcome was marked by remission in 4 patients and lack of remission in 3 patients. The latter evolved towards end-stage chronic renal failure.

Conclusion

Systemic lupus erythematosus remains a rare but severe disease in men, explaining the relatively poor renal prognosis. Early, personalized management is essential to improve prognosis, particularly in men who are often under-diagnosed due to the lower prevalence of the disease in this population.

P057

IMMUNOLOGICAL PROFILE OF TUNISIAN PATIENTS WITH PROLIFERATIVE LUPUS NEPHROPATHY: A RETROSPECTIVE STUDY OF 114 CASES

Mahfoudh Olfa, Mrabet Senda, Ben aicha Narjes, Azzabi Awatef, Thabet Nesrine, Boukadida Raja, Dahmene Rihem, Sahtout Wissal, Guedri Yosra, Zellema Dorsaf

Department of Nephrology, Sahloul Hospital, Sousse - Tunisia

Introduction

The immunological profile of proliferative lupus nephropathy (PLN) involves a complex interaction of immune mechanisms. Additionally, PLN is characterized by the deposition of immune complexes in the kidneys, leading to inflammation and tissue damage. This study aimed to describe the immunological profile in lupus patients with proliferative lupus nephropathy (PLN).

Methods

We conducted a retrospective descriptive study in the Department of nephrology of Sahloul Hospital in Sousse over 13 years, from January 2007 to December 2019, focusing on PLN documented by renal biopsy.

Results and discussion

A total of 114 patients were included over 13 years. Antinuclear antibodies (ANA) tested positive in 97.3% of cases, with a mean titer of 1/2463.1 ± 1/3332.3, and extreme values ranging from 1/320 to 1/25600. Native anti-DNA antibodies were negative in only three cases, with a mean titer of 399.4 ± 290.5 IU. In 39 cases (51%), their titer exceeded 100 IU. Anti-histone antibodies were positive in 27 cases (22.9%) out of the 55 cases tested. Anti-Sm, anti-SSA, and anti-SSB antibodies were tested in 88 patients, with positivity rates of 27 cases (40.5%), 45 cases (38.1%), and 17 cases (14.4%) respectively. Finally, anti-nucleosome antibodies were tested in 80 patients, with a positivity rate of 66 cases (55.9%). The mean values for C3 and C4 complement fractions were 0.58 ± 0.32 and 0.12 ± 0.09, respectively. A low C3 fraction was observed in 81 cases (68.6%), while the C4 fraction was low in 70 cases (59.3%). Regarding antiphospholipid antibodies, anti-β2GP1 antibodies were positive in 16 cases (13.6%), with these antibodies tested in only 60 patients. Anticardiolipin antibodies (aCL) were positive in 19 out of 61 patients (16.1%) who underwent this test. Cryoglobulinemia was tested in 28 cases, with a positive result in 10 cases (8.5%). Anti-cytoplasmic neutrophil antibodies (ANCA), specifically anti-myeloperoxidase (pANCA), were positive in five patients, with this test being requested in only six cases.

Conclusion

Analyzing the overall immunological profile contributes to deepening our understanding of the pathophysio- logical mechanisms of PLN while highlighting the importance of searching for specific biomarkers for the diag- nosis and monitoring of PLN.

P058

LUPUS NEPHROPATHY AND MORTALITY

Ben Mansour Rawene, Mami Ikram, Ghabi Hiba, Idriss Nour El Houda, Tlili Syrine, Boukhtioua Mariem, Raies Lamia, Ben Hmida Fathi, Zouaghi Mohamed Karim

Department of Nephrology, La Rabta Hospital, Tunis - Tunisia,

Renal Pathology Research Laboratory LR00SP01 , Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Lupus nephropathy, a frequent complication of systemic lupus erythematosus (SLE), is a serious kidney di- sease that can lead to significant morbidity and mortality, usually due to chronic renal complications and the side effects of immunosuppressive treatments. The aim of our work was to identify the main causes of death in patients with class IV lupus nephropathy.

Methods

We retrospectively studied the course of 60 patients with class IV lupus nephropathy confirmed by renal biopsy according to the ISN/RPS classification.

Results and discussion

The mean age of the patients was 31 ± 9 years, with a predominance predominantly female, with a sex ratio of 7.57. The mean duration of follow-up was 59 months ± 51 months. At the end of the follow-up period, 10 patients (16.7% of cases) had died. The mean age at onset of class IV in these patients was 25 ± 7 years. Eight had known lupus at the time of diagnosis. On examination, hypertension was noted in three patients, and edema of the lower limbs in one. Extra-renal manifestations were predominantly hematologic and der- matological. Mean creatinine at diagnosis was 196.7 µmol/l, median 24h proteinuria was 3.42g/24h. Immu- nologic tests showed positive ANA and anti-DNA in all patients. Five of them were in end-stage chronic renal failure. Causes of death were dominated by infectious and car- diovascular complications: four patients had pulmonary embolism, one with septic shock, three patients with acute respiratory distress syndrome following pulmonary infection. Finally, one patient with fulminant hepatitis, and one patient died of febrile pancytopenia.

Conclusion

In conclusion, despite therapeutic advances, the long-term survival of patients with lupus nephropathy remains a challenge. Early management and rigorous monitoring are essential to improve prognosis and reduce mor- tality.

P059

INFECTION PROFILE IN PATIENTS WITH PROLIFERATIVE LUPUS NEPHROPATHY

Mahfoudh Olfa, Zellama Dorsaf, Mrabet Senda, Ben Aicha Narjes, Azzabi Awatef, Thabet Nesrine, Boukadida Raja, Sahtout Wissal, Guedri Yosra, Achour Abdellatif

Department of Nephrology, Sahloul Hospital, Sousse - Tunisia

Introduction

The incidence of infections is high in patients followed by proliferative lupus nephropathy (PLN). Several fac- tors contribute to this predisposition, including the lupus disease itself and the treatments used. Our study aims to examine the infection profile in patients with PLN.

Methods

We conducted a retrospective descriptive study in the Department of nephrology of Sahloul Hospital in Sousse over 13 years, from January 2007 to December 2019, focusing on PLN documented by renal biopsy.

Results and discussion

Infectious complications (IC) were the most frequent complications in our series. Among the 114 patients, 65 cases (57.01%) had at least one infectious episode (IE), with 56.92% having 1 IE, 20% having 2 IEs, and 13.84% having 3 IEs. The main infection sites were skin (36%), urinary (23%), pleuropulmonary (20%), vas- cular (10%), ocular (8%), and genital (3%). For bacterial infections, the most common pathogens were: Esche- richia coli, Klebsiella pneumoniae, and Staphylococcus. Two patients had an infection with Mycobacterium tuberculosis. Viral infections were found in 17 patients (14.4%). Cytomegalovirus (CMV) infection was iden- tified in four cases. Herpes infections were noted in six cases. Varicella-zoster virus (VZV) infection was observed in seven cases. Fungal complications were present in 13 patients (11.4%), with Candida infections being the most common. Oral and/or genital candidiasis was observed in five cases, skin fungal infection in two cases, and esophageal mycosis in one case. Urinary candidiasis was noted in five cases.

Conclusion

Early monitoring and detection of infections, along with vaccination and preventive antibiotic administration, may help reduce the frequency and severity of infectious complications in patients with lupus nephropathy.

P060

C3 DEPOSITS WORSENS THE PROGNOSIS IN TYPE III EXTRACAPILLARY GLOMERULONEPHRITIS

Boukachabia Souad, Boumendjel Alia, Ounaceur Anis, Frigaa Hicham, Rahmouni Khelifa

Department of Nephrology, University Hospital, Annaba - Algeria

Introduction

Type iii extracapillary glomerulonephritis (PEGN) is a common cause of rapidly progressive glomerulonephritis and it is usually associated with circulating anti-neutrophil cytoplasmic antibodies (ANCAs). Recent evidence points to complement activation as an important factor in the pathogenesis of PEGN. The aim of the present study was to assess the value of C3 deposits in the prognosis of PEGN.

Methods

All patients diagnosed of PEGN from 2003 to 2023 (n = 72) were included in this study. Progression of renal disease in patients with positive staining for C3 by immunofluorescence was compared with those with nega- tive staining. Mean follow up was 73 months. Progression to end-stage renal disease in relation to clinical and histological variables was analyzed.

Results and discussion

Positive staining for C3 was observed in 22 out of the 72 patients (30.5%). At the time of diagnosis, patients with C3 deposits had higher serum creatinine concentration than those without C3 staining (5.00 vs. 3.85mg/dl, p = 0.050). Renal survival at 10 years was 36.9% in patients with positive C3 staining vs. 64.4% in patients with negative staining (p = 0.005). Mortality at 10 years was higher in patients with C3 deposits than in patients without deposits (77 vs. 49.3%).

Conclusion

Thus, our study shows that PEGN with deposits of C3 is associated with worse renal prognosis and greater mortality. These results would support the hypothesis that activation of the alternative pathway complement may play an important role in the generation of renal injury associated with PEGN.

P061

FALSE POSITIVE ANTI-NEUTROPHIL ANTIBODIES : EXPERIENCE OF A DEPARTMENT OF NEPHROLOGY

Imen Guissouma, Bettaieb Asma, Aoudia Raja, Hadded Sarra, Khadhar Meriam, Gaeid Hanen, Jerbi Mouna, Goucha Rym

Department of Nephrology, Mongi Slim Hospital, Tunis - Tunisia

Introduction

Anti-neutrophil cytoplasmic antibodies (ANCA), targeting myeloperoxidase (MPO) and proteinase 3 (PR3), are commonly associated with vasculitis. However, ANCA levels can be nonspecifically elevated in some cases of infections and autoimmune diseases reducing the specificity of ANCA testing.

Methods

We conducted a retrospective descriptive study in our department of Nephrology. We included cases in which the kidney biopsy findings did not align with ANCA positivity The aim of our study was to identify cases of false positive ANCA in our department of Nephrology.

Results and discussion

We included six patients aged between 42 and 74 years with a median age of 59 years and a sex ratio of 0.6. Among them, four had a history of diabetes, three had a history of hypertension, and three were known to have chronic kidney failure. Immunological tests revealed anti-MPO antibodies in four cases, anti-PR3 anti- bodies in one case, and both anti-MPO and anti-PR3 antibodies in one case. Three patients presented with rapidly progressive renal failure, and four had hematuria. Kidney biopsies were performed on all patients: four biopsies showed diabetic nephropathy; one revealed a lymphoplasmacytic infiltrate, and another demonstrated collapsing focal segmental glomerulosclerosis (FSGS). Pulmonary investigations in two patients did not show intra-alveolar hemorrhage.

Conclusion

Based on the results of our study, further diagnostic investigations, in addition to ANCA testing, are necessary to confirm the diagnosis of vasculitis.

P062

OUTCOMES OF PATIENTS WITH PROLIFERATIVE LUPUS NEPHROPATHY: A REVIEW OF 114 CASES

Mahfoudh Olfa, Zellama Dorsaf, Mrabet Senda, Azzabi Awatef, Thabet Nesrine, Ben Aicha Narjes, Boukadida Raja, Sahtout Wissal, Guedri Yosra, Achour Abdellatif

Department of Nephrology, Sahloul Hospital, Sousse - Tunisia

Introduction

Lupus nephropathy (LN) is a common and severe complication of systemic lupus erythematosus (SLE). This study aimed to describe the evolving profile of patients with systemic lupus erythematosus who have prolife- rative lupus nephropathy (PLN).

Methods

We conducted a retrospective descriptive study in the Department of nephrology of Sahloul Hospital in Sousse over 13 years, from January 2007 to December 2019, focusing on PLN documented by renal biopsy.

Results and discussion

During the 13 years, we included 114 patients in our study. Among them, 87 patients (77.67%) achieved re- mission, including 53 cases (47.32%) of complete remission and 34 cases (30.35%) of partial remission. Sixty patients experienced renal flares, with an average of 2.05 flares per patient. We identified several complications among the patients. Metabolic complications included diabetes, diagnosed in 19 cases. Additionally, 23 patients had hypertension, and 17 patients had dyslipidemia. Regarding osteoarticular complications, osteopenia was confirmed by bone densitometry in 39 patients. Fur- thermore, 6 patients developed avascular necrosis of the femoral head, while 12 had confirmed osteoporosis. Two patients also developed corticosteroid-induced myopathy. Gastrointestinal complications included diarrhea in 17 cases, while nausea and vomiting were reported in 11 cases. Additionally, nine patients experienced abdominal pain, and twelve patients reported loss of appetite. Hematological complications were also frequent, with 79 cases of pancytopenia, 14 cases of leukopenia, 20 cases of thrombocytopenia, and 45 cases of anemia. However, 14 cases of alopecia, nine cases of ovarian insufficiency or amenorrhea, and 11 cases of headaches were recorded. Finally, infectious complications were the most recurrent in our series, affecting 65 patients (57.01%). Our study had an average follow-up of 48.84 months. In 16 cases (14.03%), permanent renal replacement therapy (RRT) was indicated. Eight deaths (7.02%) occurred during the follow-up. The leading causes of death were septic shock in four cases, respiratory distress in one patient due to a pulmonary embolism, and cardiogenic shock due to acute coronary syndrome in one patient. The cause of death was unspecified in two cases.

Conclusion

PLN is the main factor contributing to mortality in lupus patients. Identifying predictive factors for poor outcomes allows for early intervention, which improves overall survival.

P063

HISTOLOGICAL ASPECTS OF NEPHROTIC SYNDROME AT THE NATIONAL HOSPITAL OF ZINDER (HNZ)

Hassane Moussa Diongole[1], Moussa Tondi Zeinabou Maiga[1], Laouali Chaibou[2], Dabo Ali Souleymane[2], Atanda Akinfenwa[3]

1 Department of Nephrology, Abdou Moumouni University, Niamey - Niger,

2 Department of Nephrology, National Hospital, Zinder - Niger

3 Renal Pathology, Aminu Kano Teaching Hospital, Kano - Nigeria

Introduction

Nephrotic syndrome is defined exclusively biologically by abundant proteinuria greater than 3G/24h in adults and greater than or equal to 50 mg/kg/d in children associated with hypoprotidemia less than 60g/l, one Hy- poalbuminemia less than 30g/l. The purpose of this study is to describe the histological aspects of nephrotic syndrome at Zinder National Hospital.

Methods

It was a descriptive transversal study which took place over 48 months in the Department ofof nephrology of the Zinder National Hospital.

Results and discussion

We have collected 62 patients over the study period. The average age of patients was 31.35 years with a

16.56 and extreme age of age of 15 and 34. The sex ratio was 1.81 in favor of men. The main history of pa- tients were edema of the lower limbs and high blood pressure respectively in 79.03 and 33.87% of cases. The 24 -hour proteinuria was on average 5.56 ± 3.33 g/24 hours. All the patients had a normal hemostasis assessment before the kidney biopsy. The kidney size was greater than 100 mm in 70% of patients. On ave- rage, the number of glomerules per biopsy carrot was 9.29 ± 6.14 with extremes of 2 and 32. The histological lesions found were: HSF (25.81%), GNMP (20.97%), LGM (19.35%), lupus nephritis (6.45%), GNA (3.23%), diabetic nephropathy (3.23%), GEM (2.6%).

Conclusion

Nephrotic syndrome is a frequent reason for consultation in a nephrological environment, in particular in Niger. PBR is an essential tool for the diagnosis and evaluation of the prognosis of kidney diseases, allowing better management of patients with nephrotic syndrome.

P064

IMMUNOGLOBULIN (IGM) NEPHROPATHY: A CASE REPORT AND LITERATURE REVIEW

Mariem Saadaoui, Mahfoudh Olfa, Azzabi Awatef, Thabet Nesrine, Boukadida Raja, Ben Aicha Narjes, Dahmene Rihem, Sahtout Wissal, Guedri Yosra, Zellema Dorsaf

Department of Nephrology, Sahloul Hospital, Sousse-Tunisia

Introduction

Immunoglobulin M nephropathy (IgM nephropathy) is a clinico-pathological entity characterized by predomi- nant deposits of diffuse and granular IgM in the mesangium on immunofluorescence (IF). The histological appearance can present a wide range of glomerular abnormalities, from the absence of ab- normalities to mesangial cell proliferation, extracellular mesangial matrix accumulation, and segmental or glo- bal sclerosis.

Methods

We describe an unusual case of nephrotic syndrome in a patient with a personal history of hepatitis C and atopic dermatitis.

Results and discussion

Clinical Case: A 38-year-old female patient was Hospitalized for the exploration of a nephrotic syndrome. Her blood pressure was 150/80 mm Hg. Physical examination noted edema in the lower limbs. Her blood tests revealed a serum creatinine of 72 µmol/l, serum albumin of 15 g/l, and a total serum protein level of 46 g/l. Urinalysis showed proteinuria and hematuria with the presence of red blood cell casts. The 24-hour proteinuria was 12 g/24h. The C3 and C4 levels were within normal limits, as were the ANA and ANCA tests. Laboratory tests also re- vealed elevated IgE levels. She had a positive skin test for wood and tuna, as well as a positive serology for anti-hepatitis C antibodies with a viral load of 5,200,000 IU/mL. A renal biopsy showed the presence of IgM nephropathy. Initial treatment included avoidance of allergens and antiviral therapy with ledipasvir for 12 weeks, with a negative viral load upon follow-up. The patient was readmitted due to worsening renal function with severe nephrotic syndrome. She was treated with oral corticosteroids. One month later, the nephrotic syndrome had resolved and renal function normalized, leading to complete remission.

Discussion

To our knowledge, the association between IgM nephropathy and hepatitis C has not been found in the lite- rature. However, this glomerulonephritis has been reported in children with atopic dermatitis.

Conclusion

In conclusion, IgM nephropathy presents a spectrum of histological changes ranging from minor changes to FSGS (Focal Segmental Glomerulosclerosis). Immunofluorescence is necessary for diagnosis. Clinically, a poor response to steroid therapy distinguishes this disease from minimal change disease (MCD). Furtherlongitudinal studies are needed to clarify the disease's status among primary glomerulopathies.

P065

MEMBRANOUS NEPHROPATHY - EXPERIENCE OF ONE CENTER

Leila Belkacemi[1], Nadia Chaouchi[2], Athmane Seba[1]

1 Department of Nephrology, University of Medicine,Algiers - Algeria,

2 Department of Nephrology, Tizi Ouzou University - Algeria

Introduction

Membranous nephropathy (MN)is considered an autoimmune disease, which means that it caused by the body's own immune system. MN is the main cause of non-diabetic adult nephrotic syndrome (50 and 60 years old) with a male predominance (2 men to 1 woman). Its incidence is about 10 to 20 people per million per year. 75% of MN are idiopathic and 25% secondary.

Methods

We conducted a retrospective monocentric study, carried out within our Department of nephrology over a period of 2 years (January 2022 - December 2023), including 20 cases of MN confirmed by a PBR (MO+IF), with a minimum follow-up of 6 months.

Results and discussion

20 patients, 11 men and 9 women, extreme ages: 10 -70 years old, the mode of revelation of MN was a pure nephrotic syndrome in 74% of the patients and impure in 26% of the patients; the impurity was: HTA in 50% of the cases, Hematuria in 35% of cases and renal failure in 15% of cases. Histology: MN stage I 53%, MN stage III 30% and MN stage II 15%. MN was primary in 89% of cases and secondary in 11%. Cases. For treatment, 40% of patients received nephroprotective therapy alone, 25% received corticosteroid therapy as- sociated with nephroprotective therapy, 15% received specific treatment associated with nephroprotective therapy, so that 20% did not receive anything.

Conclusion

The evolution of Membranous Néphropathy is very variable, however, it remains an important cause of chronic end-stage renal failure and therefore requires rapid and continuous management to achieve remission and reduce morbidity and mortality related to MN.

P066

PRIMARY FOCAL SEGMENTAL GLOMERULOSCLEROSIS: RENAL PROGNOSTIC FACTORS IN 134 CASES

Chahed Bochra[1], Agrebi Sahar[1], Azzabi Awatef[2], Sellami Nada[1], Zallema Dorsaf[2], Abderrahim Ezzedine[1]

1 Department of Internal Medicine, Charles Nicolle Hospital, Tunis - Tunisia

2 Department of Nephrology, University Sahloul Hospital, Sousse - Tunisia

Introduction

Focal segmental glomerulosclerosis (FSGS) is a clinically heterogeneous podocytopathy that represents a leading cause of nephrotic syndrome and end-stage kidney disease worldwide. This study aims to identify prognostic factors to improve patient management and outcomes.

Methods

This retrospective descriptive study was conducted in the Internal Medicine A department of Charles Nicolle Hospital from May 1983 to December 2022, including 134 patients Hospitalized for nephrotic syndrome se- condary to FSGS. Inclusion and exclusion criteria were applied to define the study population. Data were ana- lyzed using SPSS, with both descriptive and analytical methods, including multivariate binary logistic regression to identify independent risk factors for progression to stage 5 chronic kidney disease (CKD). The significance level was set at 0.05.

Results and discussion

The mean age was 35.3 ± 14.6 years (range: 15 - 63 years), with a male predominance (male-to-female ratio of 1.73). The nephrotic syndrome was pure in 22 cases (16.4%) and impure in 112 cases (83.6%). Initial renal insufficiency was observed in 62 patients (46.3%). Corticosteroid therapy was prescribed to 113 patients (84.3%). Initial response to corticosteroids showed com- plete remission in 48 patients (42.5%), partial remission in 26 patients (23%) and corticosteroid resistance in 39 patients (34.5%). Corticosteroid dependency occurred in 11 patients (9.8%). The mean annual decline in glomerular filtration rate (GFR) was 5.3 ml/min/1.73 m² among patients without initial stage 5 CKD. During follow-up, CKD developed in 72 patients (53.7%), with 46 (33.6%) progressing to stage 5 CKD. Mul- tivariate analysis identified corticosteroid resistance (OR = 3.812; 95% CI: 1.371-10.602; p = 0.01) and higher proteinuria at 4 months (OR = 1.786; 95% CI: 1.077-1.472; p = 0.004) as independent risk factors for CKD progression. Complete remission (OR = 0.204; 95% CI: 0.051-0.818; p = 0.025) and the Tip lesion histological form (OR = 0.087; 95% CI: 0.009-0.868; p = 0.037) were protective against end-stage renal disease.

Conclusion

FSGS is a leading cause of progression to stage 5 CKD. Identifying prognostic factors can guide better ma- nagement and improve patient outcomes.

P067

NEPHROTIC SYNDROME IN ADULTS AT THE NOUAKCHOTT NATIONAL HOSPITAL: CLINICAL, ETIOLOGICAL, AND EVOLUTIONARY ASPECTS OF 46 CASES

Awa Jemal, Lemrabott Mohamed, Atighe Aminetou, Izidbih Ahmed Allah, Ehbibi Bahah, Sidi Aly Abdellatif, Mah Sidi Mohamed

Department of Nephrology, Nouakchott Hospital Center - Mauritania

Introduction

Nephrotic syndrome is characterized by significant proteinuria, hypoalbuminemia, and hypoproteinemia. It represents a global public health . In Mauritania, data on this pathology are very limited. This study is the first attempt to describe the clinical, etiological, and evolutionary characteristics of nephrotic syndrome in adults in Mauritania. Our objectives were to identify the most frequent clinical presentations, determine the main causes, and evaluate the patients' outcomes under treatment.

Methods

This was a cross-sectional, single-center, descriptive, and analytical study involving patients diagnosed with nephrotic syndrome who underwent renal biopsy. The study spanned two years at the Nephrology-hemodia- lysis department of the Nouakchott National Hospital.

Results and discussion

A total of 46 patients with nephrotic syndrome were included. The mean age was 33.78 years There were 27 women (58.7%) and 19 men (41.3%) with a sex ratio of 1.4. Clinical features were dominated by edema syn- drome (91.3%), macroscopic hematuria (13%), and hypertension (28%). The mean proteinuria was 4.39 g/24h, mean serum protein was 50.25 g/L, mean serum albumin was 21.32 g/L. The mean serum creatinine was 11.46 mg/L, with a mean eGFR of 85.65 ml/min . Renal insufficiency was observed in 8 patients (17.4%). The mean hemoglobin level was 10 g/dL. Nephrotic syndrome was pure in 14 patients (30.43%) .

Nephrotic syndrome was primary in 28 patients (61%) and secondary in 18 patients (39%). The etiologies of primary syndromes were: MCD (13 cases, 28%), FSGS (5 cases, 11%), MN (8 cases, 17%), and MPGN (2 cases, 5%). The secondary etiologies were: lupus (6 cases, 13%), diabetes (3 cases, 6.5%), and amyloidosis (1 case). Therapeutically, 19 patients (68%) with primary nephrotic syndrome received corticosteroid . The 6 pa- tients with lupus nephritis (stages III and IV) were treated with corticosteroids and immunosuppressants. Re- mission was achieved in 29 patients (63.04%), with complete remission in 19 patients and partial remission in 10 patients. Eight patients (17.39%) progressed to ESRD, and 4 patients (8.69%) died.

Conclusion

This study highlights the clinical and etiological characteristics of nephrotic syndrome in adults in Mauritania. The primary forms were predominantly caused by MCD and FSGS, while secondary forms were mainly due to lupus and diabetes.

P068

LUPUS NEPHROPATHY AT THE NATIONAL HOSPITAL OF NOUAKCHOTT: REPORT OF 25 CASES

Lemrabott Mohamed, Sidi Hamoud Mohamed Yahya, Mohameden Meyen, Awa Jemal, Ehbibi Behah, El Atigh Aminetou, Yahya Izidbih, Mah Sidi Mohamed

Nouakchott, Hospital National, Nouakchott - Mauritania

Introduction

Lupus nephropathy is a common and serious condition of systemic lupus erythematosus, the objective of our study is to evaluate the frequency, histological, clinical and progressive aspects in our population

Methods

This study examined the epidemiological, clinical, paraclinical and histopathological aspects of lupus nephro- pathy in the Department of nephrology at the CHN, over a 01-year period from March 2023 to March 2024. All patients aged 14 and over with systemic lupus complicated by lupus nephropathy who underwent renal biopsy with anatomopathological reading were included in the study

Results and discussion

25 patients were included. The mean age of the patients was 35.6±12.29 years. Our series included 3 men and 22 women, with a sex ratio of 0.13. Among the renal signs, edema of the lower limbs was present in 23 of the patients and 04 of the patients had hypertension. Proteinuria was present in 20 patients. Extra-renal signs were dermatological in 12 patients and rheumatological in 10. Mean creatinine level was 46.4±53.15mg/l. It was elevated in 16 patients. Anti-native DNA antibodies were positive in 16 patients, anti-nuclear antibodies were positive in 13 patients. Class IV was representative in 07 patients. Class III was found in 6 patients, class II in 2 patients, and classes I and VI in one patient each. In the induction phase, 20 so patients received a bolus of Methylprednisolone for 3 days, followed by a relay of Prednisone by mouth. 21 patients were treated with immunosuppressants, of whom 20 were on Cellcept, while one patient was on cyclophosphamide. In the maintenance phase, 17 patients received corticosteroids. Immunosuppressive drugs were maintained in 22 patients, of whom 21 were on Cellcept, while one patient was on Azathioprine. Of the 25 patients, 22 were being monitored. Of these 22 patients, 3 were in complete remission, 5 in partial remission and 6 relap- sed, 09 patients had progressed to stage 5 CKD, of whom 4 were on hemodialysis, and 05 had died

Conclusion

Lupus nephropathy can present itself in several forms with also different responses to treatment

P069

KAPOSI SARCOMA IN ANTI-GLOMERULAR BASEMENT MEMBRANE ASSOCIATED VASCULITIS

Rahma Guesmi[1], Zohra Jellali[1], Raja Boukadida[2], Sanda Mrabet[2]

1 Department of Hemodialysis, Sidi Bouzid Hospital - Tunisia

2 Department of Nephrology, Sahloul Hospital, Sousse - Tunisia

Introduction

Anti glomerular basement membrane (GBM) disease is a serious life threatening condition, associating, mostly, rapidly progressive glomerulonephritis to diffuse alveolar hemorrhage. That is why a heavy treatment, including glucocorticoids followed by induction therapy with cyclophosphamide, or rituximab, is required. A serious consequence of immunosuppression is opporTunistic infections. Kaposi sarcoma (KS) is a lymphoangioproli- ferative neoplasm that has been associated with human herpesvirus 8 (HHV8). We report a case of anti- GBM-associated vasculitis complicated by iatrogenic KS during treatment.

Methods

We report the case of a 39-year-old patient with no significant medical history, who presents with macroscopic hematuria. Laboratory tests revealed an acute glomerulonephritis without extra-renal signs. Immunological workup was completed yielding positive anti-GBM antibodies (+++). A renal biopsy was performed and showed the presence of extracapillary proliferation affecting more than 60% of the glomeruli. A chest CT scan was ur- gently requested and excluded any alveolar hemorrhage. Given the diagnosis of anti-GBM vasculitis, the pa- tient was treated with boluses of steroids followed by high-dose oral corticosteroid with rapid tapering, as well as plasmapheresis sessions and oral cyclophosphamide. The progression was marked by worsening renal function and the development of anuria, requiring hemodialysis. There was a delay in the negativation of an- tibodies, indicating the continuation of plasmapheresis sessions until a total of 29 sessions. Approximately 2 months after starting treatment, he developed a new lower extremity rash. A skin biopsy was obtained from his leg. This showed an atypical HHV8-positive vascular proliferation without vasculitis consistent with KS. Testing for human immunodefciency virus (HIV) was negative. Few days later. The approach toward this com- plication and the lack of renal response was to accelerate the tapering of corticosteroid to 10 mg/day and to discontinue cyclophosphamide. The patient was also referred to oncology for co-management.

Conclusion

The risk factors for KS include infection with HHV8, HIV, and immunosuppression. Our patient best fits as an example of iatrogenic KS, which has been widely reported in immunosuppressed patients, including those with organ transplantation. Lowering immunosuppression, especially glucocorticoids appears to be beneficial in causing regression of KS.

P070

POST INFECTIOUS GLOMERULONEPHRITIS WITH MESANGIAL DEPOSIT OF IGA - A CASE REPORT

Saci Souad

Department of Nephrology, Hassani Aek University Hospital, Sidi Bel Abbes - Algeria

Introduction

A new entity of post-infectious glomerulonephritis is described in the literature. This is post-infectious glome- rulonephritis with a predominance of IgA and which affects diabetic patients infected with staphylococcus au- reus starting from the skin. We are reporting a new case.

Methods

This is a 68-year-old patient with a medical history: type 2 diabetes with diabetic neuropathy; hypertension, CKD stage 3B (baseline GFR at 35 ml/min/1.73m2) Transferred to our department for treatment of a deterioration in renal function; from the diabetology depart- ment where he was Hospitalized for the treatment of staphylococcus aureus (meti-R) sepsis with a cutaneous origin (plantar perforation of the right foot, complicated by osteitis) initially treated with vancomycin and gen- tamycin then relay with rifampicin and pyostacin A renal biopsy was performed (after blood pressure control) which revealed glomerulonephritis with mesangial deposition of IgA and C3 with two foci of end-capillary proliferation. This morphological aspect may be consis- tent with glomerulonephritis of infectious origin. Furthermore, we note extensive acute tubular necrosis, discreetly inflammatory interstitial fibrosis with tubular atrophy, severe fibrous endarteritis and arteriolar hyalinosis.

Results and discussion

The patient was hemodialyzed with weight loss and antibiotic therapy was adapted secondarily to the result of the antibiogram (rifampicin + ofloxacin)The patient was hemodialyzed with weight loss and antibiotic therapy was adapted secondarily to the result of the antibiogram (rifampicin + ofloxacin) Favorable evolution, on the infectious level: afebrile patient, regression of the biological inflammatory syndrome, and on the renal and general level: disappearance of OMI, good control of BP, disappearance of ma- croscopic hematuria improvement of renal function allowing cessation d hemodialysis (maintained for 3 weeks with a rhythm of 3 sessions per week) renal function at its end: creatinine clearance at 16 ml/min/1.73m2).

Conclusion

In total, the patient presented with infectious glomerulonephritis with mesangial deposition of IgA associated with NTA in a context of staphylococcus aureus sepsis with cutaneous origin (plantar perforator complicated by osteitis) initially treated with vancomycin and gentamycin. Glomerulonephritis of infectious origin with IgA deposits, often secondary to a staphylococcal infection, is dif- ficult to diagnose with an atypical clinical presentation and a broad histological lesion spectrum

P071

RENAL DAMAGE IN MULTIPLE MYELOMA: RESULT OF A SINGLE-CENTER STUDY AT THE SIDI BEL ABBES UNIVERSITY HOSPITAL

Saci Souad

Department of Nephrology, Hassani Aek University Hospital, Sidi Bel Abbes - Algeria

Introduction

Multiple myeloma (MM) is a malignant proliferation of a plasma cell clone that produces an immunoglobulin or one of its fragments in an inappropriate and exaggerated manner. Multiple myeloma represents 10% of hematological malignancies, its incidence increases with age. It is slightly more common in men than in women and the average age at diagnosis is 64 years. Renal damage in multiple myeloma is common. Myelomatous tubulopathy is the most common complication, more rarely, it is AL type amyloidosis or monoclonal immuno- globulin deposition disease. Our objective is to analyze the epidemiological, clinicobiological and progressive characteristics of renal damage during myeloma.

Methods

This is a retrospective single-center study, carried out over a period of 3 years at the Sidi Bel Abbés University Hospital (hematology and Department of nephrology) and including patients suffering from MM complicated by renal damage.

Results and discussion

Renal damage was concomitant with the diagnosis of MM in 50% of cases. Renal failure was the circumstance of discovery in 48% of cases associated with pulmonary infection in 30% of cases.

-This involves acute renal failure in 40% of cases; linked to extracellular dehydration in 70% of cases.

-Acute renal failure was reversible in 45% of cases.

-Renal damage was chronic in 12 patients: for the 11 patients it was related to a myelomatous tubulopathy and 1 patient related to AL amyloidosis.

Patients were treated with Melphalan combined with prednisone in monthly courses with symptomatic treat- ment.

-56% of patients required hemodialysis with a median survival of 6 months. The causes of death were dominated by infections,especially pulmonary infections.

Conclusion

kidney damage during MM is generally observed in a subject with known myeloma; but it can be isolated and precede the first signs of myeloma by several months

P072

MODIFIED PONTICELLI REGIMEN FOR TREATMENT OF IDIOPATHIC MEMBRANOUS NEPHROPATHY: EFFICACY AND SAFETY

Aoun Manel, Soussi Yesmine, Chargui Soumaya, Hajji Najjar Meriam, Barbouch Soumaya, Abderrahim Ezzedine

Department of Nephrology, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Idiopathic membranous nephropathy (IMN) is one of the most common causes of nephrotic syndrome in adults worldwide. The modified Ponticelli regimen has been the standard of care for decades. The aim of this study was to assess the efficacy and safety of this regimen in IMN.

Methods

A retrospective study of five-year duration (2020-2024) was conducted on adults who had biopsy proven IMN and were treated with the modified Ponticelli regimen at our Nephrology day care unit. Baseline clinical, biochemical and histopathological characteristics were collected. Outcomes and adverse effects of therapy at 6 months and at the end of follow-up were studied. Complete remission, partial remission and relapse were defined according to KDIGO guidelines.

Results and discussion

A total of eight patients were included. Baseline characteristics are shown in Table. It concerned a predominantly male population (sex ratio of 3), with an average age of 50,4 years, ranging from 27 to 67 years. Renal insufficiency was noted in five patients, with a mean serum creatinine of 1.42 mg/dL, and the median proteinuria was 10.6 grams per day. Anti-PLA2R antibodies were tested in seven cases, and were positive in five. Histologically, the renal findings corresponded to a stage II or III associated with interstitial fibrosis exceeding 50% in one patient. All patients received angiotensin converting enzyme inhibitors as supportive therapy. At the end of six months, only one patient had complete remission. Then, after a mean follow-up period of 21,5 months, two patients had complete remission, four had partial remission and two had no response to therapy (Figure). Four patients ended up with chronic renal in-

sufficiency with a mean serum creatinine of 3.24 mg/dL, and one patient in end-stage chronic renal failure The most common complications seen during therapy were infections in three patients. One patient experienced a single relapse, seven months after completion of treatment. On univariate analysis, percentage of fibrosis was significantly associated with response to therapy ($p<0.05$).

Conclusion

The modified Ponticelli regimen is effective in achieving remission in our study population, with an accepted rate of side effects. Further large randomized control trials are needed to confirm the same.

P073

PATTERN OF BIOPSY-PROVEN RENAL DISEASE IN NAIROBI, KENYA, FROM 2018 TO 2022: OVERVIEW OF HISTOPATHOLOGY FINDINGS IN BIOPSY-PROVEN CASES

Kimani Anthony[1], Mutwiri Anderson[2], Sokwala Ahmed[1]

1 Department of Medicine,

2 Department of Pathology, Agha Khan University Hospital; Nairobi - Kenya

Introduction

Renal biopsies are not commonly done in East Africa due to certain logistical and diagnostic problems. Patients are treated blindly with steroids. This study aimed to describe the histopathological findings in renal biopsies performed at Aga Khan University Hospital, Nairobi, between 2018 and 2022. The specific objectives were to analyze the demographic characteristics of patients, assess the pathological patterns of renal disease, and explore aetiological factors associated with kidney disease in this population.

Methods

A retrospective cross-sectional descriptive survey was conducted, analyzing biopsy-proven renal disease cases from 2018 to 2022. All clinically indicated renal biopsies within this period were included, excluding renal transplant specimens and incomplete biopsy records. Data on patient demographics, biopsy indications, and histopathological findings were collected and analyzed to establish disease patterns and etiologies.

Results and discussion

The average age of patients undergoing renal biopsy was 30 years, with a range of 2 to 79 years. Males ac- counted for 51% of the cases. Nephrotic syndrome was the most common indication for biopsy (30%), followed by other less frequent indications, such as hematuria (7%). The mean serum creatinine level among these patients was 212 µmol/L. Focal segmental glomerulosclerosis (FSGS) was the most prevalent histopatholo- gical finding, constituting 29% of cases, followed by membranous glomerulopathy at 7.98%. Lupus nephritis, predominantly Class III, accounted for approximately 6% of cases, while IgA nephropathy had a prevalence of 5%.

Conclusion

FSGS emerged as the most common renal pathology in this study, contrasting with global trends where IgA nephropathy is more prevalent. This pattern may reflect the higher prevalence of infectious diseases such as HIV and the poor management of co-morbidities like hypertension and diabetes in Kenya. The findings un- derscore the importance of improving early detection and treatment of renal disease in lower-middle-income countries, particularly given the public health burden of chronic kidney disease.

P074

THE ROLE OF CYCLOSPORINE IN THE MANAGEMENT OF PRIMARY MEMBRANOUS GLOMERULOPATHY DURING PREGNANCY (IN A PRIMIGRAVIDA)

Laghmara Djazia, Zemmouchi Sohaila

Department of Nephrology, Costantine University Hospital - Algeria

Introduction

Membranous glomerulopathy is the most common cause of nephrotic syndrome for adults. Characterized by the presence of granular deposits on the external side of the glomerular basement membrane, it can be pri- mary and limited to the kidneys, with well-established management protocols, but not in pregnant women

Methods

We report the case of patient K.S a 41-year-old woman, followed in our clinic for Membranous glomerulopathy in partial remission with symptomatic treatment (ARA II Aprovel 300 mg/day) since August 2021. On December 2023, the primigravida patient, aged 41, presented for a consultation at 5 weeks of pregnancy without prior scheduling, with a relapse of her nephrotic syndrome

Results and discussion

Laboratory results: Urea: 0.40 g/l, Creatinine: 7 mg/l Uric acid: 60 mg/l Na: 138 meq/l, K: 3.7 meq/l, Ca: 89.99 mg/l, Phosphate: 35.50 mg/l, PTH: 20.89 ng/ml, CRP. 0.9 mg/l,

Hypoalbuminemia: 25 g/l, 24-hour proteinuria: 4532 mg/24h Urine chemistry: protein ++++ blood + Viral serology: negative, Immunology: negative EPP. no abnormalities Tumor markers: negative, Renal ultrasound: no abnormalities

Discussion: Our management was as follows: Discontinuation of Aprovel Initiation of full-dose corticosteroid therapy at 1 mg/kg/day, combined with an adjunctive treatment with gra- dual tapering Introduction of cyclosporine at 3 mg/kg/day in the second week of corticosteroid therapy After 6 weeks, at 11 weeks of gestation, partial remission was achieved with proteinuria of 700 mg/24h. The patient reached full term at 36 weeks of gestation and delivered via cesarean section a newborn who was in good condition with a 2-week stunted growth

Conclusion

Cyclosporine demonstrated its effectiveness in achieving and maintaining remission of Membranous glome- rulopathy in our patient. It is therefore a good alternative to other therapies that are difficult to apply during pregnancy

P075

POSTINFECTIOUS GLOMERULONEPHRITIS PROGNOSTIC INTEREST OF EXCLUSIVE C3 DEPOSITS TO IMMUNOFLUORESCENCE

Ghabi Faten[1], Ben Mahmoud Nouha[1], Sahtout Wissal[2], Ben Salem Mariem[1], Ben Salah Manel[1], Letaief Ahmed[1], Hamouda Mouna[1], Skhirir Habib[1]

1 Department of Nephrology, Fattouma Bourguiba Hospital, Monastir - Tunisia,

2 Department of Nephrology, Sahloul Hospital, Sousse - Tunisia

Introduction

Several studies have demonstrated the contribution of C3's exclusive deposits to the IF in the assessment of the prognosis of different glomerular nephropathy in adults but no published study in this context during the Postinfectious Glomerulonephritis (PIGN) in this population

Methods

We included adult patients between 1st January 2007 and 31st December 2022, whose PBR showed a post- infectious GNA with IFD study done. We divided patients into two groups group A with isolated deposits of C3 and group B with various deposits of immunoglobulin.

Results and discussion

Group A included 20 and B 16 patients. We did not find any significant difference between the two groups neither epidemiologically nor regarding the severity of the blood pressure figures (Table 1). The median crea- tinine and proteinuria were higher in group A but these differences were not significant. There was no there was also no difference between the use of diuretics, antihypertensives and corticosteroids between the 2 . hemodialysis was more observed in group A and the comparison was significant. On the histological(Table 2), comparing group A and B, the results of optical microscopy found a correlation significant between the presence of the croissants at biopsy and the severity of renal failure in group A. Additionally, the Interstitial fi- brosis was significantly more severe in group A. Regarding the course,13 patients in group A had maintained persistent hypertension versus 5 in group B.the presence of isolated C3 deposits during PIGN was significantly associated with higher serum creatinine output with a median of 151µmol/l in the group A

Conclusion

The presence of isolated C3 deposits had an impact on the severity of histological damage and the evolution of PIGN within the small sample limit

P076

ACUTE POST-INFECTIOUS GLOMERULONEPHRITIS IN ADULTS: DESCRIPTIVE MONOCENTRIC STUDY

Ghabi Faten[1], Ben Mahmoud Nouha[1], Sahtout Wissal[2], Ben Salem Mariem[1], Ben Salah Manel[1], Letaief Ahmed[1], Hamouda Mouna[1], Skhiri Habib[1]

1 Department of Nephrology, Fattouma Bourguiba Hospital, Monastir - Tunisia,

2 Department of Nephrology, Sahloul Hospital, Sousse - Tunisia

Introduction

Acute post-infectious glomerulonephritis (PIGN) is an acute non-suppurative exudative inflammation of glomerular capillaries. In adults, atypical clinical forms are more common due to comorbidities in this field, hence the need to perform a renal biopsy.

Methods

Our retrospective, descriptive and analytical study included adult patients had a PIGN confirmed by a PBR analyzed in the laboratory at Fattouma Bourguiba Monastir Hospital between 1 January 2007 and 31 December 2022.

Results and discussion

We collected 36 patients, the average age of the patients in our work was 46 +\- 21years old with a male pre- dominance, a sex ratio of men/women = 1.77. The most common mode of presentation was oedematous syndrome (Table 1). Hypertension was present in 50% of cases. Renal failure was found in 86.1% patients with a creatinine median of 214 µmol/l [122-684]. Proteinuria was positive in all patients with a median of 2 g/24h [2-4]. Nephrotic syndrome was present in 22.2% of patients. The PBR (Table2): the number of PAC glomeruli was 2 PAC for 6 patients (16.7%) and 3 PAC for two patients (8.3%) extracapillary proliferation as- sociated with endocapillary proliferation was found in 15 cases (41.7%) and one interstitial fibrosis was found in 7 patients (19.4%). Asfor the therapeutic management: diuretic was prescribed in 14 patients (36.8%), 17 patients who received antihypertensive therapy, one corticosteroid therapy was initiated in 14 patients before the severity of the initial table and hemodialysis was indicated in 14 patients (38.9%).

Conclusion

PIGN in adults remains a rare nephropathy. The evolution of this Nephropathy remains variable and dependent on several clinical-biological factors.

P077

INFLUENCING PROGNOSTIC FACTORS THE EVOLUTION OF POSTINFECTIOUS GLOMERULONEPHRITIS IN ADULTS

Ghabi Faten[1], Ben Mahmoud Nouha[1], Sahtout Wissal[2], Ben Salem Mariem[1], Ben Salah Manel[1], Letaief Ahmed[1], Hamouda Mouna[1], Skhiri Habib[1]

1 Department of Nephrology, Fattouma Bourguiba Hospital, Monastir - Tunisia,

2 Department of Nephrology, Sahloul Hospital, Sousse - Tunisia

Introduction

The course of acute post-infectious glomerulonephritis (PIGN) in adults is traditionally favorable. However, the great difficulty in managing this disease is found in the prediction and assessment of prognostic factors for the evolution towards Chronic Terminal Renal Insufficiency (IRCT) at diagnosis.

Methods

We conducted a retrospective, descriptive and analytical study, including the patients with a diagnosis of GNAPI confirmed by laboratory PBR of Anatomo-pathology at the Fattouma Bourguiba Monastir Hospitalbetween 1 January 2007 and December 31, 2022

Results and discussion

In order to investigate the prognostic factors influencing the evolution of PIGN in adults, we compared patients who had a favorable outcome with normalization renal function (group 1) to patients with an adverse outcome (group 2). Group 1 included 21 and Group 2 included 15 patients. The average age of patients in our work was 46+/- 21years old with a male predominance. Renal insufficiency was found in 86.1% of patients with a creatinine median of 214 µmol/l [122-684]. The univariate study showed that advanced age (p=0.01), smoking (p=0.042), presence of increasing (p=0.008), interstitial fibrosis (p=0.0074) and fibrous endarteritis p=0.02) to biopsy were statistically associated with an adverse outcome

Conclusion

Renal failure during PIGN in adults is becoming more common; However, the identification of IRCT predictors will allow for better control.

P078

RAPIDLY PROGRESSIVE GLOMERULONEPHRITIS (RPGN): PREDICTIVE FACTORS FOR CHRONIC KIDNEY DISEASE PROGRESSION (CKD)

Harmak Khadija, Kharrat Assia, Mtioui Naoufal, Elkhayat Selma, Medkouri Ghizlaine, Zamed Mohamed, Benghanem Mohamed

Department of Nephrology, Ibn Rochd University Hospital, Casablanca - Morocco

Introduction

Rapidly Progressive Glomerulonephritis (RPGN) is a clinical syndrome characterized by a rapid decline in renal function associated with a glomerular syndrome.

Methods

This study is a retrospective descriptive analysis conducted in the Department of nephrology of Ibn Rochd University Hospital in Casablanca. The aim was to determine the etiological profile of this condition, the prevalence of progression to chronic kidney disease (CKD), and the prognostic factors associated with poor renal survival. We included 34 patients over a one-year period, from January 2022 to December 2022. Patients older than 16 years, admitted for RPGN syndrome, and followed for at least one year were included.

Results and discussion

The mean age of patients in our study was 37 years, with a range from 16 to 72 years. The predominant gender was female. The clinical presentation included edema in 22 patients (64.70%), proteinuria in all patients, and hematuria in 29 patients (85.29%). Extra-renal manifestations were predominantly joint involvement (44.11%). Renal biopsy, performed in 32 patients, showed endocapillary proliferation in 12 biopsies and extracapillary proliferation in 27 biopsies. Crescents were fibro-cellular in 20 cases, cellular only in 5 biopsies, and fibrous only in 2. The prevalence of progression to chronic kidney disease (CKD) was 32.35% among the patients in this series. Significant factors associated with progression to CKD included: age >60 years, anuria at admission, dialysis dependence, the presence of crescentic lesions in histology, and fibrous crescents ($p<0.001$).

Conclusion

In conclusion, several factors associated with poor renal prognosis and progression to CKD have been identified in the literature. The most significant predictors appear to be a high creatinine level at admission, dialysis dependence, and the presence of chronic lesions on renal biopsy at presentation.

P079

MYOCARDITIS DUE TO MYCOPLASMA PNEUMONIAE ASSOCIATED WITH EXTRA-CAPILLARY GLOMERULONEPHRITIS

Touihri Aya[2], Chaker Hanen[1,2], Agrebi Ikram[2], Dammak Najla[1,2], Ben Ayed Nour[3], Yaich Soumaya[1,2], Ben Hmida Mohamed[1,2], Hammami Adnane[3], Kammoun Khawla[1,2]

1 Research Laboratory of Renal Pathology LR19ES11, Faculty of Medicine, Sfax - Tunisia,

2 Department of Nephrology, Hedi Chaker University Hospital, Sfax - Tunisia

3 Microbiology Laboratory, Faculty of Medicine, Sfax - Tunisia

Introduction

Mycoplasma pneumoniae is a respiratory pathogen known to cause atypical lung infections. However, rare extrapulmonary complications, such as rapidly progressive glomerulonephritis (RPGN), can occur, posing a diagnostic and therapeutic challenge. We report the case of a patient whose Mycoplasma pneumoniaeinfection complicated with myocarditis and severe RPGN.

Methods

A 31-year-old patient, with no significant medical history, was admitted with an acute nephritic syndrome cha- racterized by bilateral lower extremity edema and macroscopic hematuria. Clinically, the patient was dyspneic, with a saturation of 98% on 4 L of oxygen, and crackles were present at both lung bases. Cardiac auscultation revealed tachycardia without murmurs, and the ECG showed a sinus tachycardia at 120 bpm. Urine analysis showed severe proteinuria (++++) and hematuria (+++). Laboratory tests revealed a rapidly progressive course with creatinine levels rising from 373 µmol/L (on admission) to 862 µmol/L during Hospitalization. The protein- to-creatinine ratio was 4.58 g/g, albumin level was 26 g/L, and CRP was 67.2 mg/L. Troponin and proBNP le- vels were 245.4 ng/L and 637.8 ng/L, respectively. Complement C3 was decreased, antinuclear antibodies (ANA) were positive at 1/160 with a speckled pattern, while ANCA, anti-MBG antibodies, and cryoglobulins were negative. Mycoplasma pneumoniae serology was positive for IgM. Renal biopsy confirmed extracapillary glomerulonephritis type 2.

Results and discussion

Antibiotic treatment with doxycycline (200 mg/day), ceftriaxone (1 g/day), and targocid (200 mg/day) resulted in rapid improvement of the biological inflammatory syndrome, with a reduction in CRP from 67.2 to 0.7 mg/L. An immunosuppressive regimen, including three boluses of solumedrol followed by oral corticosteroids (1 mg/kg/day) and cyclophosphamide, was initiated. Clinical and biological outcomes were favorable, with progressive improvement in renal function, and creatinine decreased to 249 µmol/L (eGFR = 28.07 mL/min) at follow-up.

Conclusion

This case highlights the importance of considering this atypical pathogen in the context of acute nephriticsyndrome to ensure timely and multidisciplinary management.

P080

COEXISTANCE OF KAPOSI SARCOMA AND MEMBRANOPROLIFERATIVE GLOMERULONEPHRITIS

Zakhama Manel, Bchir Sirine, Hamouda Mouna, Ben Salem Meriem, Ben Salah Manel, Ben Mahmoud Nouha, Letaief Ahmed, Skhiri Habib

Department of Nephrology, Fattouma Bourguiba University Hospital, Monastir - Tunisia

Introduction

Membranoproliferative glomerulonephritis (MPGN) is a glomerular disorder that can be either primary or se- condary. The association of Kaposi sarcoma with MPGN is an unusual clinical situation that raises questions regarding the underlying mechanisms and therapeutic implications.

Methods

We report an unusual case of Kaposi's sarcoma in a patient followed in our Department of nephrology for MPGN mediated by complement, secondary to a deficiency in factor I.

Results and discussion

This is a 54-year-old female patient who was Hospitalized in our department in 2021 for an impure nephrotic syndrome. The immunological workup revealed doubtful antinuclear antibodies (ANA). The renal biopsy re- vealed MPGN with C3 deposits. We continued corticosteroid and MMF treatment at 1g Twice daily. The study of the alternative complement pathway revealed a deficiency in factor I (14.4 mg/l). The patient thus continued the same immunosuppressive treatment. Despite persistent nephrotic proteinuria without worsening of renal function, the patient developed an iron de- ficiency anemia which was a microcytic, hypochromatic anemia with increased serum transferrin, low serum ferritin (3.4 µg/l), suggesting occult blood loss. In addition, the patient has reported epigastric pain for 3 months, accompanied by anorexia, which led to the performance of an upper gastrointestinal endoscopy (FOGD). This revealed four centimeter-sized polyps in the antral region, with a hyperplastic appearance. The histological examination was consistent with hyper- plastic polyps. Clinical examination showed multiple, dusky violaceous nodules and plaques, over the neck, face, both eyelids, hands, feet, and both legs. The majority of lesions were painless and measuring 3 to 5 mm. A skin biopsy showed features consistent with Kaposi sarcoma. Laboratory tests revealed negative serologies for HIV, HCV, and HBV. Once a decision has been made to withdraw all immunosuppressive drugs.

Conclusion

Iatrogenic KS is associated with extensive use of immunosuppressive therapy, which is well known in post- transplantation patient but only several cases reported in the literature associated with membranous glome- rulonephritis. As a rare complication of glomerulonephritis, immunosuppressive treatment should be carefully applied, and further studies are needed.

P081

NODULAR GLOMERULOSCLEROSIS COMPLICATING MIDD: REPORT OF 2 CASES IN YOUNG PATIENTS

Zakhama Manel, Bchir Sirine, Hamouda Mouna, Ben Salem Meriem, Ben Mahmoud Nouha, Ben Salah Manel, Letaief Ahmed, Skhiri Habib

Department of Nephrology, Fattouma Bourguiba University Hospital, Monastir - Tunisia

Introduction

Monoclonal Immunoglobulin Deposition Disease (MIDD) is a malignant hematologic disorder that primarily occurs in older adults and is associated with multisystemic complications.

Methods

We report two cases of MIDD associated to multiple myeloma complicated by nodular glomerulosclerosis in two young patients, highlighting the diagnostic and therapeutic challenges posed by this malignant hemato- logic condition.

Results and discussion

The two patients were young females:

The first patient, aged 44, had no significant medical history and was Hospitalized for acute renal failure (creatinine level of 330 µmol/l) in the context of polyarthralgia, fatigue, and dyspnea. The nephrological pre- sentation included glomerular proteinuria of 4g/24h, albuminuria of 0.9g/l, and aseptic leukocyturia without urinary tract infection. There was rapid renal function deterioration with severe anemia (hemoglobin level of 6.7 g/dl). The electrophoresis showed a monoclonal gammopathy with a peak of 23.55 g/l. The kappa/lambda light chain ratio was 13. A bone marrow aspiration revealed 25% plasma cells, confirming the diagnosis of multiple myeloma. A kidney biopsy showed interstitial fibrosis with nodular glomerulosclerosis lesions and ne- gative immunofluorescence.

The second patient, aged 36, had a history of hypothyroidism and gestational hypertension. She was admit- ted for acute renal failure in the context of dyspnea, fatigue, hypertension, and a nephrological profile showing severe glomerular proteinuria (4g/24h) without urinary tract infection and no extra-renal signs except for nor- mochromic anemia (hemoglobin level of 5 g/dl). A bone marrow aspiration was performed due to hypogam- maglobulinemia (electrophoresis 2.3 g/l), with a light chain ratio of 10. The aspiration revealed 33% plasma cells, confirming the diagnosis of

multiple myeloma. A kidney biopsy showed mesangial fibrosis, sometimes nodular, with moderate interstitial fibrosis. Cardiac MRI has chown hypertrophic cardiomyopathy.

The evolution for both patients was unfavorable with rapid deterioration of kidney function and the need for chronic hemodialysis.

Conclusion

Through this observation, we emphasize the importance of a systematic etiological investigation in any case of renal failure, and the need not to overlook multiple myeloma associated to MIDD in young patients, despite its predominance in older individuals. MIDD although rare, represents a renal complication with generallyrapidely unfavorable prognosis, requiring appropriate management and close monitoring to preserve renalfuntion.

P082

CLINICOPATHOLOGICAL PROFILE AND OUTCOMES OF ADULT INFECTION-RELATED GLOMERULONEPHRITIS

Raja Boukadida, Olfa Mahfoudh, Nesrine Thabet, Asma Fradi, Wissal Saht, Narjes Ben Aicha, watef Azzabi, Sanda Mrabet, Dorsaf Zellema

Department of Nephrology, Sahloul University Hospital, Sousse - Tunisia

Introduction

Infection-related glomerulonephritis (IRGN) includes several conditions such as postinfectious (poststreptococcal) GN, immunoglobulin A (IgA)-dominant (Staphylococcus-associated) infection-related GN, endocarditis-associated GN, and shunt nephritis. While poststreptococcal GN has traditionally been considered the hallmark of infection-related GN, there has been a shift in its epidemiology over the past two decades. This shift includes changes in the underlying causes, morphological and ultrastructural features, and treatment strategies for infection-related glomerular damage.

Methods

We conducted a retrospective study from 2023 to 2024 on adult patients (age >18) with biopsy-confirmed IRGN who met at least three of five diagnostic criteria. Patients with persistent hypocomplementemia (lasting more than three months) or typical poststreptococcal GN were excluded from the study. The aim was to describe the demographic, clinical, and outcome characteristics of these patients.

Results

A total of 10 patients were included in the study, all of whom were male. The median age was 45 years. Half of the patients had a history of diabetes, 80% had hypertension, and 40% had a history of recurrent infections. Initial clinical presentations were varied: 40% of patients presented with nephrotic syndrome, 70% with hematuria, and 90% with renal failure. The average time between the onset of infection and nephritis was 22.8 days. Pulmonary and skin infections were the most common sources of infection, each affecting 40% of the patients. Only 30% of patients had an isolated pathogen, with gram-positive bacteria being the most frequently identified. The median serum creatinine level at admission was 343 Âµmol/L, and the median 24-hour proteinuria was 7.05 g/24h. C3 serum levels were decreased in 70% of cases. Renal biopsy revealed membranoproliferative glomerulonephritis (MPGN) in 50% of patients, IgA nephropathy in 20%, and C3 nephropathy in 10%. In our cohort, two patients were initially treated with high-dose glucocorticoids. These patients later required dialysis and remained dialysis-dependent. Only 10% of patients achieved complete renal recovery.

Conclusion

Infection-related glomerulonephritis in adults is no longer considered a benign condition. Its clinical presentation and progression are highly variable and differ from those typically seen in children. Given the increasing incidence and relatively poor prognosis, further research is needed to better understand this important clinical entity.

P083

CARDIAC INVOLVEMENT IN MONOCLONAL GAMMOPATHIES: A SINGLE CENTER EXPERIENCE

Zakhama Manel, Bchir Sirine, Hamouda Mouna, Ben Salem Meriem, Ben Salah Manel, Ben Mahmoud Nouha, Letaief Ahmed, Skhiri Habib

Department of Nephrology, Fattouma Bourguiba University Hospital, Monastir - Tunisia

Introduction

Monoclonal gammopathies can be associated with systemic complications, including cardiac involvement, which is responsible for significant morbidity and mortality.

Methods

The objective of this study is to describe the clinical, biological, and radiological characteristics of cardiac in- volvement associated with monoclonal gammopathies.

We included all patients with monoclonal gammopathies and cardiac involevement identified between 2020 and 2024 in our department.

Results and discussion

Out of a total of 100 patients with monoclonal gammopathies and renal involvement, 15 (15%) had documen- ted cardiac involvement. The mean age of these patients was 64.9 ± 16.17 years. Among them, 46.7% had no medical history, while 13.3% had a history of cardiac conditions such as atrial fibrillation (AF) or pacemaker implantation, and 53% were hypertensive. Additionally, none of the patients had heart failure prior to the diag- nosis of monoclonal gammopathy. Regarding the types of gammopathies: 9 patients (60%) had multiple myeloma, 2 patients (13%) presented with MGRS (Monoclonal Gammopathy of Renal Significance), and 3 patients (20%) had AL amyloidosis without multiple myeloma. In the entire cohort, 80% of patients presented with a glomerular renal profile. Fur- thermore, among the patients with multiple myeloma (MM), 88% (8 cases) presented with a glomerular renal profile. Based on kidney biopsies, 3 cases were identified as AL amyloidosis, 2 cases as Randall's disease, and for 3 patients, no kidney biopsy was performed. The mean free light chain ratio was 62 ± 125. About cardiac manifestations, the most frequent clinical manifestation was dyspnea (80%) then hypotension (33%). In addition , five patients (33%) had electrical abnormalities. Echocardiography was practiced to all patients. We found 40% of LVH, also 40% showed interventricular sep- tal hypertrophy with a hyperechoic appearance, then 1 case of restrictive cardiomyopathy, and 2 cases of re- duced strain. LVEF was above 50% in 73% of patients. Global hypokinesia was observed in 3 cases (20%).In Biological findings, Elevated NT- proBNP levels (≥ 3500 pg/mL) were noted in 86.7% of cases, with an average troponin level of 105 ± 86 ng/mL.

Conclusion

Cardiac involvement associated with monoclonal gammopathies is common. Early identification based on clinical, biological, and echocardiographic characteristics is essential to improve patient outcomes.

P084

ANTI-PLA2R ANTIBODY: EARLY MARKER OF RITUXIMAB'SUCCESS

Larios Lantchechoue Ahlonsou, Imane Aragon, Dina Montasser, Driss El Kabbaj

Mohamed V Military Hospital, Rabat - Morocco

Introduction

Idiopathic forms represent a significant proportion of extra membranous glomerulonephritis (EMG) in adults. Depletion of B lymphocytes by rituximab has become a standard treatment in these forms. The aim of this work was to evaluate immunologicaland clinical remission in primary EMG under rituximab after twelve (12) months.

Methods

Anti-PLA2R antibody levels and proteinuria at the third, sixth and twelfth months respectively after starting rituximab were used to determine immunological and clinical remission in our primary EMG population.

Results

10 patients, 8 of whom (80%) were men. The average age was 45Â±11 years. The average proteinuria was 07.04g/gÂ±3.28 including 07 (70%) nephrotic syndromes. Three (30%) patients had renal failure at the time of diagnosis and 8 patients (80%) underwent a renal biopsy revealing EMG stage 2 in 7 (87.5%). The average level of anti-PLA2R antibody was 147 with extremes of 50 and 800. All our patients received nephroprotective treatment. Five (50%) patients received another immunosuppressive treatment, including 4 with cyclophosphamide and 1 with cyclosporine before being put on rituximab. The average time to immunological remission was 06 months. At the sixth month, 07 (70%) patients had a total immunological remission including 02 total clinical remissions. Total immunological remission was obtained in all patients at the twelfth month and 05 (50%) patients maintained persistent proteinuria. Two (20%) patients developed end-stage chronic renal failure and were placed on dialysis. None of our patients had achieved clinical remission before immunological remission.

Conclusion

Rituximab therapy in our study population was found to be immunologically effective; this always precedes the clinical response with less infectious risk within the limits of strict control of immunoglobulins G and B and T lymphocytes.

P085

PROFILE OF NEPHROTIC SYNDROME IN THE ELDERLY IN SOUTHERN MOROCCO

Badr Benmouloud, Sara Anibar, Kaouthar Daddi, Amine Bougha, Mouad Elouazzani, Mohammed Bouchoual, Marouane Jabrane, Mohammed Arrayhi

Souss Massa, University Hospital, Ibn Zohr University, Agadir - Morocco

Introduction

Nephrotic syndrome is a common reason for consultation and hospitalization in clinical nephrology, regardless of age. In Morocco, few studies have focused on nephrotic syndrome in the elderly. The aim of our study is to determine the epidemiological profile of subjects with nephrotic syndrome and to identify histopathological and etiological particularities in this age group.

Methods

Retrospective descriptive study at the Souss Massa University Hospital and the Agadir military hospital, covering all patients aged over 65 who underwent a renal biopsy (RBP) from 2017 to 2023 for nephrotic syndrome. Retrospective descriptive study at the Souss Massa University Hospital and the Agadir military hospital, covering all patients aged over 65 who underwent a renal biopsy (RBP) from 2017 to 2023 for nephrotic syndrome.

Results

Over a period of 7 years, 14 biopsies were recorded out of 53 PBR performed involving the elderly, representing a prevalence of 26%. The mean age was 71 years. A clear male predominance was noted with a sex ratio M/F at 2.6. The main reasons for consultation in our patients were edematous syndrome and macroscopic hematuria in 85.7% and 21.4% respectively. Half of the patients had renal failure at the time of diagnosis. The nephrotic syndrome was impure in %. Histologically, it consisted of membranoproliferative glomerulonephritis and AA amyloidosis in 21.4% of cases each, followed in 14.3% of cases by minimal glomerular lesions and diabetic nephropathy.

Conclusion

With the aging of our population, nephrotic syndrome in the elderly remains relatively common in our context, However, the small size of our sample is explained by the delay in consultation and thus the presence of signs of chronicity at the time of discovery making it difficult to perform a biopsy. Nephrotic syndrome, moreover, reflects the existence of glomerular nephropathy, particularly in this age group, secondary to systemic diseases, including amyloidosis and diabetes, as highlighted in our study and previous data.

2- HYPERTENSION

P086

BILATERAL ADRENAL PHEOCHROMOCYTOMA: A CASE REPORT

Dede Zeinebou, Boukadida Raja, Dardour Ghada, Mrabet Senda, Sahtout Wissal, Ben Aïcha Nerjes, Fradi Asma, Azzabi Awatef, Guedri Yossra, Zellama Dorsaf

Department of Nephrology Dialysis and Renal Transplantation, Sahloul Hospital, Sousse - Tunisia,

Introduction

Pheochromocytoma accounts for 0.1% of hypertension cases. They are usually benign tumors. Familial forms account for only 10% of cases. Bilaterally of the lesion is fairly rare, occurring in 10% of sporadic pheochro- mocytoma, whereas it is 50% in familial pheochromocytomas.

Methods

We describe here a case with un simultaneous bilateral pheochromocytoma.

Results and discussion

51-year-old woman, with no particular history, followed for a HTA whose etiological assessment revealed a right adrenal mass of 7cm on a small kidney, which required a total right nephrectomy at the age of 41 with the discovery of a preoperative pheochromocytoma, moreover renal function was stable, six years later the patient presented with severe headaches, palpitations, sweats and poorly controlled hypertension under treat- ment.She complained also of left low back pain.The exploration showed a recurrence of his tumor on the left kidney with a compression of the VCI whose need for a surgical resumption again.

Conclusion

Pheochromocytoma is a rare and severe pathology. Its onset at an early age, its bilaterality and its association with signs of severity, all contribute to its severity. The search for an underlying genetic disorder should be systematic in the case of bilateral pheochromocytoma.

P087

METABOLIC PROFILE OF DIABETIC HYPERTENSIVE PATIENTS AGED OVER 65

Belhassen Hadhemi, Hadj Ali Zohra, Jemai Chaima, Laajili Olfa, Hedfi Imene, Htira Yosra, Ben Mami Faika

Department C, National Institute of Nutrition, Tunis - Tunisia

Introduction

The prevalence of both diabetes and hypertension in older populations is growing. Hypertension in diabetic patients often exacerbates the risk of cardiovascular disease, kidney dysfunction, and other complications, making it essential to understand the unique metabolic challenges faced by this group. Our aim in this study is to analyse the interaction between these conditions and their impact on overall health and especially on the cardiovascular system.

Methods

A descriptive cross-sectional study was conducted in the department C of The National Institute of Nutrition of Tunis which included diabetic hypertensive patients aged 64 and over.

Results and discussion

Thirty-three hypertensive patients were included, of whom 28 were women and 5 men. The characteristics of these patients were respectively: age: 71± 5 years, Body Mass Index (BMI): 28 ± 7 Kg/m², HbA1C: 10.5 ± 1%, total cholesterol (CT) level: 4.5± 1 mmol/l, triglycerides (TG) level: 1.7± 1 mmol/l and high density lipo- protein (HDL) level: 1.12± 0.22 mmol/l. All patients had type 2 diabetes mellitus. The majority of our population was obese (BMI>30Kg/m²) and had uncontrolled hypertension (72%) defined as a systolic blood pressure below 130mmHg, and a diastolic blood pressure below 80mmHg. Thirty patients were known dyslipidemics, including 23 on atorvastatin. Results have shown an elevated level of HyperCT (CT> 5.2mmol/l) and hyperTG (TG> 1.7mmol/l) respectively: 24% and 39% of patients. Twenty seven percent had a Low density lipoprotein (LDL) level superior to targets. Two patients had a history of stroke with no history of a transient ischemic attack among all patients. Seven patients had a treated coronary artery disease and eleven had an abnormal electrocardiogram during Hospitalisation. Diabetes was complicated by diabetic retinopathy in 54% of cases, of which 44% were photocoagulated. Confirmed diabetic nephropathy was present in 29% of cases.

Conclusion

The aging process complicates the management of metabolic diseases such as diabetes mellitus, dyslipidemia and hypertension, as physiological changes become more pronounced. Early detection, continuous monito- ring, and personalized interventions focusing on lifestyle modification, medication adherence, are key to en- hancing the quality of life for older adults managing these coexisting condition.

P088

EVALUATION OF BLOOD PRESSURE IN CHRONIC HEMODIALYSIS PATIENTS BY BLOOD PRESSURE SELF-MEASUREMENT AND CONVENTIONAL MEASUREMENT IN IVORY COAST

Koffi Christ Ziahy Reine-Marie Medecie,

Department of Medicine, Bouaké University Hospital - Ivory Coast

Introduction

Self-measurement of blood pressure is essential for optimal control of blood pressure and cardiovascular outcomes. The aim of our work was to assess the blood pressure profile of hemodialysis patients in order to im- prove blood pressure control and reduce cardiovascular risks.

Methods

we carried out a cross-sectional study from November 1, 2023 to January 31, 2024 on chronic hemodialysis patients (for at least three months) in two public dialysis centers in Ivory Coast.

Results and discussion

On 62 patients, we noted 55 males (88.7%) with 44.1 ± 6.9 years old. The average number of antihypertensive drugs was 2.7 ± 0.9. Fifty-five patients (88.7%) were on antihypertensive therapy. Fifty-two patients (83.9%) had hypertension at home. The mean pre-dialysis BP was 147.1/92.3 mmHg, and was elevated in 50 patients (64.5%). The mean post-dialysis BP was 149.9/92.5 mmHg, and was elevated in 49 cases (79.0%). Perma- nent uncontrolled hypertension was present in 40 cases (64.5%), masked hypertension in 12 cases (19.4%) and controlled hypertension in 10 cases (16.1%). There was no white-coat hypertension in our study. Perma- nent uncontrolled hypertension was associated with hyperparathyroidism. Masked hypertension was asso- ciated with normal PTH blood levels and shorter life expectancy.

Conclusion

High blood pressure is common in chronic hemodialysis patients. It is associated with high morbidity and mor- tality. Home blood pressure self-measurement improves the accuracy and precision of basal blood pressure definition. In view of the results of this study, all hemodialysis patients should benefit from home self-measu- rement in the monitoring of their BP on dialysis.

P089

EXPLORING THE INTERSECTION OF HYPERTENSION AND KIDNEY DISEASEIN EASTERN MOROCCO

Ramdani Sara[1], Hadmen Sara[2], Bentata Yassamine[2], Haddiya Intissar[2]

1 Laboratory of Epidemiology, Clinical Research and Public Heath, Faculty of Medicine and Pharmacy, Oujda - Morocco

2 Department of Nephrology, Mohammed VI University Hospital, Oujda - Morocco

Introduction

Hypertension (HTN), a significant global public health challenge, stands as a critical risk factor for cardiovas- cular events—the leading cause of morbidity and mortality worldwide. Its role in the development and pro- gression of kidney diseases further underscores its significance. This study aims to unravel the profile of HTN among patients with kidney disease, shedding light on the interplay of these intertwined conditions.

Methods

This prospective study focused on young hypertensive patients aged 18 to 65 years, observed over a six- month period (January 1 to June 30, 2022) in Department of nephrology at the referral Mohammed VI University Hospital. The study evaluated a comprehensive array of clinical and demographic parameters.

Results and discussion

Hypertension prevalence was striking, affecting 75% of Hospitalized patients with kidney disease (81 out of 107). Men predominated with a sex ratio of 1.45 (59%), and the condition was most prevalent among patients aged 55–65 years. The mean age was 48.98 ± 14.07 years. A history of HTN was common (85.2%), often ac- companied by diabetes (40.7%). Notably, 14.8% of cases were newly diagnosed during the study. Key car- diovascular risk factors included diabetes (65%), obesity (15%), and sedentary lifestyles (11%).

Systolo-diastolic hypertension was observed in 57% of patients, and grade 2 hypertension affected 30% of younger patients (18–34 years). Complications such as left ventricular hypertrophy (19.61%) and renal failure (80%, chronic in 50%) were prevalent. Treatment regimens varied, with 58% of patients on monotherapy (commonly calcium channel blockers), followed by dual therapy (35%) and triple therapy (7%). The control rate of HTN was 54.3%, predominantly among women and older patients (55–65 years).

Conclusion

This study highlights the urgent need for intensive hypertension management to reduce its prevalence and curb its renal complications. Primary care systems should integrate cardiovascular risk reduction strategies, emphasizing lifestyle modifications as a cornerstone of therapy. Combining these with pharmacological treat- ments can optimize blood pressure control and improve patient outcomes. Addressing HTN in kidney disease patients requires a holistic approach, intertwining medical treatment with proactive prevention and lifestyle interventions.

P090

EXPLORING THE IMPACT OF HYPERTENSION ON WOMEN IN EASTERN MOROCCO

Ramdani Sara[1], Gateka Wendy[1], Aissaoui Hanane[2], Benkaddour Nour El Houda[3], Berkchi Fatima Zohra[3], Bekaoui Samira[3], Haddiya Intissar[2]

1 Laboratory of Epidemiology, Clinical Research and Public Heath, Faculty of Medicine and Pharmacy of Oujda, Oujda - Morocco,

2 Department of Nephrology, Mohammed VI University Hospital, Oujda - Morocco,

3 Hassan II Centre for Hemodialysis and Chronic Disease Prevention, Oujda - Morocco

Introduction

Hypertension (HTN) remains a major contributor to cardiovascular and renal diseases, with distinct gender- specific risk factors. Women, particularly in Low- and Middle-Income Countries (LMICs), are often exposed to unique risks associated with life events and a lack of awareness about hypertension and its contributors. This study examines the prevalence and associated factors of HTN among women in Eastern Morocco.

Methods

We conducted a cross-sectional study involving 162 women who accompanied patients visiting a reference center in Oujda, Morocco. Data were collected through structured

face-to-face interviews, capturing clinical, demographic, and lifestyle information.

Results and discussion

The participants had a mean age of 44.7 ± 15.4 years, with HTN prevalence reaching 11.7%. Among hyper- tensive women, 14.1% were aged above 45 years. Most participants exhibited blood pressure within normal limits (88.3% had systolic blood pressure SBP < 0.001).

Risk factors identified included dysthyroidism (40.0%), sedentary behavior (20.0%), insufficient sleep (16.7%), diabetes (14.3%), obesity (14.3%), dyslipidemia (14.3%), unhealthy lifestyle habits (20.8%), and stress (12.5%). Symptoms such as heart palpitations (23.5%), headaches (15.0%), and fatigue (15.0%) were com- mon among hypertensive women. Postmenopausal women accounted for 52.6% of hypertensive cases, high- lighting their vulnerability.

Conclusion

HTN represents a significant public health issue for women in Eastern Morocco, particularly among women with a family history of HTN and/or diabetes and who have gone through menopause were particularly at risk. This study underscores the critical need for targeted public health initiatives, including lifestyle interventions, early detection, and appropriate management strategies, to mitigate hypertension-related risks and prevent long-term complications.

P091

ETIOLOGICAL PROFILE OF HYPERTENSION IN LUPUS NEPHRITIS

Hajji Meriam[1], Soussi Yassmine[1], Dridi Rania[1], Agrebi Sahar[1], Barbouch Samia[1], Ben Hamida Fethi[2], Harzallah Amel[1], Chargui Soumaya[1], Abderrahim Ezzeddine[1]

1 Department of Medecine A (M8), Charles Nicolle Hospital, Tunis - Tunisia,

2 Renal Pathology Research Laboratory LR00SP01, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Hypertension (HT) is a common manifestation in systemic lupus erythematosus (SLE) and results from various mechanisms. This study aimed to analyze the epidemiological, clinical, biological, and histological profiles of patients with SLE and HT managed in a Department of nephrology.

Methods

We conducted a retrospective study of 33 patients diagnosed with SLE (according to the American College of Rheumatology criteria) and HT over a 10-year period (2013–2023).

Hypertension was defined based on the 2024 European Society of Cardiology guidelines: systolic blood pres- sure greater than or equal to140 mmHg and/or diastolic blood pressure greater than or equal to 90 mmHg. All patients included had histologically proven lupus nephritis (LN), classified according to the 2018 Interna- tional Society of Nephrology (ISN)/Renal Pathology Society (RPS) classification. Collected data included de- mographics, comorbidities, duration of follow-up, age of SLE and HT onset, renal pathology results, treatment, complications, and causes of death.

Results and discussion

This cohort included 29 women and 4 men, with a male-to-female ratio of 0.13. The mean age at SLE diag- nosis was 37.8 years (range: 16–74), and hypertension onset occurred at a mean age of 43.1 years (range: 19–75). The mean interval between SLE and HT diagnosis was 21 months (range: 0–48 months). Cardiovas- cular risk factors included diabetes (22%) and dyslipidemia (74%). Renal biopsies revealed LN classes III (10 cases), IV (14 cases), II (1case), and V (4 cases), with thrombotic microangiopathy observed in 4 patients (12%). Iatrogenic hypertension due to corticosteroid therapy was identified in 4 patients, with a mean onset delay of 10 months (range: 3–40 months). Treatment primarily involved angiotensin-converting enzyme inhi- bitors (ACEIs), either as monotherapy or combined with diuretics, calcium channel blockers, or less commonly, centrally acting agents. The mean follow-upbduration was 50 months (range: 1–72 months). Cerebrovascular accidents linked to HT and antiphospholipid syndrome occurred in 5 patients (15%). Five patients died, pre- dominantly due to thromboembolic complications.

Conclusion

Hypertension is a frequent and significant comorbidity in lupus nephritis, particularly in cases with proliferative glomerular lesions. Corticosteroid therapy contributes to the development of HT, underscoring the importance of judicious prescribing and adherence to a low-salt diet.

P092

FACTORS ASSOCIATED TO UNCONTROLLED HYPERTENSION IN INDIVIDUALS WITH DIABETES AGED 64 AND OLDER

Belhassen Hadhemi, Hadj Ali Zohra, Jemai Chaima, Laajili Olfa, Hedfi Imene, Htira Yosra, Ben Mami Faika

National Institute of Nutrition, Tunis - Tunisia

Introduction

The coexistence of diabetes mellitus and hypertension presents unique challenges in clinical management, particularly as the elderly are more prone to both diseases. Effective blood pressure control in elderly diabetic patients is essential and represents a subject to a variety of clinical and biological factors. The aim of this study was to identify these factors and their association with blood pressure control.

Methods

A cross-sectional study was carried out over a period of 2 months in the C ward C of The National Institute of Nutrition of Tunis on diabetic hypertensive patients aged 64 and over.

Results and discussion

Thirty-three hypertensive patients with uncontrolled diabetes mellitus were included, of whom 28 were women and 5 men. The characteristics of these patients were respectively: age: 71± 5 years, Body Mass Index (BMI): 28 ± 6.5 Kg/m², HbA1C: 10.5 ± 1.2%. Six patients were smokers, 4 of whom had quit smoking. Fifteen patients were polymedicated (using 5 or more medications), 84% were on a nephroprotective anti-antihypertensive treatment (ACE inhibitor or Angio- tensin II receptor antagonists) and 31 were well-adherent of their anti-hypertensive treatment. Twenty-four patients had uncontrolled hypertension, defined as a systolic blood pressure superior to 130mmHg, and a diastolic blood pressure superior to 80mmHg, of whom 83% were women and 17% men, the minority was polymedicated (37%). Regarding antihypertensive treatment, 54% were on monotherapy, 41% were on bi- therapy and 4% were on tritherapy. Among the patients with uncontrolled hypertension, 29% had diabetic ne- phropathy, and the majority had preserved kidney function (75%). There was no significant correlation between the control of hypertension and age, smoking, BMI nor the dose of the nephroprotective anti-hypertensive treatment, with a p= 0.3, 0.5, 0.75 and 0.96 respectively.

Conclusion

Uncontrolled hypertension in diabetic patients aged 64 and older is influenced by a combination of factors, including age-related physiological changes and comorbidities. In addition, it is important to consider that poor diet, physical inactivity, limited access to healthcare, and insufficient monitoring of blood pressure contribute to the difficulty of managing hypertension within this population.

P093

CONTROL OF BLOOD PRESSURE IN GLOMERULOPATHIES

Rostoum Soukaina, Moulouade Sohaila, Maazouzi Chaimae, El Khayat Selma Siham, Mtioui Naoufal, Zamd Mohamed, Medkouri Ghislaine, Benghanem Gharbi Mohammed

Department of Clinical Nephrology, Renal Transplantation, and Hemodialysis, Ibn Rochd University Hospital, Casablanca - Morocco

Introduction

Hypertension (HTN) is a major and frequent sign in glomerular disease. It is also a key risk factor in the pro- gression of chronic kidney disease. This study aims to investigate the prevalence of HTN in glomerulopathies and to identify factors associated with poor blood pressure control.

Methods

This was a descriptive and retrospective analytical study conducted over one year, including hypertensive patients aged 18 years and older with primary or secondary glomerulopathies confirmed by renal biopsy. Data were collected from medical records. HTN was defined according to ESC/ESH 2023 guidelines: blood pres- sure >140/90 mmHg in the clinic or >135/85 mmHg at home. Target blood pressure was SBP 120–130 mmHg and DBP 70–80 mmHg, as per KDIGO 2021 recommendations. Factors associated with poor control were identified through multivariate analysis using logistic regression (SPSS 22).

Results and discussion

A total of 54 patients with glomerulopathies were included in the study. Among them, 45 (47.87%) had HTN. The mean age of the patients was 37.4 ± 28 years, with a male predominance. Glomerulopathies associated with HTN included focal segmental glomerulosclerosis (22.2%), membranous nephropathy (17.7%), and mem- branoproliferative glomerulonephritis (15.5%). Thirteen patients were treated with monotherapy, 27 with dual therapy (IEC + calcium channel blocker or diuretics), and 5 with triple therapy.

After an average follow-up of 2.5 months, the mean SBP was 136.3 ± 16.3 mmHg and DBP was 79.4 ± 11.6 mmHg. However, 69% of cases remained uncontrolled.

Conclusion

More than half of the hypertensive patients in this study exhibited poorly controlled blood pressure, highlighting the necessity of more aggressive strategies to optimize blood pressure management and improve the care of glomerulopathies.

P094

PROFILE OF PRIMARY HYPERALDOSTERONISM IN ADVANCED STAGES OF CHRONIC KIDNEY DISEASE: A STUDY OF 4 CASES

Zoughlami Rania, Tlili Syrine, Ghabi Hiba, Boukhtioua Mariem, Mami Ikram, Driss Nour, Krid Madiha, Smaoui Wided, Zouaghi Mohamed Karim

Department of Nephrology, La Rabta Hospital, Tunis - Tunisia

Introduction

Primary hyperaldosteronism (PHA) is a common and underdiagnosed cause of secondary hypertension. Its impact on the progression of chronic kidney disease (CKD) is increasingly recognized, particularly in advanced stages, where worsening hypertension can accelerate the decline in renal function. Our objective was to study the clinical and biological profiles of patients with PHA in this context.

Methods

This retrospective descriptive study involved 4 cases of primary hyperaldosteronism at different stages of CKD, followed in the Nephrology, hemodialysis, and kidney transplantation department of La Rabta Hospital, Tunis, over a period of two years.

Results and discussion

The study included 4 men, 2 of whom were brothers. The average age at diagnosis was 41.25 years (range: 38–45 years). At the time of diagnosis, most patients presented with resistant hypertension associated with hypokalemia. Three patients were in stage 4 CKD, and one was in stage 3 CKD. During follow-up, antihyper- tensive treatment primarily based on aldosterone antagonists was initiated, resulting in stabilized renal function at stage 4 in two patients. However, one patient experienced worsening renal function, progressing to stage 4, while another advanced to end-stage renal disease and began hemodialysis. The main factor contributing to renal function deterioration was poorly controlled hypertension, with persistent hypokalemia observed in all four patients.

Conclusion

Primary hyperaldosteronism in patients with advanced stages of chronic kidney disease presents a distinct clinical profile characterized by resistant hypertension, electrolyte imbalances, and accelerated renal function decline. Early detection of PHA is crucial to slowing the progression of renal impairment.

P095

SEVERE ARTERIAL HYPERTENSION REVEALING AN ATYPICAL HEMOLYTIC UREMIC SYNDROME

Baghdali Feriel Yasmine

Department of Nephrology, Mustapha Bacha, University Hospital, Algiers - Algeria

Introduction

Hemolytic uremic syndrome is characterized by the following triad : mechanical hemolytic anemia , peripheral thrombocytopenia and acute kidney failure caused by thrombotic microangiopathy lesions wich the atypical form is attributable to hyperactivation of the alternative complement pathway

Methods

ur report describes a 19 years old man who presented a severe arterial hypertension in the context of acute renal failure with hemolytic anemia, thrombocytopenia, complement consumption and deficiency of factor B that leads to an activation of alternate pathway of complement.

A renal biopsy was performed revealing histopathological aspects and direct immunofluorescence profile consistent with the diagnosis of thrombotic microangiopathy potentially with the scope of an atypical hemoly- tic-uremic syndrome associated with nephronangiosclerosis lesions.

Results and discussion

Hemolytic uremic syndrome is a thrombotic microangiopathy involving arterial lumen occlusion by thrombis with renal damages being predominant

From a clinical perspective, the symptoms are initially non specific including fatigue pallor dyspnea oliguria and hypertension. Diagnosis is based on a combination of clinical anathomopathological and immunobiological evidences

Our patient was placed on symptomatic treatment in ad-

dition of plasma exchange and six month course of ECULIZUMAB with no recovery of renal function leaading to chronic dialysis

Conclusion

High blood preassure can be indicative of a serious and rare condions such a hemolytic uremic syndrome.

P096

EPIDEMIOLOGICAL, CLINICAL, PARACLINICAL, EVOLUTIONARY, AND THERAPEUTIC ASPECTS OF HYPERTENSIVE PATIENTS INFECTED BY COVID-19: ABOUT 702 PATIENTS IN DAKAR, SENEGAL

Ibrahima Wade[1], Aliou Alassane Ngaide[2]

1 Department of Medicine, Fann University Hosital,

2 Department of Medicine, Dalal Jamm University Hospital - Senegal

Introduction

Hypertension is prevalent in COVID-19 patients. The objective of this study was to determine the epidemiological profile of COVID-19 patients associated with hypertension followed at the CTE of CHN Dalal Jamm in Dakar, Senegal.

Methods

We conducted a retrospective study in hypertensive patients hospitalized at the CTE for COVID 19 infection from March 27, 2020 to March 30, 2022. The collected data were analyzed with R software version 4.0.3.

Results and discussion

702 patients with a mean age of 65.1 years (± 12.2) were included. They385 women55%). Comorbidities includeddiabetes (40.5%) and dyslipidemia (4.8%). The main symptoms were cough (65%), dyspnea (42.3%), fever (47.4%) and asthenia (35.9%). The most common clinical form of COVID 19 infection was moderate (42.8%). Pulmonary involvement on chest CT was mostly critical (31.8%). Treatment was dual therapy with an ACE inhibitor (29%) or an ARB II (8.4%) combined with antibiotics (51.1%), anticoagulants (58.1%) and corticosteroids (56%). The mean length of hospitalization was 12.85 days (± 8). The most common complications were decompensation of associated comorbidity (70%) and ionic disorders (17.4%). Mortality was of was 15.5%, it was associated with predisposing factors: lack of employment (OR: 6.30; 95% CI: 2.98-14.8), the presence of diabetes (OR: 0.56; 95% CI: 0.32-0.97), lack of vaccination against COVID-19 (OR: 6.90; 95% CI: 1.43-59.2), hypercreatininemia (OR: 3.61; 95% CI: 1.83-7.10) and the presence of complications (OR: 8.18; 95% CI: 3.93-17.4).

Conclusion

Hypertension associated with Covid-19 has an impact on the prognosis of the disease. Reducing its incidence requires prevention.

P097

PREVALENCE, CHARACTERISTICS AND DETERMINANTS OF HYPERTENSION MEDIATED ORGAN DAMAGE IN TWO SUB-SAHARIAN URBAN HOSPITALS

Maimouna Mahamat[1], Donfack Jordan[2], Angwafor Samuel[2], Nganou-Gnindjio Nadège[1]

1 Department of Internal Medicine and Specialties, Faculty of Medicine and Biomedical Sciences, University of Yaoundé - Cameroon,

2 Department of Internal Medicine of Health Sciences, Banganté - Cameroon

Introduction

Hypertension-mediated organ damage (HMOD) is the structural and/or functional alteration of the arterial vasculature of the organs it supplies due to elevated blood pressure. Our objective was to show the burden of hypertension-mediated organ damage among hypertensive patients attending consultation at the Yaounde General and Central Hospitals.

Methods

We conducted a Hospital-based cross-sectional study from the 1st of February to April 30th 2024 including all patients older than 21 years diagnosed with hypertension. Participants diagnosed with glaucoma, pregnant and those who withdrew from the study were excluded. The main organs assessed were the heart (electro- cardiography and/or cardiac ultrasound), kidneys (serum creatinine and urine dipstick for proteinuria), brain (medical records of transient ischemic attack or stroke), arteries (ankle brachial index) and the retina (fundo- scopy). Data were collected using a questionnaire containing sociodemographic and clinical data from patient medical records and physical examination. Collected data were input into the computer using the software SPSS version 26.0 and analysed. A p-value

Results and discussion

In all, 214 were recruited with a mean age (SD) of 57.64 ± 12.94 years and 46.7% male sex. The median vin- tage [Interquartile range] of hypertension was 4.5 [0.5-10] years with 89.7% patients had essential hyperten- sion. About

72.9% (n=156) were on a treatment and only 65.4% were compliant. The mean systolic blood pressure was 165.43 ± 40.13 mmHg and diastolic of 101.17 ± 23.58 mmHg. Grade 3 hypertension (45.8%) was more frequent in newly diagnosed patients. The prevalence of HMOD was 87.4%, 62.6% and 29.0% for those having at least one, two and three organ damage respectively. The kidneys (58.3%), retina (57.7%) and the heart (49.2%) were the most involved target organs with increased creatinaemia (54%), diffuse arte- riolar narrowing (46%) and left ventricular (38.5%) being the main manifestation respectively. Male sex (p=0.006; OR 2.13[1.22-3.72]), diabetes (p

Conclusion

The prevalence of HMOD is high in our setting and has been associated with male sex, duration of hyperten- sion and adherence to treatment.

P098

METHYLDOPA-INDUCED HAEMOLYTIC ANAEMIA IN A 47-YEAR-OLD PRESENTING ADVANCED CHRONIC KIDNEY DISEASE

Dahene Dorra, Manel Aoun, Sahar Aguerbi, Tasnim Ben Ayed, Samia Barbouch, Ezzedine Abderrahim

Department of Nephrology, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Alpha-methyldopa has been demonstrated to be safe for use during kidney insufficiency and is used to treat hypertension in advanced kidney disease. It has been known to cause gastrointestinal side effects and less frequently blood disorders in hypertensive patients.

Methods

Case report

Results and discussion

We report a case of methyldopa-induced haemolytic anaemia in a 47-year-old man who presented to the emergency department with diarrhea.

His medical history included diabetes with diabetic kidney disease stage 4 and hypertension treated with me- thyldopa at a dosage of 500 mg three times daily for two months.

The patient had a history of anaemia related to a deficiency of iron which was treated by iron intravenous supplementation one month before introducing methyldopa.

The physical examination indicated easy fatigability over the previous week, tachycardia and pallor. Laboratory tests revealed normochromic normocytic anemia, haemoglobin of 8 grams and reticulocytosis, a decrease in white blood cell levels at 3,7 103 µL−1, low lymphocytes count at 0.32 103 µL−1, platelet levels at 120 103 µL−1 and there was a recent worsening of creatinine levels. Serum liver, coagulation studies, and urine analysis were normal.

A decline in haemoglobin with no signs of bleeding or inflammation or evolutive infection and with normal iron, lactate dehydrogenase and bilirubin levels, absence of schizocytes, led us to request the direct antiglobulin test which was strongly positive (IgG 3+).

Methyldopa was immediately discontinued, was replaced by moxonidin and both complications disappeared following cessation of treatment with the offending drug. The platelet and white blood cell levels returned to normal levels with a progressive improvement of haemoglobin level, two weeks after alpha-methyldopa dis- continuation.

Endoscopic exploration was then required despite the remission of diarrhea.

Conclusion

Immune haemolytic anemia is a serious side effect of methyldopa. This strongly suggests small starting dosage that should be increasing progressively especially in patients with advanced chronic kidney disease be- cause of the risk of drug accumulation due to decreased renal elimination.

P099

HIGH BLOOD PRESSURE AND LIFESTYLE OF WOMEN TRADERS IN THE GBEGAMEY MARKET - COTONOU (BENIN)

Ahoui Seraphin[1], Akoha Félicité[2], Boukary Rachad[1], Allahoungba Elie[3], Vinasse Aimé[4], Vigan Jacques[4]

1 Department of Nephrology, Faculty of Medicine, University of Parakou, Parakou - Bénin,

2 Department of Nursing and Obstetrics,

3 Department of Nephrology, Faculty of Health Sciences, University Of Abomey-Calavi, Cotonou - Bénin

Introduction

High blood pressure (HBP) is one of the risk factors for cardiovascular disease (CVD). The aim of this study was to investigate the prevalence of high blood pressure (HBP) associated with the lifestyles of women traders in the Gbegamey market (Cotonou) in Benin in 2024.

Methods

This was a descriptive and analytical cross-sectional study, conducted from September 01, to November 30, 2024, and concerned female traders in the Gbégamey market (Cotonou) aged at least 15 years. Recruitment was exhaustive. High blood pressure was retained according to the criteria of the European Society of Car- diology of 2024. Lifestyle included sedentary lifestyle, consumption of excessively fatty or salty meals, alcohol, water, flavour enhancers, dermocorticoids, narcotics, self-medication, excessive use of phytotherapy, and ex- posure to tobacco and noise. The data were analysed with significance based on p-values at the 5% threshold.

Results and discussion

A total of 208 traders were included. The mean age of the traders was 47.24 ± 4.34 years. Of the 208 parti- cipants, 35.6% were sedentary; 33.2% consumed meals with too much fat, 38% consumed meals with too much salt, and 44.7% used flavour enhancers. In the series, 9.1% of the saleswomen used dermocorticoids and 1.64% did not use narcotics, 72.1% practised self-medication, 56.7% abused herbal Medicine, 5.3% ex- posed themselves to tobacco, 20.7% consumed alcohol, 65.9% consumed insufficient water and 81.7% de- clared that they had no occupational stress. Of the 208 participants, 69 (33.2%) had high blood pressure. Exposure to noise, consumption of too salty a meal and alcohol consumption had a positive effect on the onset of high blood pressure.

Conclusion

Women at risk of developing HBP are very important. Good follow-up and prevention of risk factors will help to improve the renal prognosis of these women.

P100

SCREENING OF HYPERTENSION IN EMERGENCY DEPARTMENT: PATIENT'S CLINICAL AND PROGNOSIS PROFILE

Essalah Saloua, Zaouche Khadija

Emergency Department, Ariana Hospital, - Tunisia

Introduction

Hypertension is a silent disease that requires screening in order to reduce the associated morbidity and mor- tality. The objective of our study was to determine the epidemiological and clinical profile of patients diagnosed with hypertension during their Hospitalization in the emergency room.

Methods

We conduct a retrospective study on a cohort of patients admitted to the short-term emergency Hospitalization unit of a regional Hospital between June and November 2023. The epidemiological and clinical profile of pa- tients screened for hypertension were studied. phone follow-up at one year was carried out to detect the oc- currence of any major cardiovascular event (MACE).

Results and discussion

During the study period, 275 patients were admitted. We detected hypertension in 42 of them (15%). Their mean age was 55 ±15 years. A male predominance of 69 % was observed. The most common associated morbidity was diabetes mellitus (40 %). The diagnosis that motivated admission was a cardiovascular patho- logy in 48 % of cases. No patient died during Hospitalization.

We discharged 29 patients (69 %) after an average stay of 8h30min ± 11h49mn.

At one year, eight patients developed MACE (19 %). It was significantly associated, in multivariate analysis, with the value of creatinine and urea on admission (p=0,036 and p=0,024).

Conclusion

The prevalence of hypertension in our cohort was 15%. One-year mortality was high, around 12 %, and the occurrence of MACE was around 19 %, highlighting the importance of sustained and regular screening for hypertension in the emergency room.

P101

ETIOLOGICAL PROFILE OF HYPERTENSION IN YOUNG PATIENTS

Feriani Houda[1], Abid Naoures[2], Ouali Jihen[1], Skouri Wafa[2]

1 Department of Hemodialysis, Mohamed Tahar Maamouri Hospital, Nabeul - Tunisia,

2 Department of Internal Medicine, Mohamed Tahar Maamouri Hospital, Nabeul - Tunisia

Introduction

Hypertension in young patients is a particular entity. The prevalence of secondary causes of hypertension in young adults appears to be higher than in the general population (10%) but remains unknown. The aim of this work is to determine the etiological profile of hypertension in our young patients.

Methods

This is a retrospective study that included 13 patients with hypertension diagnosed before the age of 40.

Results and discussion

There were 9 women and 4 men. The average age at the time of discovery of hypertension of our patients was 25 years (18-39). The average number of antihytensive drugs was 4 (1-6). All these patients benefited from a Doppler ultrasound of the renal arteries, hormonal dosages were carried out for 8 patients(a measu- rement of urinary methoxylated derivates, exploration of hypercortisolism and hyperaldosteronism). Metabolic syndrom was in 5 cases. The etiologies were found were as follows: 5 cases of parenchymal renal disease (3cases of polycystic kidney disease, 2 cases of diabetic Nephropathy with type 1 diabetes), 2cases of reno- vascular hypertension with renal artery stenosis,1case of primary hyperaldosteronism with conn adenoma, 1 case of paraganglioma and 1case of severe Sleap Apnea Syndrome (SAS). Essential hypertension was found in 3 cases (23%). The evolution after etiological treatment is marked by a normalisation of blood pressure fi- gures for two patients. Even though the majority for young patients with hypertension has secondary causes, the increase of hyper- tension for young people can be attributed to lifestyle factory which lead to overweight and obesity.

Conclusion

Hypertension is the leading cause of death worldwide. Expert opinion advises not only to look for the causes of secondary hypertension for young patients but also an initial emphasis on lifestyle modification. This can comprise a diet with reduced salt and refined carbohydrate intke and an exercise programme.

P102

RENAL INVOLVEMENT IN SARCOIDOSIS : A 7 CASES STUDY

Kandil Rania, Boukhtioua Mariam, Ghabi Hiba, Tlili Syrine, Zouaghi Mohamed Karim

Department of Nephrolody, Dialysis and Transplantation, La Rabta Hospital, Tunis - Tunisia

Introduction

Sarcoidosis is a multisystem granulomatous disease of unknown origin that predominantly affects young in- dividuals. Renal involvement in sarcoidosis is relatively rare and is primarily attributed to hypercalcemia, renal interstitial granulomas, and, less commonly, glomerulonephritis.

Methods

We retrospectively reviewed the medical records of patients with sarcoidosis who were followed in the Ne- phrology Department of RABTA Hospital in Tunis from 2007 to 2024. Socio-demographic, biological, and di- sease characteristics as well as outcomes were analyzed.

Results and discussion

The study included a total of 7 patients with a F/M sex ratio of 2.5 and a mean age of 52.14 ± 14.6 years. Renal involvement revealed the disease in five cases with a median serum creatinine level of 66 [22–102] mg/L . The clinical presentation was consistent with tubulo-interstitial involvement in all cases, with a mean proteinuria of 0.47 [0.07–0.80] g/24 hours. The mean serum calcium level was 2.49 ± 0.29 mmol/L, with two patients exhibiting hypercalcemia. Serum protein electrophoresis revealed broad-based hyper-gammaglobu- linemia in two cases. Serum angiotensin-converting enzyme levels were measured in three patients and were normal in all cases. Extrarenal manifestations included lymphadenopathy (N=4), lung involvement (N=2), joint involvement (N=2), and skin lesions (N=2), along with parotid involvement (N=2), peripheral neurological in- volvement (N=1), and central nervous system involvement (N=1). Renal biopsy was performed in six patients. Findings included interstitial nephritis with epithelioid and multinucleated giant cell granulomas in four cases, chronic interstitial nephropathy in one case, and non-contributory results in one case. All patients received in- travenous hydration upon admission. Five patients were treated with oral corticosteroids (Prednisone). A gra- dual tapering of the dose was undertaken after 60 to 75 days, with all patients maintained on low-dose prednisone. Two patients received immunosuppressive therapy (Azathioprine and Cyclophosphamide). Three patients required Hemodialysis. Renal function improved in three patients. One patient experienced a relapse of sarcoidosis. Three patients did not respond to treatment and progressed directly to end-stage renal di- sease.

Conclusion

Renal involvement in sarcoidosis, while rare, is likely underdiagnosed. This underscores the importance of systematic screening for renal involvement at the time of initial diagnosis and during follow-up to preventprogression to chronic kidney disease.

P103

HYPERTENSION IN PATIENTS UNDER 40 : INSIGHTS FROM THE TUNISIAN POPULATION

Alia Raha, Mami Ikram[1], Nour El Houda Driss[1], Hiba Ghabi[1], Syrine Tlili[1], Mariem Boukthioua[1], Lamia Rais[1], Fethi Ben Hamida[2], Mohamed Karim Zouaghi[1]

1 Department of Nephrology, Dialysis and Kidney Transplantation, La Rabta Hospital, Tunis -Tunisia

2, Renal Pathology Research Laboratory LR00SP01 Charles Nicolle Hospital, Tunis - Tunisia

Introduction

The prevalence and incidence of hypertension in patients under 40 in Tunisia raise significant health concerns. Studies indicate that hypertension is increasingly recognized among younger populations, particularly those aged 18 to 40. At this age, secondary causes of hypertension are more common, and carry a higher risk of both short and long-term complications.

Methods

This is a cross-sectional retrospective study that included 30 patients under the age of 40 who presented with hypertension. We examined the associated risk factors, as well as the causes and both short and long-term complications of the hypertension. Patients with stage 4 or below chronic renal failure were excluded.

Results

Sex ratio was: 2,33 (21 males vs 9 Females). The age at diagnosis ranged from 17 to 40 years.The most frequent risk factors found were: family history of hypertension (46%), smoking (40%), consanguinity (33%), BMI > 25 kg/mÂ² (26%) and BMI> 30 kg/mÂ² (6%). Only 2 patients had a history of diabetes, 2 of dylipidemia and 1 of underlying cardiopathy.The associated signs at the time of diagnosis included: hypokaliemia (36%), nephrotic syndrome (26%), and acute renal failure (26%). One patient presented with an inaugural stroke.The leading causes of hypertension were, in descending order: glomerular nephropathy (36,6%), undetermined (30%), microthrombotic angiopathy (6,6%), secondary hyperaldosteronism (13%) of which one was due to a renin tumor, and one to a unilateral renal artery stenosis, primary hyperaldosteronism (3%), and iatrogenic (due to long-term corticosteroid treatment): 3%.Acute complications (16% of all patients) were most frequently: Hemorrhagic stroke (6,6%), pre-eclampsia (6,6%) and transient ischemic attack (3,3%).However, nearly 47% of patients developed chronic complications, all within five years of follow-up, distributed as follows: 50% cardiovascular, 36% renal, and 14% ocular.

Conclusion

The high percentage of undetermined causes of secondary hypertension in patients under 40, as well as the difficulty in identifying adequate treatments, highlight the need for further research and the availability of targeted diagnostic tests.

P104

RENAL INVOLVEMENT ASSOCIATED WITH CHRONIC INFLAMMATORY BOWEL DISEASES

Zran Najla[1], Agrebi Sahar[1], Azzabi Awatef[2], Chargui Soumaya[1], Sellami Nada[1], Guedri Yousra[2], Zellama Dorsaf [2], Abderrahim Ezzedine[1]

1 Department of Internal Medicine A, Charles Nicolle Hospital, Tunis - Tunisia,

2 Department of Nephrology, Sahloul Hospital, Sousse - Tunisia

Introduction

Renal complications are rare but serious manifestations of chronic inflammatory bowel diseases. The aim of this study was to investigate the clinical, biological, histological, and evolutionary characteristics of the different types of renal involvement observed in patients with chronic inflammatory bowel diseases.

Methods

This is a retrospective descriptive study that included patients with chronic inflammatory bowel diseases who were followed for renal involvement at the Department of Internal Medicine A at Charles Nicolle Hospital and the Department of nephrology at Sahloul Hospital, covering the periods from January 1, 1970, to December 31, 2022, and from January 1, 2008, to December 31, 2022, respectively.

Results and discussion

We included 40 patients, of whom 31 had Crohn's disease and 9 had ulcerative colitis. The mean age was

46.6 ± 16.7 years, with a male predominance (male-to-female ratio of 1.35). The median time to onset of renal involvement was six years [0 - 34 years], with three years in Crohn's disease and 12 years in ulcerative colitis (p=0.04). The main presenting symptoms were proteinuria (45%) and renal failure (40%). Nephrotic syndrome was present

in 45% of cases, with a median serum creatinine of 158 µmol/l [39-1207 µmol/l]. Renal involve- ment was diverse: acute renal failure was observed in eight patients (20%), chronic kidney disease in 36 pa- tients (90%), of whom 21 (58.4%) had chronic renal insufficiency. Histopathological examination revealed renal amyloidosis in 17 patients (42.5%), followed by IgA nephropathy in two patients (5%) and membranous glomerulonephritis in one patient (2.5%). Chronic tubulointerstitial nephropathy was reported in nine patients (22.5%), and renal stones in eight patients (20%). Among the patients, 10% were on dialysis at presentation, and 35% progressed to dialysis after a median time of 30 months [2 - 204], including 10 patients with Crohn's disease and 4 with ulcerative colitis (p=0.97). Chronic renal insufficiency was the only risk factor for progres- sion to end-stage renal disease, with an odds ratio (OR) of 6.12.

Conclusion

Renal involvement in chronic inflammatory bowel diseases is diverse and can lead to dialysis. Our resultsunderscore the crucial importance of early diagnosis and multidisciplinary management of this condition.

P105

VASCULAR NEPHROPATHY IN EASTERN MOROCCO: A CLINICAL PERSPECTIVE

Sara Ramdani, Lifa Atif, Yassamine Bentata, Intissar Haddiya

Department of Nephrology, Mohammed VI University Hospital, Oujda - Morocco

Introduction

Chronic vascular nephropathy is characterized by damage to the blood vessels in the kidneys. Hypertension (HTN) can both contribute to the development of this condition and result from it. Notably, vascular nephropathy is a significant cause of the need for dialysis. Our study aimed to evaluate the prevalence of this pathology in our hospital, as well as various parameters associated with chronic vascular diseases.

Methods

A prospective cross-sectional study was conducted in the nephrology department of Mohammed VI University Hospital in Oujda. Epidemiological, clinical, biological, and therapeutic factors were assessed.

Results

Among 1105 patients, 5.3% had chronic vascular nephropathy. The mean age was 61.5 Â± 13.2 years, with a male predominance (sex ratio = 1.27). Benign nephroangiosclerosis was the most common type (96.6%). HTN was the most frequent medical history (98.3%), followed by type 2 diabetes (54.2%). Over 50% of patients had hypertension for more than 5 years. Digestive symptoms were the primary extra-renal signs (25.4%). All patients had chronic kidney disease (CKD), with a mean glomerular filtration rate of 7.74 Â± 5.79 mL/min. The majority of patients (89.8%) were in stage V CKD and underwent hemodialysis, with 68.1% undergoing two sessions. 75.4% had preserved diuresis. Left ventricular hypertrophy was found in 57.7% of patients. Hypertensive retinopathy was observed in 72.2% of patients. Antihypertensive treatment was dominated by dual therapy followed by monotherapy and triple therapy, while quadruple therapy was administered in 8.8% of patients. Calcium channel blockers were the most commonly used drug class.

Conclusion

HTN plays a central role in the onset and progression of chronic vascular nephropathy. By early detection of signs and symptoms, it is possible to slow the progression of the disease and preserve renal function in individuals affected by these chronic vascular nephropathies.

3- KIDNEY AND SYSTEMIC DISEASES

P106

DISORDERS ASSOCIATED WITH INFLAMMATORY BOWEL DISEASES

Hassine Hajer, Krifa Nesrine, Chaouachi Rahma, Dabbebi Habiba, Yaacoub Haithem, Kchir Hela, Maamouri Nadia

Department of Gastroenterology 'B', La Rabta Hospital, Tunis - Tunisia

Introduction

Renal and urinary tract complications related to inflammatory bowel disease (IBD) have been understudied in the literature compared with other extraintestinal manifestations. The aim of our study was to investigate the prevalence and the features of renal and urinary tract involvement in IBD patients.

Methods

This was a retrospective observational study over a 5-year period including all patients followed for IBD. We collected clinical, biological, radiological and histopathological data. Patients with any other pathology that could cause uro-renal disorders were excluded.

Results and discussion

We enrolled 126 patients, with a mean age of 37.3 years [14-75] and a male-to-female ratio of 1.5. 73.8% of our patients had Crohn's disease (CD). Uro-nephrological involvement was observed in 19 patients (15%). There were 9 females and 10 males. CD was the most common, present in 18 cases (94.7%). One patient has had UC with pancolonic involvement. Maintenance therapy consisted of combination therapy (azathioprine and anti-TNF alpha) in 13 patients (68.4%), azathioprine in four patients (21%), and salicylates in two patients (10.5%). Positive proteinuria was found in five patients (26.3%). Creatinine clearance revealed chronic renal failure in two patients, one of whom required chronic hemodialysis, and acute renal failure in one patient. Minor salivary gland biopsy and renal biopsy were performed in two patients showing secondary AA amyloi- dosis in two cases, membranous glomerulonephritis in one case, and undetermined origin glomerulonephritis in two patients. Chronic interstitial nephropathy was diagnosed in three patients. Nephrolithiasis was noted in nine patients (47.3%). Urinary fistula was reported in two cases.

Conclusion

Renal and urinary complications in IBD patients are likely underestimated due to their silent and asymptomatic presentation. They were observed in 15% of our IBD patients.

P107

THE PREDICTIVE VALUE OF ANTI-SSA ANTIBODIES IN RENAL INVOLVEMENT IN SYSTEMIC LUPUS ERYTHEMATOSUS

Berramdane Ilham[1], Alfirdaous Inass[1], Taie Najlaa[1], Elkhayat Selma Siham[1]

1 Department of Nephrology, University Hassan II, Casablanca - Morocco

Introduction

lupus erythematosus is an autoimmune disease marked by the production of numerous autoanti- bodies. Few studies have investigated the prevalence of different autoantibodies in renal involvement, and this is precisely the aim of our study, which seeks to determine the role of anti-SSA antibodies in the develop- ment of lupus nephropathy.

Methods

This is a cross-sectional study of 40 patients with systemic lupus erythematosus diagnosed in the Nephrology and Internal Medicine department at CHU Ibn Rochd in Casablanca. It was conducted jointly with the immu- nology laboratory over a two-year period (December 2022-December 2024).

Results and discussion

The aim of our work is to determine the autoantibody profile in 40 patients with systemic lupus with or without renal involvement in order to establish a clinico-immunological correlation between lupus nephropathy and these autoantibodies Anti-DNA antibodies were found in 23 patients (56.7%), followed by anti-SSA antibodies in 16 cases (40%). Ten patients (62.5%) with renal involvement had negative anti-DNA antibodies. Of these patients with renal involvement, 37.5% had anti-SSA antibodies without anti-DNA antibodies. Half of the pa- tients with renal involvement (50%) had positive anti-SSA antibodies. Our series shows the importance of anti-SSA antibodies, especially in patients with negative anti-DNA antibodies, not only for the diagnosis of systemic lupus but also essentially to detect certain systemic manifestations, in particular renal involvement.

Conclusion

Renal involvement remains a serious complication of disseminated lupus erythematosus, making the progno- sis of lupus sombre. The use of anti-SSA antibody assays will be able to predict its occurrence, thus improving the prognosis.

P108

SECONDARY RENAL AMYLOIDOSIS IN PATIENTS WITH CHRONIC INFLAMMATORY BOWEL DISEASE AND CHRONIC INFLAMMATORY RHEUMATISM: A BICENTRIC RETROSPECTIVE STUDY

Zran Najla[1], Agrebi Sahar[1], Azzabi Awatef[2], Chargui Soumaya[1], Guedri Yousra[2], Zellama Dorsaf[2], Abderrahim Ezzedine[1]

1 Department ofInternal Medicine a, Charles Nicolle Hospital, Tunis - Tunisia,

2 Department of nephrology, Sahloul Hospital, Sousse - Tunisia

Introduction

Secondary amyloidosis of the AA type is a serious complication of certain chronic inflammatory diseases.

Methods

This is a bicentric, retrospective, descriptive study of patients with chronic inflammatory bowel disease asso- ciated with chronic inflammatory rheumatism complicated by AA amyloidosis.

Results and discussion

The diagnosis of secondary renal amyloidosis resulting from the combination of chronic inflammatory bowel disease and chronic inflammatory rheumatism was confirmed in five cases. Inflammatory bowel disease was Crohn's disease in four cases and ulcerative colitis in one case. Chronic inflammatory rheumatism was anky- losing spondylitis in four cases and rheumatoid arthritis in one case. In three cases, the diagnosis of inflam- matory bowel disease preceded the diagnosis of rheumatic disease, while in two cases, the latter preceded the former. A male predominance was observed, with a male-to-female ratio of 4:1. The mean age was 39 years, with a range from 28 to 50 years. Renal involvement was initially discovered due to the onset of edema in four cases and renal insufficiency in one case. Urinary dipstick testing revealed proteinuria: two crosses in one case and three crosses in four cases, with no hematuria in any case. Biologically, the mean plasma creatinine level was 396.2 µmol/L (range: 80–896 µmol/L), and the mean glo- merular filtration rate (GFR) was 29.72 mL/min/1.73m² (range: 6.53–70.37 mL/min/1.73m²). Renal insufficiency was present in four cases. The mean 24-hour proteinuria was 6.55 g (range: 3.16–12.9 g), with a mean albu- min level of 22.14 g/L (range: 7.9–32 g/L) and a mean total protein level of 52.6 g/L (range: 40–66 g/L). Ne- phrotic syndrome was present in four cases. The diagnosis of amyloidosis was confirmed by salivary gland biopsy in two cases and kidney biopsy in three cases. The progression was marked by worsening renal function, with a mean GFR of 19.27 mL/min/1.73m² (range: 5.46–48.73 mL/min/1.73m²) at the first year of follow-up. Two patients progressed to end-stage renal disease within 3 and 24 months, respectively.

Conclusion

Chronic inflammatory bowel diseases and chronic inflammatory rheumatism are significant causes of AA amy- loidosis. The coexistence of these two etiologies is rarely reported in the literature.

P109

LUPUS NEPHRITIS AFTER MENOPAUSE

Taie Najlaa, Msali Basma, Alfirdaous Inass, Mtioui Naoufal, Mohamed Zamd, Elkhayat Selma Siham, Medkouri Ghislaine, Benghanem Mohammed

Department of Nephrology, Ibn Rochd University Hospital, Casablanca - Morocco

Introduction

Systemic lupus erythematosus (SLE) is an autoimmune disease with a demonstrated dependence on estro- gen. Disease activity tends to decrease with hormonal status changes. This study aims to explore the cha- racteristics of lupus nephritis (LN) occurring after menopause.

Methods

This retrospective study was conducted in the Department of nephrology of CHU Ibn Rochd in Casablanca and included postmenopausal women diagnosed with biopsy-proven LN over a 3-year period (January 2021–De- cember 2024).

Results and discussion

Among 117 women diagnosed with lupus nephritis, 15 postmenopausal women (12.8%) developed lupus nephritis, either as an inaugural manifestation confirmed by renal biopsy (12 cases) or as a renal flare of pre- viously diagnosed and monitored lupus (3 cases). The mean age at LN diagnosis was 45.9 years (range: 46–62 years). Renal abnormalities included proteinuria in all patients (nephrotic

range in 8 cases), hematuria in 10 cases, hypertension in 9 cases, and renal insufficiency in 12 cases. Histological classification based on the 2003 ISN/RPS criteria revealed: class IV LN in 8 cases (53%, with 5 showing high activity indices), class V in 4 cases (27%), class III in 2 cases (13%), and class II in 1 case (7%). Several observational studies [1, 2] have described milder disease in patients with SLE onset after meno- pause, showing reduced rates of nephritis, arthritis, malar rash, and photosensitivity. The female-to-male ratio also tends to become more balanced compared to premenopausal onset, with lower use of immunosuppres- sive agents reported. Other literature reviews [3] suggest a non-significant trend toward reduced flares but highlight a decrease in maximum disease activity based on the Systemic Lupus Erythematosus Disease Ac- tivity Index (SLEDAI).

Conclusion

In our cohort, renal involvement remained frequent in postmenopausal lupus patients, representing 12.8% of cases. It was notably severe, with more than half of the cases classified as active diffuse proliferative forms.

P110

AN ATYPICAL ASSOCIATION OF OXALATE NEPHROPATHY WITH RENAL AMYLOIDOSIS AND DIABETIC NEPHROPATHY

Ben Kmicha Arij[1], Bettaieb Asma[1], Jerbi Mouna[1,2], Hadded Sarra[1,2], Khadhar Mariem[1,2], Gaeid Hanene[1,2], Aouidia Raja[1,2], Goucha Rym[1,2]

1 Department of Nephrology, Mongi Slim University Hospital, Faculty of Medecine, Tunis - Tunisia,

2 Laboratory Of Kidney Disease: (LR01SP01) Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Oxalate nephropathy (ON) is characterized by massive deposition of calcium oxalate crystals in the renal pa- renchyma, potentially causing inflammation, tubular obstruction, and progressive fibrosis, ultimately leading to acute and/or chronic renal failure.We report an atypical case of an association of ON with renal amyloidosis and diabetic nephropathy discovered during the course of acute renal failure.

Results and discussion

A 74-year-old man with a 20-year history of type 2 diabetes complicated by degenerative conditions, a recent cholecystectomy performed two months prior, non-AA digestive amyloidosis confirmed by antral biopsies, kid- ney stones treated with extracorporeal lithotripsy and chronic kidney disease (baseline creatinine ~150 µmol/L, clearance 42 mL/min) was admitted for acute -on – chronic kidney failure with creatinine levels rising from 150 to 400 µmol/L. The patient reported chronic diarrhea, unquantified weight loss, and a general deterioration in his condition. Physical examination revealed extracellular dehydration, necessitating fluid rehydration. Urinalysis revealed unremarkable urinary sediment with trace proteinuria, and no hematuria or glycosuria. The laboratory results revealed cholestasis without jaundice, normochromic normocytic anemia with hemo- globin at 10.7 g/dL, proteinuria at 0.2 g/24 hours and an oligoclonal band pattern on protein electrophoresis with a gammaglobulinemia of 12 g/L. Given the lack of improvement in renal function with hydration, a renal biopsy was performed, which revealed glomerulosclerosis and arteriolosclerosis consistent with diabetic nephropathy, as well as deposits of oxalo- calcic crystals within the renal tubules and amyloid deposits. The diagnosis of multiple myeloma was suspected and later confirmed by a sternal puncture, which revealed a 10% plasma cell infiltration of the bone marrow. The progression was marked by stagnation of renal function, leading to the determination of end-stage renal disease, and the patient was transitioned to chronic hemodialysis. He passed away two months later.

Conclusion

The prognosis of ON is generally unfavorable, as most patients require dialysis upon presentation, with high rates of morbidity and mortality. It is essential for clinicians to be aware of the risk factors associated with ON to ensure prompt diagnosis and management.

P111

RENAL AMYLOIDOSIS : UNCOMMON PRESENTATION

Yasmine Thabti, Jerbi Mouna, Trabelsi Raja, Khadhar Meriam, Hadded Sarra, Bettaieb Asma, Gaied Hanene, Goucha Rym

Department of Nephrology, Mongi Slim University Hospital, Tunis -Tunisia

Introduction

Renal amyloidosis (RA) is one of the most prevalent manifestations of systemic amyloidosis. Most frequently, it typically manifests as a glomerular nephropathy characterized by massive albuminuria, nephrotic syndrome and kidney failure. Rare cases of RA present with atypical clinical features, notably non chronic glomerulonephritis. In such cases, the diagnosis should be considered based on the clinical context and confirmed by renal biopsy.

Methods

This is a series of 5 cases of RA with atypical clinical presentations. The diagnosis was not initially considered and it was the renal biopsy that confirmed it.

Results and discussion

The 5 patients,included 2 men and 3 women , with an average age of 68 years. In 2 cases, the initial presentation involved acute nephritic syndrome with oliguria, hematuria , hypertension,proteinuria and acute renal failure. These 2 cases of rapidly progressive glomerulonephritis, initially suggested vasculitis and leaded to the administration of high-dose corticosteriod. The diagnosis of vasculitis was excluded after immunological testing and kidney biopsy results . Only one of these two patients was known to have an amyloidogenic condition: Psoriatic Arthritis. The etiological investigation for the second case revealed later a monoclonal gammapathy.In the other three cases , the renal involvement was a chronic moderate renal failure related to tubulointerstitial nephropathy with low 24-hour proteinuria in two cases and no proteinuria in one case. The etiological investigations after renal biopsy results revealedAnkylosing Spondylitis in one case and monoclonal gammapathy in two cases .

Conclusion

Classically, RA presents as achronic glomerular disease , and the presence of high proteinuria level is essential for considering the diagnosis . However , in some rare situations , clinical presentation is atypical, mainly due to the localization of amyloid deposits. The diagnosis must be considered in elderly with particular diseases.

P112

LUPUS NEPHRITIS AND PREGNANCY IN A TUNISIAN MATERNITY

Aloui Haitham, Slama Feriel Dhaoui Selma, Frikha Hatem, Hammami Rami, Abouda H. Saber, Chanoufi M. Badis

Department of Gynecology C, Maternity and Neonatology Center of Tunis, Tunis - Tunisia,

Introduction

Lupus nephritis (LN), a severe complication of systemic lupus erythematosus (SLE), poses significant challenges during pregnancy. Women with LN face heightened risks of maternal complications, including preeclampsia, nephrotic syndrome, and SLE flares, as well as adverse fetal outcomes such as preterm birth and intrauterine growth restriction (IUGR). This study evaluates maternal and fetal outcomes in pregnancies complicated by LN in a Tunisian maternity and identifies predictors of successful pregnancies.

Methods

A retrospective cohort study included 13 pregnancies in women with LN managed at a tertiary maternity center in the maternity and neonatology center of Tunis between 2019 and 2023. Clinical data on renal function, SLE activity, and treatment regimens were analyzed. The primary objective was to assess live birth rates and identify maternal or disease-related factors influencing pregnancy outcomes.

Results and discussion

Of the 13 pregnancies, 10 (77%) resulted in live births, while 3 (23%) ended in spontaneous abortions or stillbirths. Preeclampsia occurred in 4 cases (31%), and 3 cases (23%) required preterm delivery for maternal or fetal indications. Active LN at conception and serum creatinine >105 micromol/L were key predictors of adverse outcomes ($p < 0.01$). Use of hydroxychloroquine and low-dose aspirin was associated with better maternal and fetal prognosis ($p < 0.05$). Neonatal outcomes included low birth weight in 2 cases (15%) and NICU admissions in 1 case (8%).

Conclusion

In a Tunisian maternity setting, lupus nephritis significantly influences pregnancy outcomes. Active disease and poor renal function are major predictors of complications. Multidisciplinary management and preconception disease control are essential to improving maternal and neonatal prognosis.

P113

CARDIORENAL SYNDROME TYPE 5: DESCRIPTIVE AND ANALYTICAL STUDY

Harmak Khadija, Kharrat Assia, Mtioui Naoufal, Elkhayat Selma, Zamed Mohamed, Medkouri Ghizlaine, Benghamen Mohamed

Department of Nephrology, Ibn Rochd University Hospital, Casablanca - Morocco

Introduction

Cardiorenal syndrome (CRS) type 5 is characterized by the coexistence of renal failure and heart failure se- condary to an acute or chronic systemic disease. The most common acute systemic condition responsible for CRS type 5 is sepsis, while diabetes and hypertension (HTN) are the main causes of chronic involvement.

Methods

We reviewed 120 patients with CRS over a one-year period (2023). We studied and analyzed patients with CRS type 5. Two groups of patients, with and without CRS, were defined and compared to identify the factors associated with CRS type 5. Group 1 included patients with CRS type 5 (Gr1 = CRS type 5), and Group 2 consisted of patients with CRS types 1, 2, 3, and 4 (Gr2 = no-CRS type 5).

Results and discussion

Among the 120 patients with CRS, 45.8% had CRS type 5. The average age of these patients was 55 ± 11.6 years, with a sex ratio of 0.96. Diabetes and hypertension were significantly associated with CRS type 5. Se- vere sepsis was found in only 14.5% of cases and was not identified as a cause of CRS type 5. Chronic kidney disease (CKD) was present in 65.4% of the patients in Group 1. In terms of treatment, loop diuretics were used in 43.6% of CRS type 5 patients, while intermittent hemodialysis was performed in 9.1%. The pro- gression was marked by recovery in 89.1% of patients in Group 1, re-Hospitalization in 12.7% of cases, and death occurred in 10.9% of these patients. Comparison between the two groups revealed that CKD was si- gnificantly associated with CRS type 5, while anemia, the use of hemodialysis, and re-Hospitalization were not associated with CRS type 5.

Conclusion

CRS type 5 is common in our context. Diabetes and hypertension are the main causes of CRS type 5 in our patients and are significantly associated with CKD. Furthermore, we were unable to identify prognostic factors in our study.

P114

PLASMA EXCHANGE THERAPY : INSIGHTS FROM THE NEPHROLOGY AND DIALYSIS UNIT AT MILITARY HOSPITAL MOHAMMED V

Aragon Imane, Ahlonsou Larios, Aatif Taoufiq, El Kabbaj Driss

Department of Nephrology, Military Hospital Mohammed V, Rabat - Morocco

Introduction

Plasma exchange is a non-selective apheresis technique used to purify plasma of substances implicated in the pathogenesis of diseases. It has a wide range of indications, particularly in Nephrology.

Methods

Retrospective study conducted between 2005 and 2021, including patients who received plasma exchange at the Military Hospital Mohammed V Department of nephrology.

Results and discussion

The study included 4 patients, with a mean age of 40.5 years and a clear 3:1 female predominance. All patients presented with a pneumo-renal syndrome of alveolar hemorrhage, with rapidly progressive glomerulonephritis. The diagnosis was in favor of one case of Goodpasture's, one case of ANCA-PR3 vasculitis, one case of Goodpasture's-ANCA MPO overlap and one case of seronegative vasculitis. With the exception of one patient on chronic hemodialysis, renal biopsy revealed extra-capillary glomerulonephritis. A protocol based on corti- costeroid therapy and cyclophosphamide was instituted concomitantly with plasmapheresis sessions, with an average of 6.75 sessions/patient, substitution being made by albumin. All had a good therapeutic response, with only 1 case of relapse.

Conclusion

A combined approach of plasmapheresis and immunosuppressants has proved crucial in pneumo-renal syn- dromes with hypoxemia, significantly reducing the risk of early mortality.

P115

CLINICAL AND HISTOLOGICAL FEATURES OF SYSTEMIC SCLERODERMA IN THE NEPHROLOGY SETTING

Hajji Meriam[1], Soussi Yassmine[1], Nassri Cyrine[1], Agrebi Sahar[1], Ben Abdelghani Khaoula[1], Turki Sami[1], Ben Hamida Fethi[2], Abderrahim Ezzeddine[1]

1 Department of Medecine A (M8), Charles Nicolle Hospital, Tunis - Tunisia,

2 Renal Pathology Research Laboratory LR00SP01, Charles Nicolle Hospita,l Tunis - Tunisia

Introduction

Systemic scleroderma (SSc) is a rare disease with a poorly understood pathophysiology. Among its compli- cations, scleroderma renal crisis (SRC) is one of the rarest yet most severe manifestations. This study aims to report the experience of our department in managing SSc cases.

Methods

We conducted a retrospective, descriptive study including patients Hospitalized in our Department of nephrology, between 1970 and 2024, who presented with SSc. Clinical, biological, histological, and evolutionary data were collected and analyzed.

Results and discussion

Sixteen patients were included, with a mean age of 43.94 ± 15.99 years (range: 16–70) and a male-to-female ratio of 0.23. SSc was associated with other autoimmune conditions, including pancreatitis (n=1), thyroiditis (n=1), Sjögren's syndrome (n=2), dermatomyositis (n=3) and primary biliary cirrhosis (n=1). Raynaud's phe- nomenon was the initial presentation in 31% of cases, and one patient exhibited pulpal scars. Skin involvement was characterized by facial skin sclerosis (n=6), a tapering nose (n=8), telangiectasias (n=8), and limited skin sclerosis (not extending beyond the elbows and knees) in nine cases. Capillaroscopy findings included mi- croangiopathy (n=4) and background edema with rarefied capillary loops (n=4). Joint involvement manifested as arthralgia (n=10), osteolysis (n=2) and joint space narrowing (n=3). Four patients had diffuse interstitial lung disease, and six had a restrictive syndrome. Pulmonary arterial hypertension (PAH) was identified in 3patients. Renal involvement was observed in all patients, including SRC in five cases (12%). Median crea- tinine levels were 182.5 µmol/L (range:125–760), and mean 24-hour proteinuria was 1.59 ± 0.84 g (range: 0.39–2.27). In the SRC patients, peak creatinine occurred at a median of 11 days (range:5–14) post-SRC diagnosis, with a median peak creatinine of 544 µmol/l (range: 340–760). Two SRC patients had evidence of acute neurologic and cardiac complications. Renal biopsy was performed in ten cases revealing cortical ne- crosis with thrombotic microangiopathy (n=5), vascular lesions with severe tubulointerstitial impact (n=2) and vasculitis (n=3). Renin-angiotensin-aldosterone system blockers were initiated in five patients. Acute hemo- dialysis was required in 3 patients. Over the follow-up period, the SSc patients died 5.5 months (range: 1–32) after SRC onset.

Conclusion

Our study highlights the diverse clinical manifestations of systemic scleroderma, with renal involvement being a particularly critical and alarming aspect.

P116

ANTIPHOSPHOLIPID SYNDROME IN NEPHROLOGY: A SERIES OF 10 CASES

Hajji Meriam, Soussi Yassmine, Nassri Cyrine, Agrebi Sahar, Ben Abdelghani Khaoula, Barbouch Samia, Ben Hamida Fethi, Chargui Soumaya, Abderrahim Ezzeddine

Department Of Medicine A (M8) & Renal Pathology Research Laboratory LR00SP01, Charles Nicolle Hospital, Tunis - Tunisia,

Introduction

The pathogenesis of nephropathy associated with antiphospholipid syndrome (NAPL) is not yet fully unders- tood but is primarily vascular in nature. We aim to describe the clinical, paraclinical, and histological charac- teristics of patients with NAPL.

Methods

This was a single-center, retrospective, descriptive study conducted over a 23-year period (2000-2023) based on a series of 10 patients diagnosed with antiphospholipid syndrome (APS). Clinical, biological, and histolo- gical characteristics were collected from medical records of patients treated in our department.

Results and discussion

The mean age of the patients at diagnosis was 33 years, with a female-to-male ratio of 9:1. One patient had primary APS, while 9 patients had APS associated with systemic lupus erythematosus (SLE). Vascular, obstetric, neurological, cardiac, and pulmonary manifestations were observed in five, six, five, three, and two patients, respectively. Renal symptoms were dominated by proteinuria in all cases, with a median of 3.7 g/24 h, hypertension in nine patients, nephrotic syndrome in five cases, and he- maturia in six cases. Acute kidney injury was noted in five patients at the time of diagnosis, with a median creatinine level of 115 µmol/L. Kidney biopsy, performed in eight patients, revealed glomerular ischemia (n = 5), thrombotic microangiopathy lesions (n = 7), and the characteristic pseudothyroidal appearance of tubules (n = 5). In lupus patients, histological findings were dominated by proliferative lesions, including class IV + V (n = 4) and class III (n = 3). Treatment included primary thromboprophylaxis in five patients, antihypertensive therapy in nine patients, and antiplatelet agents in eight cases. SLE-associated APS patients were treated with synthetic antimalarials, corticosteroids, and immunosuppressants. One patient required chronic hemo- dialysis after 20 years of disease progression.

Conclusion

Renal involvement in APS is often underestimated, as it is underdocumented due to the high risk associated with kidney biopsy in these patients. Nonetheless, the kidney represents a major target organ in APS.

P117

KIDNEY AMYLOIDOSIS IN THE EASTERN REGION OF MOROCCO: EPIDEMIOLOGICAL, CLINICAL STATUS, AND THERAPEUTIC PERSPECTIVES

Marzouki Nadir, Darfoufi Iliass

Department of Nephrology, Mohammed VI University Hospital, Oujda - Morocco

Introduction

Nephropathy is a severe complication of systemic amyloidosis caused by amyloid deposits in kidney tissues, leading to proteinuria, nephrotic syndrome, and kidney failure. Early diagnosis via kidney or salivary gland biopsy is essential for effective management and preventing irreversible damage.

Methods

This retrospective study analyzed patients diagnosed with amyloid nephropathy through kidney biopsy or gin- gival salivary gland biopsy at the Department of nephrology of Mohammed VI University Hospital in Oujda (Eas- tern Morocco) over a 119-month period.

Results and discussion

Nineteen patients were included in the study, with an estimated prevalence of amyloidosis of 4.8%. The ave- rage age was 54 years, and males were more affected, with a male-to-female sex ratio of 1.7. Nephrotic syn- drome was the initial presentation in 68.4% (n=13) of patients, with a mean proteinuria of 7.9 g/24h. Acute kidney failure was observed in 21% of cases, with an average creatinine level of 58.4 mg/L. The diagnosis was confirmed histologically in 73.6% (n=14) of cases through kidney biopsy, while salivary gland biopsy confirmed the diagnosis in 26.3% (n=5). Immunohistochemical analysis identified AA amyloidosis in 94.7% (n=18) of patients and AL amyloidosis in 5.2% (n=1). The localized form of amyloidosis was found in 94.7% (n=18) of patients, while the systemic form was identified in only one patient (5.2%). Etiological investigations for AA amyloidosis revealed spondylarthritis in 3 patients (15.7%), tuberculosis in 3 patients (15.7%), Crohn's disease in 2 patients (10.5%), and idiopathic etiology in 8 patients (42.1%). All patients received nephroprotective therapy, with anticoagulation prescribed in 26.3% (n=5) of cases and colchicine initiated in 15.7% (n=3). Among the cohort, 7 patients (36.8%) experienced worsening kidney func- tion, requiring hemodialysis. Four patients (21%) showed improvement in plasma creatinine levels and a re- duction of more than 50% in initial proteinuria. Unfortunately, 4 patients (21%) died during the study period.

Conclusion

This study emphasizes AA amyloidosis as the predominant subtype of amyloid nephropathy, with idiopathic and inflammatory etiologies playing key roles. Poor prognosis highlights the need for early detection, com- prehensive etiological assessment, and tailored therapeutic approaches to improve outcomes in patients with amyloid nephropathy.

P118

HAEMOLYTIC URAEMIC SYNDROME IN THE POSTPARTUM PERIOD: A RARE ASSOCIATION

Emna Ben Hamida, Guezguez Ameni, Ben jaballah Soukaina, Rjiba Chaima, Miladi Marwa, Mkhinini Ines

Department of Gynaecology and Obstetrics, Ibn El Jazzar University Hospital, Kairouan - Tunisia

Introduction

Haemolytic uraemic syndrome (HUS) is a very rare complication of the post-partum period. Typical HUS is most often associated with entero-invasive infection with Shiga toxin-secreting E.coli. HUS is defined by the sudden appearance of acute renal failure associated with microangiopathic haemolytic anaemia and thrombocytopenia.

Methods

We will describe the main characteristics of HUS by studying a case from our obstetrics and gynaecology de- partment.

Results and discussion

Mrs A.G aged 35, with no notable pathological history, G3P3, was transferred to our department at H16 post partum for an eclampsia attack. She received IV valium (1 ampoule), magnesium sulphate and nicardipine. On arrival at our department, the patient was conscious and well oriented, with a BP of 14/9 and proteinuria on dipstick at ++++. Obstetrically, she had no worrying physical signs. A haemogram and hepato-renal balance were disturbed. Proteinuria over 24 hours was 6328.4mg/24h. The diagnosis of severe pre-eclampsia complicated by HELLP syndrome and eclampsia was retained. The evolution was marked by a significant clinical and biological improvement. On

the 5th day of her admission, the patient presented with mental confusion and a fever of 40°c. The aetiological investigation did not reveal any infectious symptoms, apart from 5 episodes of diarrhoea in the days preceding the incident. Biological tests revealed haemolytic anaemia with thrombocytopenia and hepatic cytolysis. The blood smear showed schizocytes. Creatinemia was 125.6 µmol/l with a clearance of 39 ml/min with preserved diuresis. The diagnosis of typical HUS was retained, and the patient received a double antibiotic treatment with a good evolution. Coproculture was not performed.

Conclusion

Typical HUS secondary to entero-invasive diarrhoea caused by Shiga-toxin-secreting E. coli is a well-known public health problem. Diagnosis is based on identification of the germ or the Shiga-toxin virulence genes. It is a notifiable disease. Its pathophysiology and treatment remain poorly characterised. In atypical forms, it is important to search for abnormalities in the alternating complement pathway.

P119

IGG4-RELATED DISEASE: A RARE MULTI-SYSTEMIC DISORDER

Slimeni Ameni[1], Chaker Hanen.[1.2], Dammak Najla[1.2], Agerbi Ikram[1], Masmoudi Mondher[1.2], Yaiche Soumaya[1.2], Ben Hmida Mohamed[1.2], Kammoun Khawla[1.2]

1-Department of Nephrology, Hedi Chaker University Hospital, Sfax - Tunisia,

2- Renal Pathology Research Laboratory LR19ES11, Faculty of Medicine, Sfax - Tunisia

Introduction

IgG4-related disease (IgG4-RD) is a rare fibroinflammatory condition affecting various organs, characterized by tissue fibrosis and an IgG4-positive lymphoplasmacytic infiltrate. Commonly involved organs include the pancreas, salivary glands, lymph nodes, liver, bile ducts, and kidneys. Renal manifestations usually present as tubulointerstitial nephritis, with glomerular involvement being rare. Elevated serum IgG4 levels and hypo- complementemia are frequently observed.

Methods

We report the case of a 36-year-old male with no prior medical history who presented in 2020 with severe hy- pertension and flank pain.

Results and discussion

Renal angio-CT revealed a hypovascular tissue mass invading the right renal vein, initially suspected to be a primary renal tumor or lymphoma. The patient underwent right nephrectomy. Histopathological and immuno- histochemical analysis confirmed the diagnosis of IgG4-RD-related fibrosis, showing dense lymphoplasmacytic infiltration with IgG4-positive plasma cells and extensive storiform fibrosis. The patient was lost to follow-up until 2024, when he presented with progressive fatigue and persistent ab- dominal pain. A thoraco-abdominal-pelvic CT scan showed extensive parietal thickening of the aortic arch, isthmus, and thoraco-abdominal aorta extending to the right common iliac artery. Laboratory tests revealed significantly elevated serum IgG4 levels with associated hypocomplementemia. Infectious causes, including tuberculosis and syphilis, were ruled out. Given the clinical presentation, corticosteroid therapy was initiated, leading to symptomatic improvement. Nephrectomy in IgG4-RD is rarely performed but may be required when malignancy cannot be excluded based on imaging findings. This case highlights the diagnostic complexity posed by renal masses with vascular involvement. Histopathology remains the cornerstone for differentiating IgG4-RD from renal tumors. Early re- cognition and appropriate management can prevent irreversible organ damage. Corticosteroids are the first- line treatment, while immunosuppressive agents may be required in refractory cases.

Conclusion

IgG4-RD should be considered in cases of organ fibrosis or inflammatory masses with pseudotumoral radio- logical features, especially if associated with elevated serum IgG4 levels. A biopsy remains essential for diag- nosis, guiding appropriate immunosuppressive treatment.

P120

MIXED CONNECTIVE TISSUE DISEASE IN THE NEPHROLOGY SETTING: A CASE REPORT

Soussi Yesmine[1], Hajji Meriam[1], Agrebi Sahar[1], Ben Abdelghani Khaoula[1], Turki Sami[1], Barbouch Samia[1], Ben Hamida Fathi[2], Chargui Soumaya[1], Abderrahim Ezzedine[1]

1 Department of Medicine A, Charles Nicolle Hospital, Tunis - Tunisia,

2 Renal Pathology Research Laboratory LR00SP01, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Mixed connective tissue diseases (MCTD) are complex autoimmune disorders characterized by the overlap of multiple pathologies. Renal involvement in MCTD is uncommon but significant.

Methods

We report the case of a patient with MCTD, combining systemic lupus erythematosus (SLE), dermatomyositis (DM), and systemic scleroderma (SS), highlighting the challenges in diagnosis and management in the ne- phrology setting.

Results and discussion

A 46-year-old woman with a history of seizures was Hospitalized for the investigation of glomerular nephro- pathy. On examination, her blood pressure was 120/80 mm Hg. Urinalysis revealed 2+ proteinuria without hematuria. She had no lower limb edema. The patient was diagnosed with dermatomyositis based on skin in- volvement, proximal muscle weakness in all four limbs, elevated muscle enzymes, and a muscle biopsy that confirmed the diagnosis. Systemic sclerosis was suggested by fine telangiectasias on the face, a tapered nose, and dyspnea secondary to pulmonary restrictive syndrome, confirmed by respiratory function tests sho- wing a forced vital capacity (FVC) of 71%. The Rodnan skin score was 13. The diagnosis of systemic lupus erythematosus (SLE) was established based on the presence of a malar rash, alopecia, arthralgia, and renal involvement. Laboratory tests revealed 24-hour proteinuria of 2.27 g with normal renal function. Immunological assays showed positive antinuclear antibody (ANA) at a titer of 1:3200 with a speckled pattern, as well as po- sitive anti-Sm, anti-RNP 11, anti-R155, and anti-R052 antibodies. Complement levels (C3, C4, CH50) were low. Chest CT showed diffuse interstitial lung disease, while brain MRI revealed right fronto-parietal polymi- crogyria. Renal biopsy revealed discrete mesangial thickening consistent with class II lupus nephropathy. The patient was treated with corticosteroids (1 mg/kg/day) in combination with cyclophosphamide boluses. Renal function remained normal after five months.

Conclusion

This case is unique in its demonstration of the coexistence of multiple visceral autoimmune disorders, including renal involvement, which complicates the prognosis of the underlying diseases. Timely recognition and tailored treatment are crucial in managing such complex cases, particularly when renal function is affected.

P121

AA AMYLOIDOSIS REVEALED BY RETROPERITONEAL FIBROSIS : CASE REPORT

Kherraz Sabrina[1], Boubchir Mohand Akli[2]

1-Department of Medicine, University hospital of Bejia - Algeria

2- Department of Medicine, Tizi Ouzou University Hospital - Algeria

Introduction

Systemic AA amyloidosis is a rare and very severe disease. Renal involvement is one of the most common manifestations of AA amyloidosis. It usually manifests as glomerular nephropathy, with other types of invol- vement being less common. Renal involvement secondary to urinary tract obstruction is rarely described in the literature.

Methods

M. S., a 56-year-old woman, has been followed for rheumatoid arthritis since the age of 32. She was referred to our department for anuria and general deterioration. An emergency biological assessment revealed a crea- tinine level of 46 mg/L and urea at 1.9 g/L. An abdominal-pelvic ultrasound showed bilateral ureterohydrone- phrosis without evidence of obstruction. To further support the diagnosis, a CT scan of the abdomen and pelvis was performed, revealing a fibrous periaortic sheath with median attraction of the ureters, highly sug- gestive of retroperitoneal fibrosis. Urine diversion was urgently performed by placing bilateral JJ stents by the urology team, along with high-dose corticosteroid therapy.

Subsequently, a biopsy of the retroperitoneal mass, performed under CT guidance, showed fibro-adipose tis- sue associated with amyloid deposits. The immunofluorescence typing was consistent with AA amyloidosis.

Results and discussion

This case highlights a very rare extra-rheumatic complication of rheumatoid arthritis. The absence of glome- rular renal involvement in AA amyloidosis is an uncommon feature, as seen in our patient who had a negative urinary sediment. Acute renal failure was obstructive, secondary to amyloid-related retroperitoneal fibrosis (RPF). Amyloid-related retroperitoneal fibrosis is exceptionally found in clinical practice, and few cases have been reported in the literature for AL amyloidosis.

Conclusion

Amyloid-related retroperitoneal fibrosis is exceptionally found in clinical practice, with few cases reported in the literature for AL amyloidosis. In our patient, the retroperitoneal fibrosis is secondary to AA amyloidosis.

P122

AA AMYLOIDOSIS SECONDARY TO VERNEUIL DISEASE RESPONDING TO ADALIMUMAB

Ghalia khellaf

Department of Nephrology, Bab El Oued University Hospital, Faculty of Medicine, Benyoucef Benkhedda University, Algiers - Algeria

Introduction

AA amyloidosis is a disease characterized by extracellular tissue deposits of insoluble proteins, the most frequent causes in Europe and in the world are of inflammatory origin but in Algeria they are rather of infectious origin.

Methods

We report the case of a 50 years old patient, followed and treated anarchically for chronic ano-perineal suppurative hidradenitis since the age of 25 years, hospitalized for exploration of a deep impure nephrotic syndrome (microscopic hematuria). Clinical examination revealed oedema of the lower limbs and orthostatic hypotension. Skin examination of the buttock revealed a nodular, multi-fistulated, indurated skin patch on the left buttock, the upper third of the right buttock and the inguinal folds. Apart from an inflammatory syndrome, the standard laboratory work-up showed 24-hour proteinuria at 8.9g/24h with hypoalbuminemia at 9.4 g/l, renal function was normal, and renal histology confirmed the diagnosis of AA amyloidosis. Dermatological examination confirmed the diagnosis of suppurative hydradinitis after ruling out any other autoimmune disease, and the patient was put on a double course of antibiotics with no response. An initial and then maintenance anti-TNF α-based treatment (Adalimumab) markedly improved the patient clinically and biologically.

Conclusion

A A amyloidosis must be suspected in patients with chronic inflammatory skin diseases, and a search for microalbumiuria is desirable in order to investigate any nephrological abnormality related to this serious complication.

P123

AA AMYLOIDOSIS COMPLICATING DERMATOMYOSITIS A CASE REPORT

Ghalia Khellaf, Ali Benziane

Department of nephrology, Bab El Oued University Hospital, Faculty of Medicine, Benyoucef Benkhedda University, Algiers - Algeria

Introduction

Dermatomyositis is a type of idiopathic inflammatory myopathy characterised by inflammation of certain areas of the skin (dermis) and certain muscles (myositis or inflammatory myopathy). AA amyloidosis may complicate this condition but is rarely described in the literature.

Methods

Patient aged 42 from eastern Algeria, married and mother of 03 living children , from a first-degree consanguineous marriage, followed for dermatomyositis since 2009, hospitalised for PBR due to proteinuria at 3g without renal failure, put on corticosteroid therapy + methotrexate with good clinico-biological improvement, stopped in 2014 in preparation for pregnancy. In 2016 the disease persisted, responding neither to corticosteroids nor to methotrexate, but progressed well on rituximab. In 2016 she had another relapse with proteinuria and nephromegaly on ultrasound. On admission to hospital, the clinical examination revealed a proximal muscle deficit, a skin lesion of the orbital erythema type, and Raynaud's phenomenon in all 4 limbs. A biological check-up revealed an inflammatory syndrome with normochromic normocytic anaemia, thrombocytosis, SV at 71 at the 1st hour and 200 at the 2nd hour, positive CRP at 48 mg l, normal renal function, LDH: 2250, CPK: 135, gammaGT: 1264, a deep nephrotic syndrome, a series of X-rays taken of the hands and feet in favour of calcifications of the 1st phalanx: IPP of the right hand, and calcifications of the ankle. A muscle biopsy revealed a histological aspect confirming interstitial myositis. The renal histological study confirmed type AA amyloidosis.

Conclusion

Systemic AA amyloidosis rarely complicates dermatopolymyositis, compared with other auto-inflammatory rheumatic diseases such as rheumatoid arthritis and ankylosing spondylitis.

P124

LUPUS NEPHROPATY IN MEN: EPIDEMIOLOGICAL AND EVOLUTIONARY PROFILE

Ouifak El Ainzroudi, Ghita El Bardai, Basmat Amal Chouhani, Nadia Kabbali, Yassin Allata, Tarik Sqalli Houssaini

Department of Nephrology, Hassan II University Hospital, Fez - Morocco

Introduction

Systemic lupus erythematosus (SLE) is an autoimmune disease that can affect various organs, of which kidney damage is one of the most serious complications. Lupus nephropathy (LN) occurs predominantly in women, as shown by data from existing studies. In contrast, LN in men is poorly documented due to the rarity of cases. The aim of this study is to describe the epidemiological, clinico-biological and evolutionary charac- teristics of LN in men.

Methods

This was a retrospective, analytical study conducted in the Department of nephrology of the Hassan II University Hospital in Fez, covering a ten-year period from 1997 to 2018. All patients included had lupus nephropathy confirmed by renal biopsy, classified according to ISN/RPS 2003 criteria. A minimum follow-up of 5 years was performed for each patient. An analytical survival study was also carried out to assess the clinical course and prognostic factors. Clinical, biological, immunological and histological data from biopsies were collected and analysed.

Results and discussion

Of the 111 patients followed for lupus nephropathy, 18 (16.21%) were men, with a male/female ratio of 0.19. The mean age of the male patients was 37.39 ± 10.75 years. The main initial symptoms were oedema (61.11%), proteinuria (94.4%) and renal failure (83%). Hypertension was present in 22.2% of cases, and hae- maturia in 44.4%. Biologically, anaemia was observed in 94.4% of patients, thrombocytopenia in 38.8% and lymphopenia in 33.3%. Antinuclear antibodies were positive in 83.3% of cases, anti-DNA in 61.1%, and C3 and C4 hypocomplementemia was noted in 55.5% of cases. Histological analysis revealed a predominance of class IV (61.1%), followed by classes II, V and VI (11% each), with only one case of class III. Concerning treatment, 38.8% of patients with proliferative classes were treated according to the NIH protocol, while one patient received the Eurolupus protocol. The clinical evolution showed complete remission in 33.3% of cases, relapses in 38.8%, progression to end-stage renal disease in 33.3% of cases, and 3 deaths were recorded.

Conclusion

Lupus nephropathy appears to be more aggressive in men, with clinico-biological and histological manifesta- tions often more severe than in women. These observations underline the importance of learning more about this disease and optimising its management in male patients.

P125

EARLY INDICATORS OF RENAL PROGNOSIS IN MONOCLONAL GAMMOPATHY-RELATED KIDNEY DISEASE

Amouri Asma[1], Dammak Najla[1], Agrebi Ikram[1], Abid Hanen[1], Toumi Salma[1], Yaich Soumaya[1], Ben hmida Mohamed[1], Chaker Hanen[1], Kammoun Khawla[1], Boudawara Tahiya[2]

1-Department of Nephrology, Dialysis and Renal Transplantation

2- Renal Pathology Research Laboratory LR19ES11, Faculty of Medicine of Sfax - Tunisia

3-Anatomopathology Laboratory, Habib Bourguiba Hospital, Sfax - Tunisia

Introduction

Monoclonal gammopathies are caused by the abnormal production of monoclonal immunoglobulins. Renal involvement presents with a variety of manifestations, making diagnosis and prognosis challenging. This study aims to identify key factors associated with renal prognosis in patients with monoclonal gammopathies.

Methods

This retrospective observational study, conducted from January 2010 to December 2021 in the Department of nephrology of Hedi Chaker University Hospital, Sfax, included patients with monoclonal gammopathy and biopsy-confirmed renal involvement. Renal outcomes were assessed one year post-treatment, with patients categorized into two groups:

Group 1 (G1, good renal prognosis): Patients who achieved a complete, partial, or minor renal response or maintained stable renal function with serum creatinine ≤2 mg/dl.

Group 2 (G2, poor renal prognosis): Patients who maintained stable renal function with serum creatinine >2 mg/dl or experienced deterioration in renal function.

A univariate analysis was performed to explore correlations between clinical, biological, and histological pa- rameters and renal prognosis.

Results and discussion

The study enrolled 29 patients. Nine patients were classified in G1, and 20 were in G2. Analysis revealed that lower hemoglobin levels were significantly associated with poor renal outcomes, with a mean of 8.4 ± 2.2 g/dl in G2 versus 10.5 ± 3.6 g/dl in G1 (p=0.029). Additionally, the requirement for dialysis within the first week of Hospitalization emerged as a strong predictor of poor renal prognosis, occurring in 75% of G2 patients and none of the G1 patients (p=0.33).

Conclusion

Our study highlights that anemia and the need for early dialysis are strong indicators of poor renal prognosis in patients with monoclonal gammopathies and renal involvement. Despite the diversity of histological lesions, no significant link was found with renal outcomes.

P126

PARTICULARITIES OF SYSTEMIC LUPUS ERYTHEMATOSUS IN MEN

Touihri Aya[1], Chaker Hanen[2], Jamiel Bochra[3], Agrebi Ikram[2], Toumi Salma[2], Yaich Soumaya1.[2], Ben Hmida Mohamed1.[2], Boudawara Tahya[3], Marzouk Sameh[4], Kammoun Khawla[1.2]

1 Department of Nephrology, Hedi Chaker University Hospital, Sfax - Tunisia

2 Renal Pathology Research Laboratory LR19ES11, Faculty of Medicine, Sfax - Tunisia,

3 Anatomopathology Laboratory, Habib Bourguiba University Hospital, Sfax - Tunisia,

4 Department of Internal Medicine Department, Hedi Chaker University Hospital, Sfax - Tunisia

Introduction

Systemic lupus erythematosus (SLE) is predominantly a female disease, with men accounting for approxi- mately 10% of cases. Management strategies are typically based on protocols established for women. This study aims to identify the specific characteristics of SLE in men.

Methods

This retrospective study, conducted from 2006 to 2024, included male patients diagnosed with SLE who un- derwent renal biopsy in the Department of nephrology. Clinical, biological, histological, and follow-up data were collected from medical records.

Results and discussion

Our cohort included seven men with a mean age at SLE diagnosis of 39.29 ± 9.01 years [31–58 years]. The most frequent clinical manifestations were hematologic (85.7%), cutaneous-mucosal (57.1%), cardiovascular (57.1%), pleuropulmonary (28.6%), and ocular (28.6%). Neurological and muscular involvement was rare (14.3% each), and no gastrointestinal involvement was noted.

Lupus nephritis (LN) was diagnosed at a mean age of 45.57 ± 13.03 years. It was inaugural in 2 cases and occurred after a mean delay of 104.4 months in five patients.

All patients had proteinuria. The mean range of proteinuria was 1.95 ± 1.23 g/24h [0.8–4.5 g/24h]. Hematuria was observed in one patient, and renal insufficiency was present in three patients. The mean serum creatinine level was 98 ±51 µmol/L [51–198 µmol/L], and the mean estimated glomerular filtration rate (eGFR) was 79.79±29.9 mL/min [35–108 mL/min].

Histological findings from renal biopsy included: class IV in two cases (one associated with class V), class III in three cases (two associated with class V), class II (n=1), and class I (n=1). Proliferative LN (class III or IV) was present in five cases (71.4%).

Treatment involved corticosteroids combined with cyclophosphamide for the five patients with proliferative LN (class III or IV). The mean serum creatinine level at the evolution was 153 ±140 µmol/L [64–466 µmol/L]. Renal function worsened in three patients (42.8%).

Conclusion

This series highlights the specificities of SLE in men. The older mean age at disease onset in men and the high frequency of hematologic and renal involvement are consistent with the literature. Histological findings indicate a predominance of proliferative classes (III and IV), associated with a poorer renal prognosis.

P127

CLINICAL AND HISTOPATHOLOGICAL ANALYSIS OF RENAL INVOLVEMENT IN MONOCLONAL GAMMOPATHIES: A MONO-CENTRIC STUDY

Amouri Asma[1.2], Dammak Najla[1.2], Agrebi Ikram[1], Abid Hanen[1.2], Toumi Salma[1.2], Yaich Soumaya[1.2], Ben Hmida Mohamed[1.2], Chaker Hanen[1.2], Kammoun Khawla[1.2], Boudawara Tahiya[3]

1 Department of Nephrology, Hedi Chaker University Hospital, Sfax - Tunisia

2 Renal Pathology Research LaboratoryLR19ES11, Faculty of Medicine, Sfax - Tunisia,

3 Anatomopathology Laboratory, Habib Bourguiba University Hospital, Sfax - Tunisia,

Introduction

Monoclonal gammopathies are a group of disorders characterized by the overproduction of monoclonal im- munoglobulins or their fragments. Renal involvement in these conditions can present in diverse forms. This study aims to analyze the clinical, biological, and histological characteristics of renal manifestations associated with monoclonal gammopathies.

Methods

This is a monocentric, retrospective, descriptive, observational study conducted at the Department of nephrology of Hedi Chaker University Hospital in Sfax, over a period of 12 years from January 2010 to December 2021. It includes patients with monoclonal gammopathy and biopsy-confirmed renal involvement.

Results and discussion

We included 33 patients, with a sex ratio of 0.83. The mean age of the population was 60.2 ± 10.2 years. Renal involvement was the first sign of the disease in 24 cases (72.7%). Extrarenal signs included general deterioration in 25 cases (75.8%) and bone pain in 19 cases (57.6%). Renal failure was noted in 29 cases (87.9%) with a median serum creatinine of 393 µmol/L (QR 122.7; 774.7). The median 24-hour proteinuria was 4.2 g/24h (QR 2.2; 7.3). Indications for kidney biopsy included unexplained renal failure in 29 cases (87.9%), urinary sediment abnor- malities in 16 cases (48.5%), and nephrotic syndrome with negative extra-renal biopsy in 12 cases (36.4%). Histopathological findings included myeloma cast nephropathy and AL amyloidosis in 12 cases (36.4%) each. Randall's-type monoclonal immunoglobulin deposition disease was noted in 6 patients (18.2%), and prolife- rative glomerulonephritis with Ig deposition was found in 5 patients (15.2%). C3 nephropathy and proximal tubular light chain nephropathy were noted in 1 case each (3%). Hematologic involvement was dominated by multiple myeloma in 27 patients (81.8%). Treatment included chemotherapy in 25 cases (75.8%), autologous hematopoietic stem cell transplantation in 3 cases (9.1%), and renal replacement therapy in 20 patients (60.6%). The majority of patients showed worsening renal function in 60,6% (N = 20) of cases. Mortality at one year of follow-up was 36.36% (N = 12).

Conclusion

Monoclonal gammopathy should be considered in cases of renal failure or urinary sediment abnormalities, particularly in elderly patients. Renal involvement in monoclonal gammopathies is variable, which underscores the importance of kidney biopsy for proper diagnosis and management.

P128

HYPERCALCEMIA REVEALING CARDIAC SARCOIDOSIS : A CASE REPORT

Maaiden Zineb, Kaouiri Zaineb, Zniber Amal, Ouzeddoun Naima, Bouattar Tarik

Department of Nephrology, Ibn Sina Hospital, Rabat - Morocco

Introduction

Sarcoidosis is an inflammatory disease characterized by non caseating granulomas of unknown etiology, with pulmonary involvement being most common. Although rare, severe organ involvement, particularly cardiac, can lead to life-threatening complications. Diagnosing cardiac sarcoidosis is challenging due to its varied cli- nical presentations and the absence of a definitive non-invasive test. Hypercalcemia, though uncommon in sarcoidosis, can serve as a key diagnostic clue, reflecting increased 1,25-dihydroxyvitamin D production by granulomas .This report presents a case of hypercalcemia that led to the diagnosis of cardiac sarcoidosis and facilitated the initiation of appropriate management for this potentially fatal condition.

Methods

A 65-year-old male presented with severe hypercalcemia (3.8 mmol/L) and acute kidney injury, accompanied by a history of high-grade atrioventricular block managed with pacemaker implantation and a 17 kg weight loss over three months. Laboratory findings included suppressed parathyroid hormone levels and elevated urinary calcium excretion. Imaging revealed mediastinal lymphadenopathy, subpleural nodules, and myocar- dial fibrosis. Bronchial

biopsy confirmed non-caseating granulomas, supporting a diagnosis of systemic sar- coidosis. Cardiac MRI showed reduced left ventricular ejection fraction (35%) and late gadolinium enhancement, consistent with myocardial involvement. These findings established the diagnosis of cardiac sarcoidosis, with hypercalcemia as an unusual presenting feature.

Results and discussion

The presented case highlights a complex scenario where cardiac sarcoidosis manifested as a high-grade AV block and significant myocardial dysfunction in an elderly patient with concomitant hypercalcemia and systemic sarcoidosis manifestations. Hypercalcemia, observed in only 10% of sarcoidosis cases, served as an early diagnostic clue, particularly in the absence of malignancy or hyper- parathyroidism. Cardiac MRI findings, including myocardial fibrosis and reduced ejection fraction, highlighted advanced cardiac involvement. Early recognition is crucial as cardiac sarcoidosis often presents insidiously, with conduction abnormalities like AV block preceding overt myocardial dysfunction. Multimodal diagnostic approaches, integrating imaging, histology, and clinical correlation, are critical in establishing the diagnosis.

Conclusion

This observation underscores the critical need for a comprehensive assessment of potential underlying causes, with a particular focus on sarcoidosis, in cases of unexplained atrioventricular block , ventricular ar- rhythmias, or heart failure.

P129

THROMBOSIS OF THE SMALL SAPHENOUS VEIN AS A REVEALING SIGN OF ANCA-ASSOCIATED VASCULITIS

Rihab Zouaoui, Hajji Mariem, Agerbi Sahar, Gorsane Imen, Kaaroud Hayet, Barbouch Samia, Hedri Hafedh, Abderrahim Ezzedine

Department of Nephrology, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Anti-neutrophil cytoplasmic antibody (ANCA)-associated vasculitis is a systemic inflammatory disorder pri- marily affecting small blood vessels. Venous thrombosis is an uncommon initial presentation in Nephrology but may serve as a diagnostic clue in certain cases.

Methods

We report the case of a patient presenting with acute renal failure (ARF) and small saphenous vein thrombo- sis.

Results and discussion

A 42-year-old woman with no significant past medical history was admitted to the Internal Medicine department for evaluation of small saphenous vein thrombosis. Fifteen days later, she was transferred to the Department of nephrology due to ARF with a serum creatinine level of 257 µmol/L. Clinical examination revealed hyperten- sion (140/100 mmHg), absence of lower limb edema, and urine dipstick findings of proteinuria (+2) and he- maturia (+1).

Further laboratory investigations showed a serum creatinine level of 230 µmol/L, 24-hour proteinuria of 1.12 g, and a normal C-reactive protein level. Immunological testing revealed strongly positive ANCA with anti- MPO antibodies (+3), while antinuclear antibodies (ANA) were negative. Kidney biopsy findings confirmed pauci-immune necrotizing extracapillary glomerulonephritis with significant tubulointerstitial damage and vas- cular lesions consistent with arteriosclerosis. The patient was treated with anticoagulants, corticosteroids (1 mg/kg/day), and six monthly cyclophosphamide infusions. The clinical course was complicated by recurrent urinary tract infections, but renal function stabilized with a serum creatinine level of 156 µmol/L.

Conclusion

Thromboembolic events, though rare, may occur in the context of ANCA-associated vasculitis. Whenaccompanied by ARF or rapidly progressive renal insufficiency, such presentations should prompt urgent diagnostic evaluation to guide appropriate therapy.

P130

POLYMORPHIC RENAL INVOLVEMENT IN SJÖGREN'S SYNDROME: A CASE-BASED PERSPECTIVE

Zouaoui Rihab, Hajji Mariem, Agerbi Sahar, Gorsane Imen, Ben Hmida Fethi, Abderrahim Ezzedine

Department of Nephrology, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Sjögren's syndrome (SS) is a systemic autoimmune disorder characterized by lymphocytic infiltration of the exocrine glands. Renal involvement, although uncommon, typically manifests as chronic interstitial nephritis; however, glomerular pathology can also occur.

Methods

This case highlights a rare presentation of SS with combined glomerular and tubulo-interstitial renal involve- ment.

Results and discussion

We present the case of a 20-year-old woman with a history of bilateral acute parotiditis and thrombocytopenia, admitted in August 2023 for hypokalemic paralysis secondary to distal renal tubular acidosis (dRTA). She re- ported symptoms of xerophthalmia and xerostomia. Urinalysis revealed significant proteinuria (3+) and he- maturia (2+). Laboratory findings included renal insufficiency with a serum creatinine of 129 µmol/L, hypokalemia (2.8 mmol/L), reduced bicarbonate levels (18 mEq/L), and hypocalcemia (2.15 mmol/L). Protein electrophoresis and immunoelectrophoresis were unremarkable. Immunological testing showed positive antinuclear antibodies (ANA) at a titer of 1:1600, with specificity for anti-SSB, anti-SSA, and anti-RO52 antibodies. Complement C3 levels were reduced, and rheumatoid factor IgM was positive. A 24-hour urine collection demonstrated proteinuria of 3 g/24h, while urine microscopy confirmed hematuria (2000/mL) and aseptic leukocyturia (3000/mL). Ophthalmologic evaluation confirmed moderate dry eye syndrome, and salivary gland scintigraphy (SGS) demonstrated grade 3 chronic sialadenitis (Chisholm and Masson classification). Chest CT, bronchoscopy with bronchoalveolar lavage, pulmonary func- tion tests, and brain/spinal cord MRI were normal. A renal biopsy revealed stage 2 membranous glomerulonephritis associated with severe interstitial nephritis, marked by inflammation, fibrosis, and cystic glomerular changes. The findings supported a diagnosis of pri- mary SS, with consideration for possible secondary lupus-associated SS. Treatment included corticosteroids at 0.5 mg/kg/day, tapered over one month, and hydroxychloroquine (200 mg/day).

Conclusion

Renal involvement occurs in approximately 5% of patients with SS, predominantly as tubulo-interstitial ne- phritis. However, glomerular pathology may coexist, resulting in a polymorphic renal presentation. This case underscores the importance of comprehensive evaluation and renal biopsy in patients with SS presenting with complex renal manifestations.

P131

RENAL IMPAIRMENT IN HIV-INFECTED PATIENTS: A CASE SERIES

Riguen Mouna[1,2], Chaker Hanen[1,2], Agrebi Ikram[1], Abid Hanen[1,2], Toumi Salma[1,2], Gargouri Saba[3], Ben Hmida Mohamed[1,2], Karray-Hakim Hela[3], Boudawara Tahya[4], Kammoun Khawla[1,2]

1 Department of Nephrology, Hedi Chaker University Hospital, Sfax - Tunisia,

2 Renal Pathology Research Laboratory LR19ES11, Faculty of Medicine, Sfax - Tunisia,

3 Virology Laboratory, Habib Bourguiba University Hospital, Sfax - Tunisia,

4 Anatomopathology, Hedi Chaker University Hospital, Sfax - Tunisia

Introduction

Renal impairment is a frequent complication in patients with Human Immunodeficiency Virus (HIV). HIV-as- sociated nephropathy (HIVAN), characterized by glomerulosclerosis, is the most common renal pathology, particularly among individuals of African descent. However, other glomerular diseases have been described, expanding the spectrum of renal involvement in HIV. This study presents three cases of renal impairment in HIV-infected patients, highlighting diverse clinical presentations and outcomes.

Methods

Three cases of HIV-related renal impairment managed in our Department of nephrology are described. Data in- clude clinical presentations, laboratory findings, kidney biopsy results, and treatment approaches.

Results and discussion

Case 1: A 20-year-old sub-Saharan African woman presented with acute renal failure (creatinine 1183 µmol/L) and nephrotic-range proteinuria (32 g/24h). Renal ultrasound showed highly echogenic cortex. HIV serology revealed a low CD4+ count, and malaria was confirmed. Kidney biopsy showed collapsing focal segmental glomerulosclerosis (HIVAN). Despite antiretroviral therapy (ART) and malaria treatment, renal failure progres- sed to end-stage renal disease (ESRD), requiring maintenance hemodialysis.

Case 2: A 40-year-old man with a history of HIV presented with nephrotic syndrome and serum creatinine of 235 µmol/L. Kidney biopsy revealed membranoproliferative glomerulonephritis. Hepatitis B and C serologies were negative. He was treated with ART and ACE inhibitors. After 5

years, he progressed to ESRD requiring renal replacement therapy.

Case 3: A 32-year-old African man with no prior medical history was admitted for newly diagnosed renal in- sufficiency. He presented with cough, fever, and pruritic hypopigmented skin lesions. Normocytic anemia, ele- vated LDH, hepatic cytolysis, and active urinary sediment were noted. Renal ultrasound revealed normal-sized kidneys with signs of chronicity. Immunological investigation was negative, but HIV serology was positive. Kidney biopsy confirmed HIVAN with acute tubular necrosis, pseudo-cystic dilation of tubules, and polychro- matic PAS-positive casts. The patient died from acute respiratory distress syndrome secondary to Pneumo- cystis jirovecii infection.

Conclusion

HIVAN remains the leading cause of renal impairment in HIV-infected patients and is a major contributor to ESRD. Regular screening for kidney abnormalities in HIV patients is essential, as early diagnosis and timely management can slow progression to ESRD.

P132

ANA AND THEIR ROLE IN NEPHROLOGY

Zoughlami Rania, Tlili Syrine, Ghabi Hiba, Mami Ikram, Boukhtioua Mariem, Driss Nour, Krid Madiha, Smaoui Wided, Zouaghi Mohamed Karim

Department of Nephrology, La Rabta Hospital, Tunis - Tunisia

Introduction

Nephrology, despite its wide range of pathologies, includes a significant focus on autoimmune diseases and their renal involvement. Antinuclear antibodies (ANA) hold a pivotal role, and our objective is to evaluate their contribution to Nephrology.

Methods

This retrospective descriptive study was conducted on 30 newly Hospitalized patients in the Nephrology, he- modialysis, and kidney transplantation department of La Rabta Hospital, Tunis, during the period from January to August 2024.

Results and discussion

The study included 20 women and 10 men, with a sex ratio of 0.5. The mean age was 45 years. All patients were admitted to the department for the evaluation of newly discovered renal insufficiency, and immunological tests were performed as part of the etiological investigation. Among them, 66.6% reported joint pain, 16.6% had hematological abnormalities, and 16.6% presented general symptoms. The diagnosis of systemic lupus erythematosus (SLE) was confirmed in 50% of patients, Sjögren's syndrome in 33.3%, and 16.6% had inter- current infections (urinary tract infections, sepsis of cutaneous origin, or COVID-19), which led to positive im- munological findings. All patients underwent renal biopsy (PBR), which revealed varying stages of lupus nephritis in those diagnosed with SLE, renal involvement consistent with Sjögren's syndrome in the respective cases, and acute tubular necrosis or acute interstitial nephritis in patients with false-positive ANA results.

Conclusion

ANA testing plays a crucial role in Nephrology. Its detection not only confirms the diagnosis of certain systemic diseases but also guides treatment decisions and evaluates therapeutic responses in patients with autoim- mune nephropathies. Therefore, its use remains an indispensable tool in clinical practice for the optimal ma- nagement of patients.

P133

BEHÇET'S DISEASE: DISCOVERY OF AN ABDOMINAL AORTIC ANEURYSM DURING PROTEINURIA INVESTIGATION

El Khatib Mouna[1], Dami Fouad[1], Doukkali Ichrak[2], Alami Badr[1], Bourkia Myriem[2], Assem Maryam[1]

1Department of Nephrology,

2 Department of Internal Medicine, Mohammed VI University Hospital, Tangier - Morocco

Introduction

Behçet's disease (BD) is a rare autoimmune systemic vasculitis. Vascular involvement is common and arterial lesions are associated with poor prognosis. Renal involvement is rare and may present in various forms.

Methods

Case report: We report the case of a 34-year-old woman who had been diagnosed with BD at the age of 33. Her clinical course was marked by the progressive onset of edema and hypertension, associated with ne- phrotic-range proteinuria, which prompted a renal biopsy.

Results and discussion

During her Hospitalization, laboratory tests revealed an inflammatory syndrome with a C-reactive protein (CRP) level of 117 mg/L, an accelerated erythrocyte sedimentation rate, preserved renal function (creatinine 8.4 mg/L), proteinuria of 6 g/24h with inactive urinary sediment, and serum albumin level at 33 g/L. Minor Salivary Gland Biopsy

showed no amyloid deposits when examined with Congo red staining. Renal ultrasound perfor- med before the renal biopsy revealed a 6x7 cm anechoic formation with pulsatile blood flow. The abdominal CT angiography demonstrated a large saccular aneurysm of the abdominal aorta (67x70x79mm) at the origin of the left renal artery, partially thrombosed, with the left kidney displaced, reduced in size, and the left renal artery appearing thin. After 2 IV pulses of Cyclophosphamide and corticosteroids, the follow-up proteinuria reduced to 1.5g/24h. She is a candidate for endovascular aortic stent graft placement after disease stabilization.

Conclusion

The type of nephropathy in this patient has not yet been identified due to the thromboembolic and hemorrhagic risks associated with her angio-Behçet. This case highlights the importance of early detection of vascular complications in BD, even in asymptomatic patients, and emphasizes the need for renal screening through urine dipstick testing and routine urinary and renal blood tests.

P134

EARLY RELAPSE OF ANCA VASCULITIS IN TWO PATIENTS: THERAPEUTIC CHALLENGES

Khemiri Manel, Aoudia Raja, Jerbi Mouna, Bettaieb Asma, Hadded Sarra, Khadhar Mariem, Gaied Hanene, Goucha Rim

Department of Nephrology, Mongi Slim Hospital, Tunis - Tunisia

Introduction

Granulomatosis with polyangiitis and microscopic polyangiitis are the most common forms of antineutrophil cytoplasmic anti body (ANCA)–associated vasculitis (AAV). Relapse occurs in 15% of individuals with AAV over the first year of disease and in 45% to 55% of individuals over the first five years, with higher risks among proteinase 3 (PR3)–ANCA–positive patients.

Methods

We report two cases of AVV with anti-PR3 specificity occurring in two young patients who were admitted in our Department of nephrology and who presented an early relapse between Juin 30th, 2022 (inauguration of department activity) and November 11th, 2024.

Results and discussion

The first case involved a 45-year-old man with a history of renal lithiasis, transferred from the pneumology department after AAV was diagnosed in a context of acute renal failure, intra-alveolar hemorrhage, and positive anti-PR3 ANCA. He received Prednisone, Methylprednisolone (3 courses), Cyclophosphamide (6 courses), and 12 sessions of plasmapheresis, leading to renal function recovery. He was put on Prednisone and Aza- thioprine as maintenance therapy. At M6, he relapsed and required further Methylprednisolone, Cyclophos- phamide (3 courses), and 11 sessions of plasmapheresis. The progression was complicated by pulmonary aspergillosis, prompting suspension of immunosuppressants while maintaining corticosteroids. At M13, he presented with severe intra-alveolar hemorrhage and died.

The second case involved a 33-year-old man, with a history of SARS-CoV 2 pneumonia, who was transferred from the intensive care unit for Anti-PR3 AAV with renal and pulmonary involvement. He received 3 courses of Methylprednisolone, Prednisone and 6 courses of Cyclophosphamide with good progression (creatinine level 300 ->130 µmol/l). He was put on Prednisone and Azathioprine as maintenance therapy. At M5 he re- lapsed with intra-alveolar hemorrhage and a creatinine level of 230 µmol/l. He was started on Methylpredni- solone then Prednisone and 11 sessions of plasmapheresis. Additional courses of Cyclophosphamide were refused by the patient for the risk of infertility, and he was instead put on Rituximab (4 courses) with good evolution (creatinine= 127 µmol/l).

Conclusion

These two cases demonstrate that early relapse is possible despite optimal induction immunosuppressive treatment, that infectious complications can be severe, hampering aggressive therapy and that Rituximab is a good alternative, especially in young people of childbearing age.

P135

ATYPICAL AUTOSOMAL DOMINANT POLYCYSTIC KIDNEY DISEASE REVEALING ANCA-ASSOCIATED VASCULITIS : A CASE REPORT

Salem Rihab, Jerbi Mouna, Bettaieb Asma, Gaied Hanene, Khadhar Meriem, Trabelsi Raja, Goucha Rym

Department of Nephrology, Mongi Slim Hospital, La Marsa, Tunis - Tunisia

Introduction

Dominant polycystic kidney disease (ADPKD) is the most common genetic kidney disorder in adults, typically associated with mutations in the PKD1 and PKD2 genes. However, atypical forms of ADPKD with unusual clinical and radiological presentations also exist. These forms may be linked

to mutations in the GANAB and DNAJB11 genes. Typical ADPKD is rarely associated with other nephropathies. We report a case of an atypical ADPKD revealing ANCA-associated vasculitis.

Results and discussion

The patient was a 38-year-old Russian woman with no significant medical history, referred to our department for the recent discovery of a unique form of renal polycystosis. Clinically, she was asthenic, with normal blood pressure, no lumbar tenderness, and proteinuria (3+), hematuria (3+). Her serum creatinine level was 200 µmol/l, she had anemia (10 g/dl), and a biological inflammatory syndrome. Renal ultrasound revealed poly- cystic kidneys with normal-sized kidneys and regular contours. Given the rapid deterioration in renal function and a deglobulization, an immunological assessement was conducted, showing positive ANCA (Anti-PR3+). A thoracic CT scan confirmed the presence of alveolar hemorrhage. The patient was started on corticosteroids, immunosuppressive therapy, and plasmapheresis, with a favorable outcome. Genetic testing with whole exome sequencing (WES) was performed to identify the genetic form of her ADPKD.

Conclusion

This association has been rarely described in the literature. The initial presentation of the vasculitis was mis- leading, emphasizing the need for a methodical diagnostic approach. Indeed, unexpected nephropathy as- sociations can occur. We also conclude that atypical clinical and radiological presentations of ADPKD should prompt the investigation of other mutations, which may result in a different disease course and prognosis.

P136

RENAL AMYLOIDOSIS : AN ATYPICAL CLINICAL PRESENTATION

Salem Rihab, Jerbi Mouna, Trabelsi Raja, Bettaieb Asma, Gaied Hanene, Khadhar Meriem, Goucha Rym

Department of Nephrology, Mongi Slim Hospital, La Marsa, Tunis - Tunisia

Introduction

amyloidosis is a rare disease that can affect multiple organs, with renal involvement being the most common and clinically significant manifestation. It typically presents with proteinuria, often in the nephrotic range. The absence of proteinuria makes the diagnosis less likely. We report an unusual case of renal amy- loidosis presenting with no detectable proteinuria.

Results and discussion

A 73-year-old woman with a history of bilateral knee arthrosis underwent left total knee replacement (TKR) six years ago and was scheduled for right TKR. She was referred to the Department of nephrology for evaluation of incidentally discovered renal dysfunction during her preoperative assessment. Clinical evaluation suggested tubulointerstitial nephropathy with negative proteinuria.

Extrarental findings included clinical features of sicca syndrome, confirmed by labial gland biopsy demons- trating grade 3 sialadenitis. Additionally, she exhibited deformities of the metacarpophalangeal and proximal interphalangeal joints, consistent with previously undiagnosed rheumatoid arthritis, accompanied by a pro- nounced inflammatory syndrome on laboratory tests.

Based on the clinical presentation, a renal biopsy was performed, unexpectedly revealing features consistent with renal amyloidosis, characterized by amyloid deposits in the glomeruli, vasculature, and tubules.

Conclusion

Renal involvement in systemic amyloidosis is a major prognostic factor, underscoring the importance of sys- tematically pursuing histological confirmation, even in cases with atypical clinical presentations. Early detection and diagnosis are crucial for optimal management and prognosis.

P137

EPIDEMIOLOGICAL AND CLINICO-BIOLOGICAL CHARACTERISTICS OF RENAL AMYLOIDOSIS

El-Othemany Wafae, Elhammouti Mariam, Belhaj Soulami Abla, Dami Fouad, Assem Maryam

Department of Nephrology, Mohammed VI University Hospital, Tangier - Morocco

Introduction

Amyloidosis is a systemic disease characterized by the extracellular deposition of abnormal proteins in various organs, with frequent renal involvement. This study aims to describe the epidemiological and clinico-biological characteristics and to identify the associated factors in patients with renal amyloidosis to improve understan- ding and management of this pathology.

Methods

This retrospective study was conducted at Mohammed VI University Hospital in Tangier. We included patients diagnosed with renal amyloidosis who were managed in our

department between September 2023 and De- cember 2024. Statistical analysis was performed using SPSS software version 25.

Results and discussion

Eighteen patients were included in this study, 66.6% of whom were male. The mean age was 55.5 ± 15.8 years. Nephrotic syndrome, identified in 88.9% of cases, was the main reason of admission in Department of nephrology. The mean proteinuria was 5.4 ± 3.0g/day, mean albumin 21.9 ± 5.9 g/l and mean creatinine at admission 22.0 mg/l [10.5 55.8].Two patients presented with hematuria and five with leukocyturia, with one case of urinary tract infection. Hypotension was observed in 66.7% of cases. Additionally, three cases of cardiac involvement and one case of digestive involvement were recorded.

Diagnosis was confirmed through renal biopsy in 33.33% of cases and salivary gland biopsy in 66.1%. AA amyloidosis was diagnosed in 14 cases (77.8%) and AL amyloidosis in 4 patients. Among the latter, tubercu- losis was diagnosed in 6 patients.

Two patients required chronic hemodialysis and 3 patients died (2 due to amyloidosis cardiac involvement).

Conclusion

Amyloidosis is a potentially life-threatening systemic disease. Renal involvement is particularly common, es- pecially in AA amyloidosis, and represents a major factor of morbidity. The prognosis of this pathology primarily depends on the type of amyloidosis and the severity of organ involvement and in particular cardiac involve- ment. Early and targeted management, particularly for renal and cardiac involvement, is essential to improve patient outcomes.

P138

RENAL INVOLVEMENT IN SARCOIDOSIS : CLINICO-BIOLOGICAL AND HISTOLOGIC PARTICULARITIES AND OUTCOME IN 20 PATIENTS

Arbaoui Amal[1], Hajji Meriam[1], Agrebi Sahar[1], Sellami Nada[1], Ben Abdelghani Khaoula[1], Barbouch Samia[1], Ben Hamida Fethi[2], Chargui Soumaya[1], Abderrahim Ezzeddine[1]

1 Department of Nephrology and Internal Medicine, Charles Nicolle Hospital, Tunis - Tunisia,

2 Renal Pathology Research Laboratory LR00SP01, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Renal damage secondary to sarcoidosis is uncommon but varied and can occur at any time in the course of the disease. We aim to describe the different aspects of renal involvement during sarcoidosis.

Methods

It is a retrospective descriptive study carried out in an Internal Medicine department of a University Hospital center. The study period was spread over 06 years from September,2018 to September,2024.We included pa- tients aged over 18 who were diagnosed with renal damage and systemic sarcoidosis.

Results and discussion

Twenty patients had renal implication associated to sarcoidosis. Women represented 95% of the study popu- lation (n=19). The average age was 59 years [41-75].General signs were indicative of the disease in 9 cases (45%). Hypercalcemia and acute kidney injury were inaugural in 3 and 2 cases, respectively.Microalbuminuria was the most common manifestation of renal involvement occuring in 60% of cases (n=12).The average mi- croalbuminuria was 439 mg/24h [0.07- 2600].Phosphocalcic disorders were noted in 8 cases (40%). Aseptic leukocyturia was found in 3 cases (15%) and microscopic hematuria in 2 cases (10%). Acute kidney injury was found in 50% of cases (n=10).It was functional secondary to polyuria in 4 cases (20%) and parenchyma- tous in 6 cases (30%).A renal biopsy puncture was performed in 5 cases (25%).It showed interstitial nephritis with giant cell noncaseating granulomas in 4 cases (80%) and without evidence of granuloma in one case (20%).In one case, we've noted vasculitis lesions associated to the interstitial granulomatous infiltration. Sys- temic corticosteroids were employed in 18 cases (90%).They were prescribed at 1mg/Kg/day in 14 patients (78%) and at 0,5mg/Kg/day in 4 patients (22%).The use of immunosuppressants was necessary in 4 patients (20%) as follows: Methotrexate 10mg in single dose/week in 2 cases (50%) and azathioprine 50mg,3 times a day in 2 cases (50%).The evolution was favorable in 80% of cases (n=16). Three patients maintained mo- derate chronic kidney disease (15%) and one patient, who initially had vasculitis lesions, became a chronic hemodialysis patient (5%).The mean creatinine level after treatment was at 123µmol/L [36-1058].Hypercal- cemia was normalized in all cases.

Conclusion

Renal damage in the context of sarcoidosis can condition the prognosis of the disease.In case of renal failure, systemic corticosteroids are essential.

P139

STUDY OF THE PREVALENCE OF KIDNEY DISEASE DURING RHEUMATOID ARTHRITIS AT THE NATIONAL HOSPITAL OF ZINDER (HNZ)

Hassane Moussa Diongole[1], Moussa Tondi Zeinabou Maiga[1], Yacouba Alkhassan[2], Gninkeu Wandja Chriastiane Arielle[3]

1-Department of Nephrology, Abdou Moumouni University, Niamey - Niger,

2-Department of Rhumathology, 3-Department of Nephrology, National Hospital, Zinder - Niger

Introduction

Rheumatoid arthritis is a systemic autoimmune disease characterized by chronic joint inflammation and a range of extracellular manifestations including renal involvement. The latter, most often asymptomatic, is mar- ked by proteinuria, leukocyturia and microscopic hematuria, renal failure is not frequent. The objective isTo establish the epidemiological, clinical and paraclinical profile of renal involvement during rheumatoid arthritis.

Methods

This is a descriptive cross-sectional study over a period of one year.

Results and discussion

It involves 51 patients diagnosed with RA, 43 of whom (84.31) have renal involvement diagnosed clinically and/or paraclinically. For 16 patients, renal involvement was concomitant with the discovery of RA. Results: There were 33 women and 10 men, a sex ratio of 3.3 with a mean age of 45.06 ± 10.59 years (18-65 years). The mean time to diagnosis of RA was 14.79 ± 18.91 months for a mean duration of progression of 4.20 ± 9.38 years. Among these patients, 39 had seropositive RA, and 39 had high to moderate activity. 10 patients had used NSAIDs for self-medication and 2 had a history of hypertension. 20 patients were treated with NSAIDs, 30 with corticosteroids, and 39 with MTX. 40 patients had proteinuria, 25 had leukocyturia, 9 had microscopic hematuria and 3 had renal failure. PBR was indicated in 7 patients who were referred to the ne- phrology department.

Conclusion

These damages must the subject of a systematic diagnosis. And any patient having presented this damage will have to benefit from frequent monitoring and therapeutic adjustment.

P140

RENAL MANIFESTATIONS IN RHEUMATOID ARTHRITIS: A CASE REPORT OF 10 PATIENTS

Alfirdaous Inass, Taie Najlaa, Berramdane Ilham, Elkhayat Selma Siham, Mtioui Chkairi Naoufal,

Medkouri Ghizlaine, Gharbi Benghanem Mohammed, Zamd Mohammed

Department of Nephrology, Faculty of Medicine And Pharmacy, Casablanca - Morocco

Introduction

Rheumatoid arthritis (RA) is characterised by chronic inflammation of the joints, the origin of which is unknown, affecting mainly women. Renal involvement is uncommon. It is dominated by type AA amylose and interstitial nephritis secondary to the therapies used in RA

Methods

We report on a series of 10 patients followed for RA with renal involvement between 2000 and 2023. Results and discussion It is about 7 women and 3 men with a mean age of 50.3 years (range 30-73). Of these patients, 8 were being treated for RA, including 5 with non-steroidal anti-inflammatory drugs, 3 with corticosteroids and 2 with methotrexate. Renal damage occurred after a mean delay of 125.4 months (range = 24-36). In the other 2 patients, kidney damage occurred at the same time as the discovery of RA. 9 patients had proteinuria, 5 had nephrotic syn- drome and 4 had haematuria. Renal function was disturbed in 9 patients, 8 of them chronically. Renal biopsy in 5 patients revealed: 1 case of segmental and focal hyalinosis, 2 cases of amylose, 1 case of extra-mem- branous glomerulonephritis, 1 case of optically normal kidneys. Treatment included corticosteroid therapy (CT) in 2 cases, bolus of Solumedrol® and CT in 2 cases, and CT combined with cyclophosphamide in 1 case. Progression to end-stage renal disease (ESRD) was noted in 4 patients, normalisation of renal function in 2. One patient died. The remaining patients were lost.

Conclusion

Renal involvement in RA determines the prognosis of the disease. Diagnosis is histological and the prognosis appears to be improved by immunosuppressive treatments. Systematic and regular renal investigations are essential to delay progression to CKD.

P141

HEMOPHAGOCYTIC LYMPHOHISTIOCYTOSIS: A RETROSPECTIVE STUDY FROM THE DEPARTMENT OF NEPHROLOGY OF MONASTIR

Chebbi Chiraz, Ben Salem Meriem, Ben Mahmoud Nouha, Hafi Khouloud, Ben Salah Manel, Bchir Sirine, Letaief Ahmed, Hamouda Mouna, Skhiri Habib

Department of Nephrology, Fattouma Bourguiba University Hospital, Monastir - Tunisia

Introduction

Hemophagocytic lymphohistiocytosis (HLH) is a rare, life-threatening disorder caused by the abnormal survival of histiocytes and cytotoxic T cells, which leads to a cytokine storm, hemophagocytosis, and damage to mul- tiple organs. This study aims to describe the clinical and biological features, as well as the outcomes, of pa- tients diagnosed with HLH.

Methods

A retrospective descriptive study was carried out on 23 patients admitted in our Department of nephrology bet- ween 2017 and 2024. The diagnosis of HLH was accomplished according to H-score.

Results and discussion

23 patients were included, 60.8 % men and 39.1 % women. The median age of the patients was 46.5 years. only one patient had normal renal function, 38 % were dialyzed, 23 % had altered chronic renal function and 30 % had acute renal failure. The clinical presentation was dominated by fever and deterioration of the general state. Hepatosplenomegaly was found in 30.4% of cases. In complete blood count, there was pancytopenia in 52.17% of patients. Hyperferritinemia was constant in all patients as well as hypertriglyceridemia. Cytological examination of bone marrow revealed hemophagocytosis in 95.6% of cases. sHLH was predominantly asso- ciated with infectious diseases: 82% of cases; infections were bacterial in 52 % of cases, viral in 20.3 %, and systemic candida albicans infection in 4.3 % of cases. We also noted two cases of lymphoma. In addition to antibacterial and antiviral drugs in infected patients and chemotherapy for the patients with lymphoma, immunoglobulin was administered in 86.9% of patients, one patient from the HLH infectious group received ad- ditionally steroids and 13 % of patients received Etoposide as second-line therapy. The evolution was favorable in 56.5 % of patients with total regression of clinical and biological abnormalities, 34.78% of patients died due to multiple organ failure, and 13% had a relapse of HLH.

Conclusion

The study highlights the need for increased awareness and prompt recognition of HLH, particularly in patients with associated renal complications.

P142

PREDICTORS OF RENAL DAMAGE IN LUPUS NEPHROPATHY AND THEIR HISTOLOGICAL FORMS

Basma Msali, Najlaa Taie, Naoufel Mtioui, Mohammed Zamd, Elkhayat Selma Siham, Ghislaine Medkouri, Mohamed Benghanem

Department of Nephrology, Ibn RochdUniversity Hospital Casablanca - Morocco

Introduction

Lupus nephropathy is a frequent and severe manifestation of systemic lupus erythematosus. The objective of our study is to evaluate the frequency, progression, and predictive factors of renal involvement and its se- verity in lupus, based on initial findings.

Methods

This prospective monocentric study included lupus patients (2021-2024) with ≥4 SLICC 2012 criteria. Two groups were defined: group 1 without renal involvement, and group 2 with lupus nephropathy (persistent pro- teinuria ≥0.5 g/24h or eGFR

Results and discussion

The study included 92 patients, 54 of whom (58.7%) had lupus nephropathy. Renal symptoms were predo- minantly proteinuria, which was present in all patients with renal involvement. The median time to renal invol- vement was 20 months, with most cases developing after the lupus diagnosis. Nephrotic syndrome was the main mode of renal presentation, seen in 50% of cases. Hypertension was common in these patients, obser- ved in 70.4% of renal cases. Renal biopsy revealed class IV and class III lupus nephropathy in the majority of patients. Immunosuppressive therapy was used in 50% of patients, including cyclophosphamide, myco- phenolate mofetil, and rituximab. Predictive factors for severe renal involvement included rapid onset, protei- nuria >2 g/L, and initial renal failure. Lupus renal involvement is one of the most severe and common manifestations, significantly impacting the patients' life expectancy. In our series, the progression to renal in- volvement during lupus was significantly associated with the presence of anemia, anti-nuclear antibodies,

and anti-DNA antibodies. Studies by various authors have explored the factors that influence the onset of renal complications in lupus. Additionally, a younger age at the time of lupus diagnosis was also linked to an increased risk of renal involvement."

Conclusion

Renal involvement is among the most common and serious manifestations of lupus, playing a critical role in determining the patient's prognosis. Early diagnosis and prompt therapeutic intervention are crucial forimproving the outcome in lupus patients.

P143

LUPUS NEPHRITIS IN MEN: A RETROSPECTIVE STUDY FROM THE DEPARTMENT OF NEPHROLOGY OF MONASTIR

Chebbi Chiraz, Ben salah Manel, Bchir Sirine, Messai Asma, Ben Mahmoud Nouha, Ben salem Meriem, Hammouda Mouna, Letaief Ahmed, Skhiri Habib

Department of Nephrology, Fattouma Bourguiba University Hospital, Monastir - Tunisia

Introduction

Systemic Lupus Erythematosus (SLE) is a chronic autoimmune disease that predominantly affects women, but it can also occur in men, often with a more severe clinical course and poorer prognosis. Among the various manifestations of SLE, Lupus Nephritis (LN) is one of the most significant and debilitating complications, lea- ding to end-stage renal disease (ESRD) in a substantial proportion of patients. Men with SLE tend to present with more aggressive forms of LN, characterized by higher rates of renal flares, and a greater likelihood of re- quiring renal replacement therapy than women.

Methods

A retrospective descriptive study was carried out on 9 patients admitted in our Department of nephrology between 2011 and 2024 who were diagnosed with LN confirmed on renal biopsy.

Results and discussion

There were 9 patients included, with a median age at diagnosis of 24 and extremes ranging from 10 to 44. The circumstances of discovery of LN were isolated proteinuria in 11.1% of cases, nephrotic syndrome in 88.8%, hematuria in 33.3% and renal failure in 55.5% of wich 22.2% had hemodialysis at admission. The extra-renal manifestations were musculoskeletal manifestation in 55.5% of cases, muco-cutaneous in 33.3%. 22.2% patients had hematologic manifestations at diagnosis, 22.2% neuropsychiatric menifestations, 11.1% pulmonary and 22.2% cardiovascular manifesatations of wich an episode of deep vein thrombosis. The ACR- EULAR 2019 score was calculated with a median of 25 and limits ranging from 15 to 35. Histologically, renal biopsy showed LN class IV in 66.6% of cases, class V in 22.2% and class IV associated with class V in 11.1%. 100% of patients recieved pulse IV glucocorticoids followed by oral form associated with cyclophosphamide for 44.4% of patients and MMF for 55.5% of them.

Regarding the evolution, 22.2% of patients had infectious complications, 33.3% were left with renal impair- ment, of wich one at KDIGO stage 1, another patient at KDIGO stage 4 and only one patient with end stage kidney disease, and 44.4% progressed well with complete remission.

Conclusion

LN is more severe in men and has usually worse outcomes than in women. Further research is needed to better understand the sex-based differences in disease pathogenesis and treatment responses.

P144

CLINICAL, BIOLOGICAL, AND PROGNOSTIC FEATURES OF LUPUS NEPHRITIS: A MULTINATIONAL NORTH AND WEST AFRICAN COHORT

Bourguiba Rim[1], Ksontini Imene[2], Boubaker Samir[3], Boussema Ezzedine[4], Harzallah Kais[5]

1-Internal Medicine Private Office,La Marsa - Tunisia,

2-Department of Anatomopathology, Pasteur Institute, Tunis - Tunisia,

3- Nephrology Private Office, Tunis - Tunisia,

4- International Clinic Hannibal, Tunis - Tunisia

Introduction

Systemic lupus erythematosus (SLE) is the second most common connective tissue disease with prognosis influenced by renal involvement. Lupus nephritis (LN) is a critical determinant of therapeutic strategies, with treatment varying according to the nephritis class. This study aims to describe the clinical, biological, immu- nological, pathological, and therapeutic characteristics of patients with LN.

Methods

We conducted a monocentric, cross-sectional study in December 2024, analyzing patients with histologically confirmed LN managed between 2013 and 2024. Exclusion

criteria involved incomplete records or biopsies performed outside the study center.

Results and discussion

The study included 55 patients (42 females, 13 males) with a median age of 45 ± 13.74 years.The study in- cluded 28 Libyan , 17 Tunisian, 6 Mauritanian, and 4 Malian. Renal failure was present in 27 patients (55.6%), with a mean creatinine level of 209 ± 138 µmol/L and mean proteinuria of 2.62 ± 1.86 g/day. Histological clas- sification revealed: • Class IV: 17 patients (30.9%) • Class IV+V: 12 patients (22%) • Class III+V: 9 patients (17%) • Class V: 7 patients (13%). Joint involvement occurred in 25 patients (70%), hematologic involvement in 21 (59%), and skin manifestations (alopecia n=6 and malar rash n=1) in 7 patients. Immunologically, anti- DNA antibodies were positive in 28% of patients, with complement C3 depletion observed in 30% and C4 de- pletion in 25%. Treatment data were available for 36 patients. All received intravenous methylprednisolone (1 g/day) Cyclophosphamide was administered at dose of 0.7 g/m² every 3 weeks for induction in 22/36 patients and at a dose of 500 mg every two weeks for 3 months in 2 patients, with maintenance therapy using myco- phenolate mofetil (MMF) in 20 patients (mean dose: 1.5 g/day). Hemodialysis was necessary in six patients during Hospitalization, with three requiring chronic dialysis.

Conclusion

This study highlights the significant burden of LN among a diverse cohort, with renal failure at enrollment and class IV nephritis being predominant. Therapeutic strategies was based on cyclophosphamide for induction and MMF for maintenance. However, the retrospective nature of the study and incomplete follow-up in some cases represent limitations, emphasizing the need for prospective studies and a national lupus registry.

P145

LUPUS NEPHRITIS MANAGEMENT: REAL-LIFE CLINICAL PRACTICE IN AFRICA

Bourguiba Rim[1], Bellakhal Syrine[1], Ammouri Wafa[2], Khellaf Ghalia[3], Ndongo Souhaibou[4], Ben Kaab Badreddine[5], Harzallah Kais[6]

1- Internal Medicine Private Office, La Marsa - Tunisia,

2- Department of Internal Medicine, Ibn Sina Hospital, Faculty of Medicine and Pharmacy, Mohammed V University, Rabat - Morocco,

3- Department of Nephrology, Bab El Oued University Hospital, Algiers - Algeria,

4- Department of Internal Medicine, Dalal Jamm Hospital, UCAD? Dakar - Senegal,

5- Department of Cardiology, ISF Hospital, La Marsa, Tunis – Tunisia,

6- Nephrology Private office, Tunis - Tunisia,

Introduction

Lupus nephritis (LN) is a critical determinant in the prognosis of systemic lupus erythematosus (SLE). Current guidelines, such as EULAR 2023 and KDIGO 2024, offer valuable recommendations; however, their practical application can be complex and varies significantly according to socio-economic contexts in African countries. This study aimed to assess the management practices for LN among African physicians using real-world cli- nical data.

Methods

An anonymous electronic survey was conducted using Evalandgo® and distributed to nephrologists and in- ternists across Africa in December 2024. The questionnaire collected data on participants' country of practice, medical specialty, workplace, and their therapeutic strategies for LN.

Results and discussion

Fifty-eight responses were analyzed. Respondents were predominantly from Tunisia (n = 34, 58%), Morocco (n = 9, 16%),Algeria (n = 8, 14%),Senegal (n = 3, 5.2%),Others (n = 4, 6%).Most participants practiced in Hospitals (75.9%), and 82% were senior physicians.

Treatment Availability: • Cyclophosphamide, corticosteroids, MMF, rituximab, and tacrolimus were widely available. • Belimumab and voclosporin were not prescribed by any participant. Therapeutic Strategies: • Forty- three doctors (75%) administer hydroxychloroquine to patients with new-onset lupus (NL) undergoing hemodialysis, while seven doctors do not, and eight doctors are uncertain. Furthermore, 24 doctors (55.8%) administer hydroxychloroquine at a dose of 200 mg/day.

In cases of hematological or cutaneous flare-ups in LN patients on hemodialysis, 34 doctors (94%) used cor- ticosteroids alone (1 mg/kg/day), while nine doctors (15%) combined methylprednisolone (500 mg/day for 3 days) with rituximab. Twenty-six physician (46%) discontinued MMF in LN patients on hemodialysis. With re- gard to iSGLT2, 26 physicians (45%) prescribed iSGLT2 (dapagliflozin n=20 and empagliflozin n=6). Further- more, 51 physicians (88%) performed a renal biopsy in patients with NL who presented with increased proteinuria or the appearance of urine sediment abnormalities

Conclusion

The management of LN in African countries, particularly among hemodialysis patients, is challenging due to the heterogeneity of practices, limited access to innovative therapies, and the lack of international recom- mendations for this subgroup. These findings underscore the need for tailored approaches and improved ac- cess to advanced treatments to enhance patient outcomes

P146

PARTICULARITIES OF SYSTEMIC LUPUS ERYTHEMATOSUS IN MEN

Dridi Rania, Tlili Syrine, Ghabi Hiba, Boukhtiwa Mariem, Mami Ikram, Smaoui Wided, Krid Madiha, Rais Lamia, Zouaghi Karim

Department of Nephrology, La Rabta Hospital, Tunis - Tunisia

Introduction

Lupus nephritis in males is a topic of particular interest due to the relative rarity of systemic lupus erythema- tosus (SLE) in this population. While SLE is generally regarded as a disease predominantly affecting females, its renal manifestation, known as lupus nephritis, can present significantly in males

Methods

We conducted a descriptive study involving 21 male. These patients were followed at the La Rabta University Hospital Center, across the Nephrology and Internal Medicine Departments, from 2007 to 2024

Results and discussion

In a cohort of 21 male patients followed for systemic lupus erythematosus (SLE), the mean age was 37 years (range: 21–76 years). Extra-renal manifestations were observed in 100% of the patients, including dermato- logical involvement in 23% (5 patients), joint involvement in 33% (7 patients), neuropsychiatric involvement in 42% (9 patients), cardiopulmonary involvement in 28% (6 patients), and hematological involvement in 71% (15 patients). Renal involvement was the initial presentation in 17 patients (80%), while 4 patients developed renal manifestations after an average SLE duration of 8 years (range: 1–19 years). Lupus nephritis (LN) was identified based on edema syndrome in 23% (5 patients). Proteinuria was noted in all cases, with a mean value of 2.56 g/24 hours (range: 1.12–4.8 g/24 hours), but only 3 patients exhibited nephrotic syndrome. Si- gnificant hematuria was observed in 16 out of 21 patients. Acute kidney injury was identified in 4 patients, and no cases of hypertension were reported. Immunological assessment revealed antinuclear antibodies in 95.2% of patients, while hypocomplementemia was present in 50.6% of cases. Renal biopsy was performed in all patients with LN, demonstrating predomi- nantly proliferative glomerulonephritis on histological examination. According to the WHO classification of lupus nephritis, the distribution of cases was as follows: Class III in 32%, Class IV in 47.3%, and Class VI in 20.7%. Under treatment with corticosteroids and cyclophosphamide, complete remission was achieved in 13 patients, relapse occurred in 4 patients, progression to dialysis was noted in 3 cases, and there was 1 death.

Conclusion

The clinical presentation and progression of lupus nephritis in men may differ from those observed in women, often exhibiting more aggressive forms and an increased risk of severe complications.

P147

RENAL IMPAIRMENT IN MONOCLONAL GAMMOPATHY: CLINICAL CHARACTERISTICS AND KEY OUTCOMES

Bourguiba Rim[1], Boudokhane Manel[1], Bettaieb Hiba[1], Helali Wiem[1], Douggui Mohamed Hedi[1], Ben Kaab Badreddine[2], Bellakhal Syrine[1]

1-Department of Internal Medicine, ISF Hospital, La Marsa; Tunis - Tunisia,

2-Department of Cardiology, ISF Hospital, La Marsa, Tunis - Tunisia

Introduction

The incidence of monoclonal gammopathy (MG) increases with age, and it can present either asymptomati- cally or as multiple myeloma. Renal involvement is a frequent complication. This study aims to describe the clinical and biological characteristics associated with renal involvement in MG.

Methods

We conducted a retrospective study of patient records from January 2012 to December 2024 , including all patients with MG. Patients were divided into two groups based on renal failure at diagnosis. Demographic data, clinical features, and outcomes were compared using appropriate statistical tests with an alpha risk set at 5%. Statistical analysis was performed using EasyMedStat (version 3.38).

Results and discussion

The study included 28 patients (18 females, 10 males). The most common presenting symptoms were bone lesions (33.3%) and normocytic anemia (26%). Six patients (25%) had MG complicated by AL amyloidosis, and renal failure at diagnosis was observed in 32% of cases. The classification of MG included multiple mye- loma (71.4%), monoclonal gammopathy (25%), and solitary plasmacytoma (3.6%). The mean hemoglobin level was 11.6 g/dL (±2.38), and the mean creatinine level was 114 µmol/L (±92). Comparative analysis of two groups revealed that patients with renal failure (n=8) were significantly older than those without renal failure (81.1 ± 10.4 vs. 69.9 ± 12.8 years, p=0.02). Cardiac impairment, particularly heart failure with preserved ejection fraction, was more prevalent in the renal failure group (50% vs. 11.8%, p=0.01). Additionally, 24-hour proteinuria levels were significantly higher in the renal failure group (1.1 g vs. 0.038 g, p=0.04).

Conclusion

Renal involvement in MG, especially with renal insufficiency at diagnosis, is associated with older age, higher proteinuria levels, and increased cardiac impairment. These findings highlight the importance of early detection and comprehensive management of renal and systemic complications in MG. Further prospective studies are needed to confirm these results and guide therapeutic strategies.

P148

CLINICAL FEATURES, TREATMENT OUTCOMES, AND RENAL PROGNOSIS IN ANCA-ASSOCIATED VASCULITIS WITH RENAL INVOLVEMENT: A SEVEN-YEAR RETROSPECTIVE STUDY

Houas Sara, Ben salah Manel, Ben salem Mariem, Letaief Ahmed, Ben mahmoud Nouha, Bchir Sirine, Hamouda Mouna, Skhiri Habib

Department of Nephrology, Dialysis and Transplantation

Fattouma Bourguiba Hospital, Monastir - Tunisia

Introduction

ANCA-associated vasculitis (AAV) are rare systemic diseases often affecting the kidneys. This study describes the clinical, biological, histological, and prognostic characteristics of patients with AAV and renal involvement.

Methods

A retrospective descriptive study was conducted on 34 patients Hospitalized for AAV with renal involvement from 2015 till 2022. Demographic, clinical, biological, histological, and therapeutic data were collected from patient's medical records and analyzed.

Results and discussion

The overall incidence of AAV was 0.714 cases per 1,000 Hospitalization-years. The mean age was 48.88 years (range 19–79), with a slight female predominance (male-to-female ratio: 0.88). Hypertension (26.5%), diabetes (14.7%), and autoimmune diseases (23.5%) were common comorbidities. General symptoms such as fever and fatigue were nearly universal (95%), with acute nephritic syndrome (50%) and rapidly progressive glomerulonephritis (44.1%) being the predominant renal presentations. Extrarenal manifestations included severe respiratory (41.2%) and ENT involvement (50%). Severe acute renal injury (KDIGO stage 3) was noted in 73.5% of cases, with hematuria (100%) and a median proteinuria of 1.94 g/day. Anti-MPO ANCA was most common (52.9%), followed by anti-PR3 ANCA (26.5%). Crescentic lesions were the dominant histological class (38%) per the Berden classification. All patients received corticosteroids combined with cyclophospha- mide. Acute hemodialysis was required in 61.8% of cases. Azathioprine was the most used maintenance im- munosuppressant (50%). The median maintenance therapy duration was 24 months, but 26.4% progressed to end-stage renal disease despite treatment. Complete remission was achieved in 70.6% of patients after one year of treatment. Major adverse effects included leukopenia (20.5%) and infectious pneumonia (17.5%), mainly due to immunosuppression. Moreover, 44.12% experienced Hospitalizations for infections, and 11.76% died. Relapses included 8 minor and 6 major events according to BVAS over a period of 5 years follow up. After 3 months, 14 patients were on permanent dialysis, increasing to 21 by 5 years. Renal survival was 36% in 1 year and 31% in 5 years.

Conclusion

AAV with renal involvement is associated with significant morbidity. This study emphasizes the need for early diagnosis and appropriate management to improve patient outcomes.

P149

GRANULOMATOSIS WITH POLYANGIITIS VS. MICROSCOPIC POLYANGIITIS: A COMPARATIVE STUDY OF RENAL AND EXTRA-RENAL MANIFESTATIONS IN ANCA-ASSOCIATED VASCULITIS

Houas Sara, Ben Salah Manel, Ben Salem Mariem, Letaief Ahmed, Ben Mahmoud Nouha, Bchir Sirine, Hamouda Mouna, Skhiri Habib

Department of Nephrology Dialysis and Transplantation,

Fattouma Bourguiba Hospital, Monastir - Tunisia

Introduction

Granulomatosis with polyangiitis (GPA) and microscopic polyangiitis (MPA) are ANCA-associated vasculitis with overlapping phenotypes. This study aims to compare the clinical and biological characteristics of these two entities.

Methods

Thirty-two patients (GPA: n=10; MPA: n=22) were Hospitalized in the Department of nephrology of Fattouma Bourguiba Hospital over 7 years (diagnosis was made according to ACR 2022 vasculitis guidelines). Clinical and biological data were collected from patient's medical records then analyzed for significant differences.

Results and discussion

We included 32 patients: 10 with GPA and 22 with MPA. The mean age was 48.88 ± 17 years, with a female predominance. Renal involvement was observed and confirmed on histology in all patients. The most frequent renal presentations were respectively: acute nephritic syndrome, observed in 50% of GPA and 50% of MPA patients, and rapidly progressive glomerulonephritis (50% for GPA, 40.9% for MPA, p=0.59). Hypertension was present in both groups (50% vs.40.9%, p=0.71). Ear Nose and Throat involvement was significantly more frequent in GPA (70% vs. 27.27%, p=0.023), as was pulmonary involvement (75% vs. 50%, p=0.049). Dyspnea was the predominant pulmonary symptom, occurring in 70% of GPA patients and 27.27% of MPA patients. Rheumatologic and neurological manifestations were similar between the groups (p=0.46 and p=1, respecti- vely). Biological abnormalities were generally similar in both groups. AKI KDIGO3 occurred in 90% of GPA and 68% of MPA patients. The median proteinuria was 2.15 [1.47–2.92] g/L in the GPA group compared to 1.94 [1.24–2.72] g/L in the MPA group (p=0.714). The average serum albumin level was slightly lower in GPA (27.01 ± 6.45 g/L vs. 30.54 ± 7.7 g/L, p=0.22). The median CRP level was 122.83 [33–216.50] mg/L in GPA and 87.50 [35–107] mg/L in MPA (p=0.489). ANA was positive in 50% of GPA patients and 45.45% of MPA patients (p=0.673). ANCA was negative in 20% of GPA patients and 22.72% of MPA patients (p=1). Double positivity for ANCA/anti-GBM antibodies was significantly higher in the GPA group (p=0.03).

Conclusion

Differentiating GAP and MPA is still challenging in routine practice, especially in sero-negative entities. This study highlights marked clinical differences between GPA and MPA, although biological parameters were ge- nerally comparable.

P150

DESCRIPTIVE STUDY OF ANCA VASCULITIDES

Mouna Ammar, Dalel Touati, Mariem Ben Mbarek, Jannet Labidi

Department of Nephrology, Military Hospital, Tunis - Tunisia

Introduction

ANCA-associated vasculitis is a pathology characterized by inflammation of small-caliber vessels, encom- passing three distinct entities: granulomatosis with polyangiitis (GPA), eosinophilic granulomatosis with poly- angiitis (EGPA), and microscopic polyangiitis (MPA). Renal involvement is common in ANCA-associated vasculitis. Despite standardized treatment protocols, long-term renal prognosis remains uncertain. The aim of this study is to describe the epidemiological, clinical, and biological characteristics of ANCA-associated vasculitis with renal involvement and assess its prognosis

Methods

This retrospective descriptive study included 17 patients Hospitalized in the Department of nephrology of the Military Hospital of Tunisia between 2014 and 2024. ANCA-associated vasculitis was diagnosed according to the ACR criteria (1990) and/or the Chapel Hill classification (2012), with mandatory renal involvement.

Results and discussion

The study comprised 17 patients with a mean age of 58 years and an M/F sex ratio of 0.88. Comorbidities were present in 58% of cases. Clinical examination revealed asthenia (6 cases), weight loss (11 cases), intra- alveolar hemorrhage (2 cases), neurological involvement (6 cases), and otorhinolaryngological involvement (5 cases). Hematuria was detected in 15 cases.

Biological findings included an inflammatory syndrome in 16 patients, hypereosinophilia in 1 patient, and po- sitive C-ANCA and P-ANCA antibodies in 4 and 12 cases, respectively. The nephrological presentation comprised nephrotic syndrome (1 case), nephritic syndrome (3 cases), rapidly progressive glomerulonephritis (9 cases), and chronic glomerulonephritis (6 cases). Renal biopsy was per- formed in 10 patients, revealing necrotizing crescentic glomerulonephritis in 6 cases. All patients received induction treatment with glucocorticoids and cyclophosphamide. Four patients underwent plasmapheresis, and six required hemodialysis. For maintenance therapy, 12 patients were treated with aza- thioprine, 2 with mycophenolate mofetil (MMF), and 4 with rituximab after failure of the first two options. Renal outcomes included complete remission (4 cases), partial remission (7 cases), relapse (4 cases), and dialysis dependence (6 cases).

Conclusion

ANCA-associated vasculitides show great clinical variability, sometimes threatening vital and renal prognosis. Their traditionally dismal prognosis has been considerably improved by immunosuppressive treatments, which are nonetheless associated with a non-negligible rate of complications.

P151

KIDNEY INJURY IN ANCA-ASSOCIATED VASCULITIS AND ITS LONG-TERM CONSEQUENCES

Dridi Rania, Tlili Syrine, Ghabi Hiba, Mami Ikram, Boukhtiwa Mariem, Smaoui Wided, Krid Madiha, Rais Lamia, Zouaghi Karim

Department of Nephrology, La Rabta Hospital, Tunis - Tunisia

Introduction

cytoplasmic antibody (ANCA)-associated vasculitides include granulomatosis with polyangiitis (GPA) and microscopic polyangiitis (MPA). These diseases can cause severe systemic involvement, particu- larly acute kidney injury (AKI). Early detection and effective treatment of AKI are crucial to limiting long-term renal function sequelae

Methods

We conducted a retrospective study including 40 patients treated for ANCA-associated vasculitis at La Rabta University Hospital between 2016 and 2024.

Results and discussion

The initial treatment for 40 patients involved three boluses of Solu-Medrol, followed by a switch to oral corti- costeroids at a dose of 1 mg/kg/day, with a gradual taper after one month of high-dose therapy. Patients were simultaneously started on cyclophosphamide in combination with corticosteroids. Rituximab was used in 2 patients with severe forms of the disease. Plasma exchange sessions were performed in 18 patients, primarily indicated for severe alveolar hemorrhage or rapidly progressive renal failure, including 6 patients diagnosed with anti-PR3 antibodies and 12 patients with anti-MPO antibodies. The relapse rate was higher in the group of patients with anti-PR3 antibodies, with 7 out of 12 patients expe- riencing a relapse. Anti-PR3 antibody levels often increased prior to relapse (P = 0.041, 95% CI [1.68–9.63]). Relapses predominantly affected the upper airways and lungs in 7 out of 15 cases. Among patients with anti- MPO antibodies, there were fewer relapses compared to the anti-PR3 group (P = 0.03, 95% CI [1.2–13.45]). Anti-MPO antibody levels remained stable even during remission, and their levels were less correlated with disease activity compared to anti-PR3 antibodies (P = 0.045). However, the disease course in patients with anti-MPO antibodies was often marked by slow progression and the development of chronic kidney disease (CKD). For maintenance therapy, corticosteroids were gradually tapered and discontinued after 2 years in 19 patients, while a low dose was maintained for a longer duration in others. In patients with anti-PR3 antibodies, Rituximab was preferred as a maintenance therapy to reduce the risk of relapse

Conclusion

Although therapeutic advances have improved outcomes, many patients continue to suffer from chronic renal complications. A better understanding of the underlying mechanisms and prognostic factors is essential to improve long-term renal prognosis.

P152

KIDNEY INVOLVEMENT IN KLIPPEL TRENAUNEY SYNDROME

Fatma Abdelkader Harzallah

Department of Nephrology, Relizane - Algeria

Introduction

Tranauney Syndrome is a rare complex vascular malformation of a limb , characterized by a association of angioma, varicose veins and hypetrophy of the limb .Renal involvement is very rare , there are few cases described in the literature.

Methods

74 year old women with history of : hypertension, gout ,

consulted for renal failure (creatinine 1.7 mg/dl). The examination showed angiomas at the level of thorax, back and abdomen, with presence of nevi and café au lait spots all over the body. There is hypertrophy of the left upper limb, as well as varicose veins in this level, the rest of the examination without particularities. An additional assessement was requested.

Results and discussion

Abdominopelvic ultrasound showed a preserved kidneys size with multiples bilateral medullary microcysts. Assessment from 1 year : creatinine 1.5 mg/dl, Hémoglobine 10.2 g/dl, urine culture and infectious investiga- tions were negatives, PTH 378 pg/ml, calcium and phosphorus were normal.Echocardiography without ab- normalities. Patient in stage 3 of CKD placed under conservative treatment and dietary rules.

Renal involvement in klippel trenaunay syndrome has been described in cases of renal artery aneurysm, renal hemangiomas hematuria, nephrotic syndrome and a case of unilateral multicystic kidney. The presence of bi- lateral microcystes can be confused with other cystic kiney disease. In this case there no family history of cystic disease, the size of the cysts and the slow progression of CKD argues in favor of an attack associated with this syndrome or un associated phacomatosis type tuburous sclerosis

Conclusion

Renal involvement in klippel trenaunay syndrome is rare, the diagnosis is clinical , it should be suspected and searched in patients with overgrowth syndromes.

P153

RENAL INVOLVEMENT IN SJÖGREN'S SYNDROME : A CLINICAL AND BIOLOGICAL ANALYSIS

Bchir Sirine, Slimeni Ameni, Hamouda Mouna, Ben Salem Meriem, Ben Salah Manel, Ben Mahmoud Nouha, Letaief Ahmed, Skhiri Habib

Department of Nephrology, Fattouma Bourguiba University Hospital, Monastir - Tunisia

Introduction

Sjögren's syndrome (SS) is a systemic autoimmune disease characterized by multisystem involvement, in- cluding renal manifestations. This study evaluates the clinical, biological, and therapeutic characteristics in patients with SS Hospitalised in Nephrology.

Methods

A retrospective analysis was conducted on 17 patients with SS and renal involvement. Demographic data, clinical features, laboratory findings, renal biopsy results, and treatment approaches were collected and ana- lyzed. Biological parameters such as proteinuria, hematuria, renal dysfunction, and immune markers (ANA, anti-SSA/SSB) and therapeutic outcomes were assessed.

Results and discussion

The mean age of our patients were 49.06 ± 15.1 years with a Female predominance: 82.4%.The past medical history revealed hypertension (41.2%), diabetes (29.4%), and dyslipidemia (11.8%). Furthermore, Associated autoimmune conditions were mostly systemic lupus erythematosus: 82.4%, followed by hypothyroidism: 17.6%; Rheumatoid arthritis: 11.8% and Antiphospholipid syndrome: 5.9%. Clinical Features found were Xe- rophthalmia (76.5%), xerostomia (35.3%), arthralgia/myalgia (70.6%), chronic fever (23.5%), Purpura: 11.8%, peripheral neuropathy (17.6%) and central nervous system involvement (5.9%). In addition, we found as renal manifestations glomerular involvement: 82.4% (proteinuria: 94.1%, mean 1.5 g/day; hematuria: 17.6%), then tubular disorders: 17.6% (distal tubular acidosis: 35.3%), Renal lithiasis: 5.9% and nephrocalcinosis: 5.9%. In our patients, mean creatinine level was 264.5 µmol/L with 47.1% cases of acute kidney injury and 17.6% cases of chronic kidney disease. About Immunological Findings; we found ANA positivity (100%), anti-SSA/SSB (94.1%) and cryoglobulinemia (5.9%). The Renal Biopsy were Performed in 76.5% of patients, revealing lupus nephritis (47.1%), chronic interstitial nephritis (11.8%), and nodular glomerulosclerosis (5.9%). Fifteen patients were initially treated with corticosteroids (88.2%), eight patients received cyclophosphamide in addition to corticosteroids (47.1%), and only one patient was treated with biotherapy. Responsiveness to treatment were observed in 29.4% cases. Furthermore, only one case of death was ob- served.

Conclusion

Renal involvement in SS is multifaceted, encompassing glomerular and tubular abnormalities. Given the effect of progressive renal disease, especially those who progress to severe renal impairment before diagnosis, greater emphasis should be placed on screening for renal involvement with a low threshold for early nephro- logy referral and kidney biopsy.

P154

CARDIAC INVOLVEMENT IN MONOCLONAL GAMMOPATHIES : A SINGLE CENTER EXPERIENCE

Bchir Sirine, Zakhama Manel, Hamouda Mouna, Ben Salah Manel, Ben Mahmoud Nouha, Ben Salem Meriem, Ltaief Ahmed, Skhiri Habib

Department of Nephrology, Fattouma Bourguiba Monastir Hospital, Monastir - Tunisia

Introduction

Monoclonal gammopathies can be associated with systemic complications, including cardiac involvement, which is responsible for significant morbidity and mortality. The objective of this study is to describe the clinical, biological, and radiological characteristics of cardiac involvement associated with monoclonal gammopathies.

Methods

We included all patients with monoclonal gammopathies and cardiac involvement identified between 2020 and 2024 in our department.

Results and discussion

Out of a total of 100 patients with monoclonal gammopathies and renal involvement, 15 (15%) had documen- ted cardiac involvement. The mean age of these patients was 64.9 ± 16.17 years. Among them, 46.7% had no medical history, while 13.3% had a history of cardiac conditions such as atrial fibrillation (AF) or pacemaker implantation, and 53% were hypertensive. Additionally, none of the patients had heart failure prior to the diag- nosis of monoclonal gammopathy. Regarding the types of gammopathies: 9 patients (60%) had multiple myeloma, 2 patients (13%) presented with MGRS (Monoclonal Gammopathy of Renal Significance), and 3 patients (20%) had AL amyloidosis without multiple myeloma. In the entire cohort, 80% of patients presented with a glomerular renal profile.Furthermore, among the patients with multiple myeloma (MM), 88% (8 cases) presented with a glomerular renal profile. Based on kidney biopsies, 3 cases were identified as AL amyloidosis, 2 cases as Randall's disease, and for 3 patients, no kidney biopsy was performed. The mean free light chain ratio was 62 ± 125. About cardiac manifestations, the most frequent clinical manifestation was dyspnea (80%) then hypotension (33%). In addition, five patients (33%) had electrical abnormalities. Echocardiography was practiced to all pa- tients. We found 40% of LVH, also 40% showed interventricular septal hypertrophy with a hyperechoic appearance, then 1 case of restrictive cardiomyopathy, and 2 cases of reduced strain. LVEF was above 50% in 73% of patients. Global hypokinesia was observed in 3 cases (20%). In Biological findings, Elevated NT- proBNP levels (≥ 3500 pg/mL) were noted in 86.7% of cases, with an average troponin level of 105 ± 86 ng/mL.

Conclusion

Cardiac involvement associated with monoclonal gammopathies is common. Early identification based onclinical, biological, and echocardiographic characteristics is essential to improve patient outcomes.

P155

WHAT IS THE DIAGNOSTIC IMPACT OF ITERATIVE RENAL BIOPSIES?

Harmak Khadija, Tchich Hajar, Kharrat Assia, Elkhayat Selma, Mtioui Naoufal, Zamed Mohamed, Medkouri Ghizlaine, Benghanem Mohamed

Department of Nephrology, Ibn Rochd University Hospital, Casablanca - Morocco

Introduction

Renal biopsy is a crucial step in the study of kidney diseases. It provides essential histological evidence that forms the basis for the nosology of nephropathies, allowing for classification, the selection of appropriate the- rapeutic strategies, and the assessment of disease prognosis. However, iterative renal biopsies (PBR) offer the opportunity to differentiate between the stabilization or worsening of histological lesions, as well as to de- termine whether the lesions are active or fibrotic, thus enabling treatment adjustments.

Methods

We conducted a retrospective descriptive study in the Department of nephrology of Ibn Rochd University Hospital in Casablanca over a 10-year period (2013-2023). The study included all patients with nephropathies who underwent at least two renal biopsies.

Results and discussion

Over the 10-year period, 2155 patients underwent renal biopsy; of these, 150 patients had repeated biopsies to investigate other renal histological lesions (7%). One hundred patients had lupus nephritis, and fifty patients had non-lupus nephropathies. Eighty-six patients (57%) had 2 biopsies, 32 patients (21%) had 3 biopsies, 22 patients (15%) had 4 biopsies, and 10 patients (7%) had 5 biopsies, for a total of 406 iterative renal biopsies. The mean age of the patients was 46.5 years, with a range from 21 to 53 years. Female patients predominated.The indications for

performing repeated biopsies were as follows: an inconclusive initial biopsy in 42 patients, persistent nephrotic syndrome in 47 patients, and relapse with worsening renal function in 61 patients. Among the 406 iterative biopsies, 158 showed lupus nephropathy, 71 showed membranous glome- rulonephritis, 31 showed ANCA-associated vasculitis, 57 showed minimal change glomerular lesions, 6 showed AL amyloidosis, 45 showed HSF lesions, 5 showed C3 glomerulonephritis, 6 showed AA amyloidosis, 15 showed IgA nephropathy, and 12 showed membranoproliferative glomerulonephritis. In the 100 lupus patients, iterative biopsies revealed histological class overlaps in 85% of cases and class transformation in 15%. In the 50 non-lupus patients, the initial diagnosis was modified: 30% of patients initially diagnosed with mem- branous glomerulonephritis (GEM) were reclassified as AL amyloidosis upon repeated biopsies, and 40% were reclassified as LGM. In two cases (4%), LGM was reclassified as AA amyloidosis. In 13 patients (26%), an initial diagnosis of IgA nephropathy was changed to GEM based on iterative biopsies.

Conclusion

Iterative renal biopsies are particularly useful in the management of lupus nephropathy. In our series, iterative PBRs allowed differentiation between stabilization and worsening of histological lesions, and even corrected the initial diagnosis, improving therapeutic management.

P156

RENAL INVOLVEMENT IN SARCOIDOSIS

Cyrine Larayedh, Chargui Soumaya Agrebi Sahar, Nada Sellami, Hanen Bouafif, Amel Harzallah, Hajji Meriam, Abderrahim Ezzedine[1]

Department of Medicine A, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Sarcoidosis is a systemic granulomatous disease of unknown etiology. It is histologically characterized by the presence of non-caseating granulomatous lesions in the affected organs. Renal manifestations are diverse and often go unnoticed. The aim of this study was to investigate the epidemiological, clinical, biological, histological, and therapeutic characteristics of patients with renal sarcoidosis and to outline their evolutionary profile.

Methods

This is a retrospective descriptive study conducted between January 1979 and December 2019. We included patients diagnosed with sarcoidosis with renal involvement confirmed by renal biopsy.

Results We collected 8 cases of sarcoidosis with renal involvement, with a female predominance (6 women). The mean age was 45.3 years [19-72 years]. Clinical examination revealed newly diagnosed hypertension in 2 patients. General symptoms were present in 6 patients, including impaired general condition in 3 cases. All patients exhibited renal manifestations. Only one patient presented with pulmonary symptoms, specifically dyspnea. From a biological standpoint, acute kidney injury was observed in 5 patients, while the remaining 3 patients had chronic kidney disease. The mean serum creatinine level at admission was 694 Â± 533.33 Âµmol/L [89-1043 Âµmol/L]. Hypercalcemia was noted in one patient, while the others had normal serum calcium levels. Histologically, 7 patients (88%) had isolated granulomatous interstitial nephritis (GIN), with varying degrees of interstitial fibrosis in 5 cases. One patient presented with GIN associated with endocapillary and extracapillary glomerulonephritis lesions. All patients received oral corticosteroid therapy, with an average dose of 0.75 mg/kg/day [0.5-1 mg/kg/day]. The tapering was gradual, with an average duration of 5 months [2-10 months]. A mean effective maintenance dose of 8.57 mg/day [5-10 mg/day] was maintained in 7 patients. The total duration of corticosteroid therapy averaged 26 months [7-64 months]. Initially, three patients required hemodialysis. The course was marked by progressive improvement in renal function in four patients. During follow-up, none of the patients required chronic dialysis. Renal relapse was observed in two patients during corticosteroid tapering, while no extra-renal relapse occurred.

Conclusion

Sarcoidosis is a rare disease but can have a poor renal prognosis. Early management with corticosteroid therapy generally leads to improvement; however, the risk of relapse necessitates prolonged follow-up.

P157

A TURNING POINT IN THE ETIOLOGICAL EVOLUTION OF AA AMYLOIDOSIS IN ALGERIA, MANAGEMENT AND PROSPECTIVES

Ghalia Khella, Ali Benziaane, Louiza Kaci, Mohamed Benabadgi

Dpartment of Nephrology, Beni Messous Hospital, Faculty of Medicine, Ben Youcef Ben Khadda University

Introduction

AA renal amyloidosis is present in Algeria, often secondary to chronic infections, the most frequent being tuberculosis where we are endemic country, but also to inflammatory rheumatic diseases , however, We investigated the changing epidemiology of AA amyloidosis over a 20-year period at a single national referral.

Methods

We conducted a retrospective study of all adult and child patients diagnosed with renal AA amyloidosis, the diagnosis of renal amyloidosis was made by renal biopsy performed on native kidneys on all patients at the centre, between 1994 and 2014 included, and the renal biopsy was read by the same pathologist. Three hundred and seventy-eight patients were studied in two groups: G1: 1994â€“2004; G2: 2005â€“2014.

Results

Mean age of presentation increased from 42.07 Â± 15.82 in G1 to 44.90, Â±14.4 in G2 (p. 0, 00008), Comparison of underlying diseases between G1 and G2 we see a clear decrease in infectious causes of G1 from 42.05% to 32.78% in G2 (p <0.031) , a drop in idiopathic causes which goes from 29.7% to 19.7% (p <0.042).

Conclusion

This work shows a decrease in infectious causes and an increase in inflammatory causes in AA amyloidosis, reflecting advances in antibiotic therapy as well as the protocol established by our country. AA amyloidosis of uncertain aetiology presents an emerging major problem that there is generally a lot of AA amyloidosis without cause, but in G2 due to better identification of certain inflammatory causes, in particular Familial Mediterranean Fever (FMF).

4- KIDNEY HISTOPATHOLOGY

P158

IGA NEPHROSIS: CLINICO-ANATOMO-PATHOLOGICAL CORRELATIONS

Hajji Meriam[1], Yassmine Soussi[1], Ben Othman Ilhem[1], Sellami Nada[1], Ben Hamida Fethi[2], Abderrahim Ezzeddine[1]

1-Department of Internal Medicine A (M8),

2-Renal Pathology Research Laboratory LR00SP01, Charles Nicolle Hospital, Tunis - Tunisia,

Introduction

IgA nephrosis is a rare and emerging entity that shares clinical and histopathological similarities with minimal change disease (MCD). This study aims to investigate the clinico-pathological correlations in patients diag- nosed with IgA nephrosis in our Department of nephrology.

Methods

We conducted a retrospective descriptive study over 27 years (1996–2024). Patients included were those diagnosed with IgA nephrosis based on renal biopsy findings of glomeruli with an optically normal appearance and mesangial IgA deposits on immunofluorescence. Complete and partial remission were defined according to the KDIGO 2012 guidelines.

Results and discussion

Five patients were included, with a mean age of 19.8 ± 6.7 years (range: 10–27 years). The cohort was pre- dominantly male (sex ratio: 4:1). Edema was the main presenting symptom, while hematuria was observed in three patients. Proteinuria was noted in four patients, with a median 24-hour proteinuria of 6.65 g (range: 0–9.78 g). One patient reported recurrent angina, and another had a history of renal colic with cystitis. Blood pressure was within normal limits, with mean systolic and diastolic pressures of 120.67 ± 9.4 mmHg and 76.7 ± 9.4 mmHg, respectively. Extra-renal manifestations were absent. Mean serum creatinine was 66.8 ± 15.99 µmol/L, and mean hemoglobin was 15.18 ± 1.8 g/dL. The light microscopic findings were normal or associated with minor glomerular abnormalities. In all cases, immunofluorescence demonstrated diffuse, heavily granular deposition of IgA in the glomerular mesangium. Less intense fluorescence for IgG, IgM, C3, and fibrinogen were sometimes detected. In three cases, discrete, finely granular deposits of IgA, IgM, IgG, and C3 were seen in a few peripheral loops. All patients received corticosteroid therapy at a dose of 1 mg/kg/day for 4 weeks, followed by a gradual tapering schedule. After 6 months of follow-up, the evolution was favorable, with complete remission observed in 4 patients. One patient achieved partial remission, characterized by per- sistent microscopic hematuria and a 24-hour proteinuria level of 0.6 g/24h.

Conclusion

IgA nephrosis is an uncommon disease primarily affecting young males. While its clinical presentation overlaps with other glomerulopathies, the distinct mesangial IgA deposits highlight its unique pathological profile.

P159

KIDNEY BIOPSY IN DIABETIC PATIENTS: EXPERIENCE OF A NEW DEPARTMENT OF NEPHROLOGY

Yasmine Thabti, Aoudia Raja, Jerbi Mouna, Hadded Sarra, Bettaieb Asma, Khadhar Meriam, Gaied Hanen, Goucha Rym

Department of Nephrology, Mongi Slim University Hospital, Tunis - Tunisia

Introduction

The diagnosis of diabetic nephropathy (DN) is typically based on clinical evaluation. A kidney biopsy (KB) may be performed in cases of atypical presentation to identify non-diabetic nephropathy (NDN) in a diabetic patient.

Methods

This is a retrospective study including diabetic patients who underwent kidney biopsy over a three-year period from January 2022 (the initiation date of the laboratory operation) to December 2024 in the new Department of nephrology at the Mongi Slim University Hospital in Tunis. The aim of this study is to evaluate the various in- dications for KB in diabetic patients and the prevalence of NDN in this population.

Results and discussion

One hundred thirty seven KB were performed during the study period ; twenty of these were conducted on diabetic patients with mean age of 58 years ; with male to female ratio of 2,3 .

The indications were : Rapid decline in renal function in nine cases (45%); Renal failure without diabetic re- tinopathy in one case (5%) ; Hematuria in two cases (10%) ; Rapid development of a nephrotic syndrome in two cases (10%) ; Acute nephritic syndrome in four cases (20%) ; Suspicion of renal amyloidosis in two cases (10%). Three types of renal involvement based on KB results were identified: isolated NDN (35 %); NDN with under- lying diabetic glomerulosclе-

rosis (DGS) (25%); isolated DGS (40%) .

The NDN were : Glomerular extra membranous nephropathy (18,2%) ; IgA nephropathy (18,2%) ; Acute in- terstitial nephritis (18,2%) ; Acute glomerulonephritis (27,2%) ; Membranoproliferative glomerulonephritis (9%); and nephroangiosclerosis (18,2%).

Conclusion

KB in diabetic patients (DP) allowed the diagnosis of a significant number of NDN. Our Study highlights the importance of KB in DP, especially since many NDN may require specific treatment.

5- DIABETIC KIDNEY DISEASE

P160

CHARACTERISTICS OF DIABETIC PATIENTS AT FIRST REFERRAL TO NEPHROLOGY

Rim Bourguiba[1], Syrine Bellakhal[1], Salah Saied[2], Racha Ghabara[3], Karim Zouaghi[2], Badreddine Ben Kaab[3]

1 Internal Medicine Private ffice, La Marsa - Tunisia,

2 Department of Nephrology, La Rabta Hospital, Tunis - Tunisia,

3 Department of Cardiology, ISF Hospital, La Marsa - Tunisia

Introduction

Among Diabetes complications, diabetic kidney disease (DKD) is the most severe, affecting 20-40% of diabetic patients and serving as the leading cause of end-stage renal disease (ESRD) worldwide. DKD also significantly elevates cardiovascular risk, with diabetic patients with CKD classified as very high-risk for cardiovascular events by the ESC/ESH. Despite the availability of simple screening tools, the characteristics of diabetic patients at initial nephrology referral remain poorly documented, necessitating further investigation."

Methods

This study is a retrospective, observational and analytic study including 200 diabetic patients between January, 1st, 2016 and December, 31st, 2019.Our primary objective was to determine the epidemiological and clinical profile of patients referred to our Department of nephrology for a DKD at their first encounter with a nephrologistWe included diabetic patients (Type 1 or type 2) for whom the diagnosis of a diabetic kidney disease was clinically confirmed by our nephrology team.

Results and discussion

We included 200 diabetic patients referred to our Department of nephrology. The mean age was 65.1 ± 11.3 years, with 57.5% males.. Type 2 diabetes accounted for 97% of cases, with a mean disease duration of 13.5 ± 9.3 years. Glycemia and HbA1C levels averaged 1.81 ± 0.98 g/L and 8.17 ± 1.97%, respectively. Proteinuria was detected in 72.1% of patients, while 25.7% had microscopic hematuria, often linked to urinary tract infections. CKD stage 3b was observed in 33.7% of patients, with a mean creatinine clearance of 46.4 ± 22.4 ml/min/1.73m².Over a three-year follow-up, 67% of patients attended regular appointments.

Renal function initially improved but declined in the second and third years (-2.3 and -3.6 ml/min/1.73m²/year, respectively). Hematuria and specific blood pressure patterns were linked to renal function decline in the first year, while shorter diabetes duration was a risk factor in the second year. Optimal blood pressure control was associated with stable renal function in the third year.

Conclusion

This study highlights the clinical and prognostic characteristics of diabetic patients referred to nephrology, emphasizing the need for better control of modifiable risk factors to improve outcome.

P161

THE IMPACT OF HYDRATION STATUS ON THE PROTEINURIC RESPONSE TO ISGLT2 IN TYPE II DIABETICS.

El Aissaoui Khaoula

Department of Nephrology Dialysis and Transplantation, Hassan II University Hospital, Fes - Morocco

Introduction

Type 2 sodium-glucose cotransporter inhibitors are a promising therapeutic option for patients with type 2 diabetes, making it possible to combat diabetic nephropathy and its progression, maintaining volemia by acting on total blood volume through the natriuretic effect they possess.

Methods

We conducted a prospective interventional study in the Department of nephrology of the Centre Hospitalier Has- san II, Fez. We included all diabetic patients followed up in nephrological consultation between February 2023 and July 2024, aged less than 75 years, with diabetic nephropathy at the stage of micro albuminuria or proteinuria (30- 3500 mg/g), with creatinine clearance greater than 60ml/min/m², having received RAAS blocker treatment for at least 4 weeks and having a stable diuretic dosage and constant salt intake, 40 of these patients were put on iSGLT2. The aim of our work is to use BCM (body composition monitot)® to study the impact of changes in the water profile on variations in microalbuminuria and the response of the water compartments to the natriuretic effect of iSGLT2 compared with initial values, at 12 weeks,24 weeks of treatment

Results and discussion

Mean age of patients was 60.8 years, duration of type 2 diabetes mellitus was 12 years, 4 of patients were on diuretics; mean HbA 1C was 8.43%. Bioimpedancemetry revealed overhydration (OH) in 36.6% at baseline and 0% at 12 weeks, euvolemia in 41.5% initially, and 56.1% after 12 weeks, and dehydration in 19.5% and 36.6% at 12 weeks of patients. 47.36% of patients did not change their hydration profile versus 52.63% who changed their status on empagliflozin. This change resulted in a variation of 85 mg in mean microalbuminuria versus 160.25 mg in the 2nd group respectively. In contrast to the remarkable response in the evolution of micoralbuminuria, empagliflozin did not result in a significant change in 24-hour urinary sodium (mean 377.7 mmol/24h [318 mmol/ 24H, 333mmol/24H;P= 0.828)

Conclusion

Empagliflozin induces significant natriuresis, resulting in improved blood pressure and volume. These effects suggest that empagliflozin may have a diuretic-like ability to reduce aerterial pressure in addition to beneficial effects on glycemic control and microalbuminuria . Inhibition of SGLT2 has no permanent effect on extracellular water loss.

P162

ACUTE KIDNEY INJURY IN DIABETIC PATIENTS: OTHER CAUSES BESIDES DIABETIC NEPHROPATHY, AND HOW DOES IT EVOLVE? ABOUT 413 CASES

Anibar Sara, Boughmi Amine, Smaali Souhail, Daddi Kaouatar, Elouazzani Mouad, Bouchoual Mohammed, Jabrane Marouane, Arrayhani Mahammed

Department of Nephrology, Hemodialysis and Kidney Transplantation, Souss Massa University Hospital, Ibn Zohr University, Agadir - Morocco

Introduction

Acute kidney injury (AKI) is a major health problem, particularly in multi-morbidity subjects with high morbidity and mortality. In diabetic subjects, among others, it represents a factor in the precipitation of terminal renal failure. The aim of our work is to study the clinical-biological, etiological and evolutionary particularities of added AKI in a known diabetic subject.

Methods

Descriptive study of 1178 patients with AKI collected over a period of 4 years at the Souss Massa University Hospital in Agadir. All patients followed for diabetes were included in our study.

Results and discussion

We collected a total of 413 patients, which represents 35.05% of all patients admitted for AKI. These were mainly type 2 diabetes (92%). The majority age group was between 60 and 70 years, with a sex ratio M/F at 1.19. The AKI was severe, classified as AKIN III in almost half of the cases (53%), with recourse to hemodia- lysis in 20.2% of cases. A functional cause was noted in 45.8%, besides, organic causes were objectified in 36,8%. It was mainly acute tubular necrosis; however, 4 patients underwent a renal biopsy revealing a extra membranous glomerulonephritis and extra capillary glomerulonephritis in 2 cases each. In terms of progres- sion, 24.2% of patients continued to have renal failure upon leaving the Hospital, while the outcome was fatal in 24.9% of cases.

Conclusion

Our results confirm the harmful effect of any episode of AKI, whatever its mechanism, in diabetic patients. It also represents an independent cardiovascular risk factor encouraging prevention, the only guarantee of better management and improved prognosis in this fragile group of patients.

P163

IMPACT OF OBESITY IN PATIENTS WITH DIABETIC NEPHROPATHY: EXPERIENCE FROM THE DEPARTMENT OF NEPHROLOGY OF SAHLOUL HOSPITAL

Ghada Dardour, Narjes Ben Aicha, Zaynabo Dede, Awaretf Azzebi, Raja Boukadida, Sanda Mrabet, Asma Fradi, Yosra Guedri, Wissal Sahtout, Dorsaf Zellama

Department of Nephrology, Sahloul University Teaching Hospital, Sousse - Tunisia

Introduction

Obesity is a major global health issue and a well-documented risk factor for the onset and progression ofdiabetes

Methods

This study aims to compare the epidemiological, clinical, and biological characteristics of obese and non- obese patients with diabetic kidney disease.

Results and discussion

The study included 548 patients. The mean age of the patients was 57.81 ± 14.64 years, ranging from 23 to 88 years. A male predominance was observed, with 335 men and 213 women, corresponding to a sex ratio of 1.57.Comparing obese patients (BMI ≥ 30) with non-obese patients (BMI < 30), significant differences were observed. Obese patients were more likely to be female (57.9% vs. 32.8%), older (63.09 ± 11.02 years vs. 56.16 ± 15 years), have type 2 dia- betes (94.7% vs. 75.8%)and have poorly controlled diabetes with HbA1c > 8% (92.1% vs. 66%) . They were aslo at higher risk to develop coronary artery disease (31.6% vs. 14.8%), and diabetic foot (29.9% vs. 2.8%). However, no significant differences were found between obese and non-obese patients regarding smoking, dyslipidemia, hypertension, diabetic retinopathy, diabetic neuropathy or peripheral artery disease.

Conclusion

When comparing obese patients with a BMI ≥ 30 to non-obese patients with a BMI < 30, we concluded that obese patients are more likely to be female, older, have type 2 diabetes, poorly controlled diabetes (HbA1c > 8%), and are more frequently affected by coronary artery disease and diabetic foot.

P164

DECODING CHRONIC KIDNEY DISEASE IN THE ELDERLY WITH TYPE 2 DIABETES: PREVALENCE AND KEY RISK FACTORS

Nouha Marouani, Hadj Ali Zohra, Jemai Chaima, Khamassi Sana, Hedfi Imen, Laajili Olfa, Htira Yosra, Ben Mami Faika

Department of Nutritional Diseases C,

Zouhair Kallel National Institute of Nutrition and Food Technology, Tunis - Tunisia.

Introduction

Kidney function declines with age, increasing the risk of renal complications in the elderly. In patients with type 2 diabetes, the likelihood of developing chronic kidney disease (CKD) is higher. Identifying the key risk factors for CKD in this population is crucial for early detection and effective management. This study aims to assess the prevalence of CKD and identify the key risk factors in elderly individuals with type 2 diabetes.

Methods

This observational study included 24 patients aged 70 and above with type 2 diabetes who were hospitalized in our department between October and December 2024. Data collected included age, diabetes-related characteristics, comorbidities, nutritional status, body mass index (BMI), glycemic control, and laboratory test results.

Results and discussion

The mean age of the sample was 74±4.4 years, with a predominantly female population (62.5%). The mean body mass index (BMI) was 28.5±6.36 kg/m²; 37.5% of patients were obese, 37.5% overweight, 8.4% had a normal BMI, and 16.7% had a BMI below 22 kg/m². Of the patients, 25% were active smokers, 79.2% had a history of hypertension (mean duration 8.47±5.01 years), 29.2% had coronary artery disease, 8.3% had a history of cerebrovascular accident (CVA), and 8.3% had heart failure. Regarding type 2 diabetes (T2D), the mean duration was 16±12.4 years, with a maximum of 50 years and a minimum of 3 years. Diabetic retinopathy was present in 41.7% of patients, and 37.5% had peripheral neuropathy. Chronic kidney disease (CKD) was present in 70.8% of the cohort, with 33.3% having normal albuminuria, 37.5% moderate albuminuria, and 29.2% severe albuminuria. Kidney function assessments showed that 45.8% had normal or high kidney function, 12.5% had mildly decreased function, 25% moderately decreased function, and 16.7% severely decreased function. A history of hypertension (84.2%vs15.8%;p=0.014) and blood pressure outside the target range (100%vs0%;p=0.03) were significantly associated with CKD. However, other risk factors commonly linked to CKD in the literature were not found to be associated in this study.

Conclusion

This study explored the relationship between common risk factors and chronic kidney disease (CKD) in elderly patients with multiple comorbidities, providing insights into CKD-associated factors and highlighting areas for further research and clinical focus.

P165

TERMINAL CHRONIC KIDNEY INFECTION IN TYPE 2 DIABETES: EMERGENCY INITIATION OF HEMODIALYSIS

Maaroufi Imane

Department of Nephrology, Dialysis, and Transplantation, Mohammed VI University Hospital, Oujda - Morocco

Introduction

Diabetic Kidney Disease is the leading cause of (ESKD) worldwide, emergency initiation of dialysis represents a challenge and prevention of serious complications

Methods

is to characterize the clinical and biological profile at admission and the evolution of patients with (ESKD) with Type 2 diabetes who required urgent initiation of hemodialysis.This is a retrospective observational study that included patients with DT2 and ESKD who initiated urgent hemodialysis between January 1, 2022, and December 31, 2023. The evaluated criteria include comorbidities, Nephrology monitoring, the reason for ini- tiating hemodialysis, the clinical and biological profile at admission, as well as the progress of the hemodialysis session, and the patient evolution during the Hospitalization.

Results and discussion

The study included 88 patients with a mean age of 66 years ± 17 , of them has 39% > 70 years and sex ratio of 0.91. Hyperkalemia, either alone or associated with other indications, was the primary reason for urgent hemodialysis (37.5% of cases). Mean duration of DT2 was 13 years ± 5 years . Among them, 52.28% were under monitoring for nephropathy, with a mean monitoring duration of 2.19 years for the thirty-four documented patients. Furthermore, 82.95% of the patients had a personal history of high blood pressure. Diabetic retino- pathy (17.05%, diabetic neuropathy (1.14%), myocardial infarction (12.50%), peripheral arterial disease (5.68%, and stroke (4.55%). Femoral venous catheter placement in 64.78% of cases. jugular catheter in 32%, and arteriovenous fistula in 2% , death in 2% and Infection of catheter infection observedin 5%.

Conclusion

The prevention and screening of comorbidities in patients with type 2 diabetes are crucial to avoid the urgent initiation of hemodialysis. Close coordination between endocrinologists and nephrologists is strongly recom- mended to ensure optimal care. Additionally, it is essential to actively engage patients in the management of their lifestyle and health to improve therapeutic outcomes.

P166

PROGRESSION FACTORS OF DIABETIC NEPHROPATHY

Kandil Rania, Khadhar Meriam, Hadded Sarra, Jerbi Mouna, Bettaieb Asma, Aouadia Raja, Gaied Hanene, Goucha Rim

Deartment of Nephrology, Mongi Slim University Hospital, Tunis - Tunisia

Introduction

Diabetic nephropathy (DN) is a severe complication that marks a critical turning point in the life of a diabetic patient. Early detection and management of this nephropathy can delay its progression. The aim of our work was to study the socio-demographic and clinico-biological aspects of DN and to specify the factors associated with its progression.

Methods

We conducted a retrospective, descriptive, and analytical study in the Department of nephrology of Mongi Slim in La Marsa Hospital between January 2013 and December 2022. We analyzed the records of diabetic patients who had a minimum follow-up of one year.

Results and discussion

One hundred and thirty-nine patients were included, with a mean age of 64.64 ± 11.17 years and a M/F gender ratio of 1.28. We noted a clear predominance of type 2 diabetes (96%). Sixty-four percent of patients had dyslipidemia, 92.8% had arterial hypertension and 92% had a very high cardiovascular risk. Biologically, 74.1% had creatinine clearance < 60 ml/min/1.73 m2, 29.5% had HbA1C > 8%, 42.6% had hypertriglyceridemia and 17.8% had hypercholesterolemia. Nephroprotective treatment with a renin-angiotensin-aldosterone system blocker (71.9%) and/or a type 2 sodium-glucose co-transporter inhibitor (3.6%) was prescribed. The median annual value of renal function decline was 5.5 ml/min/1.73m² with rapid progression in 46% of patients. In the univariate study, the factors associated with rapid progression of diabetic nephropathy werefamily history of hemodialysis (p=0.048), presence of lower limb edema (p=0.002), presence of proteinuria on urine dipstick (p=0.018), chloremia (p=0.029), prescription of angiotensinII receptor blockers (p=0.023) anddecompensated heart failure (p=0.012).In the multivariate analysis, serum chloride was identified as an independent risk factor associated with the progression of DN.

Conclusion

Diabetic nephropathy is a frequent complication of diabetes. Early identification of patients at risk and multi- disciplinary management are essential to prevent progression.

P167

DIABETIC NEPHROPATHY AND PREGNANCY PROGNOSIS: A TUNISIAN PERSPECTIVE

Aloui Haithem, Slama Feriel, Dhaoui Selma, Frikha Hatem, Hammami Rami, Abouda H.Saber, Chanoufi M. Badis

Gynecology Department C, Maternity and Neonatology Center of Tunis - Tunisia

Introduction

Diabetic nephropathy (DN) is a leading cause of chronic kidney disease in women of childbearing age and poses substantial risks during pregnancy. In Tunisian maternity care settings, pregnancies complicated by DN are increasingly encountered due to improved access to specialized care. This study aims to evaluate maternal and neonatal outcomes in pregnancies affected by DN and to highlight strategies for optimizing care in resource-limited settings.

Methods

A retrospective study was conducted at a Tunisian maternity center, analyzing 18 pregnancies in women with DN between 2019 and 2023. Clinical parameters including glycemic control (HbA1c), renal function (eGFR), and pregnancy outcomes were assessed. The study's primary objective was to identify predictors of adverse outcomes and evaluate the impact of multidisciplinary care, including preconception counseling.

Results and discussion

The live birth rate was 75%. Preeclampsia occurred in 50% of pregnancies, and 20% experienced worsening renal function. Poor glycemic control (HbA1c >7%) and eGFR < 0.01). Preterm delivery occurred in 40% of cases, with 30% of neonates having low birth weight. Preconception care improved outcomes (p < 0.05), and aspirin reduced preeclampsia by 28%. Multidisciplinary management significantly enhanced maternal and neonatal prognosis.

Conclusion

In Tunisia, pregnancies in women with DN remain high-risk but feasible with intensive preconception counse- ling and multidisciplinary care. Focused interventions on glycemic control, renal function optimization, and proactive management of hypertensive disorders are critical for improving maternal and neonatal outcomes in resource-constrained settings.

P168

ELDERLY PATIENTS WITH TYPE 2 DIABETES: KIDNEY PROFILE AND PROGRESSION

Ben Abdelhal Mohammed[1], Aissaoui Hanane[2], Abda Naima[2], Bentata Yassamine[1]

1-Department of Nephrology, Dialysis and Kidney Transplantation Unit, University Hospital Mohammed VI, Oujda - Morocco,

2-Laboratory of Epidemiology, Clinical Research and Public Health, Faculty of Medicine, University Mohammed First, Oujda - Morocco

Introduction

Elderly patients with type 2 diabetes (T2D) are at high risk of kidney and cardiovascular diseases. Their inci- dence is growing sharply and constitutes a real challenge for treat-

ing physicians, particularly for the eldest. The aim of this work is to determine the clinical and biological characteristics during the first consultation in Nephrology and the evolution of kidney function.

Methods

This is a retrospective cohort study conducted at the Reference Center for Chronic Diseases in Oujda, eastern Morocco. We included elderly patients over 65 years old with T2D who were admitted between November 2005 and December 2020. Elderly T2D patients who had end-stage kidney disease at admission were exclu- ded.

Results and discussion

5618 elderly T2D patients were included and 66% of all cohort were female. During the first consultation in Nephrology, the mean age was 73±6 years and 66% were between 65-74 years, 29.3% were between 75-84 years and 4.7% were over 85 years. The median duration of diabetes was 85 (30, 143) months. The mean body mass index was 27.51±4.63 kg/m2 and 24.9% were obese. 9.5% had a medical history of diabetic com- plications (cardiac, stroke, arterial disease, nephropathy, neuropathy). The mean systolic blood pressure was 141±21 mmHg and diastolic blood pressure 76±11 mmHg. The mean blood creatinine was 11.4±5.2 mg/L and 49.2% had glomerular filtration rate 30 mg/day). 75.6% had a hemoglobin A1c level > 7%. The mean blood cholesterol was 1.96 ± 0.56 g/L. The median follow-up was 63 (12-132) months. Comparing the parameters at admission and at the fifth consultation, the mean systolic blood pressure decreased from 143±17 to 138±18 mmHg (p=0.001), the mean creatinine increased from 12.1±4.5 to 13.5±6.6 mg/L (p=0.001), the mean hemoglobin A1c decreased from 8.5±2.0 to 7.9±1.5 % (p=0.01) and the median albuminuria increased from 36 (18, 36) to 39 (20, 93) mg/day (p=0.72). Only 49% were receiving a renin-angiotensin system blocker.

Conclusion

Despite the advanced age of the patients, the progression of renal disease appears to be slowed and the majority of clinical and biological parameters well controlled.

P169

PARACLINICAL PROFILE OF DIABETIC PATIENTS IN FIRST NEPHROLOGY CONSULTATION

Kandil Rania, Khadhar Meriam, Bettaieb Asma, Gaied Hanene, Aouadia Raja, Hadded Sarra, Goucha Rim

Deparment of Nephrolody, Mongi Slim University Hospital, Tunis - Tunisia

Introduction

Diabetic kidney disease (DKD) is a very complex condition that presents with varying clinical and paraclinical manifestations. The progression of DKD is influenced by multiple factors, including glycemic control, hyper- tension, dyslipidemia, and hyperuricemia. Early identification and management of these paraclinical abnor- malities are essential for preventing further renal deterioration and associated cardiovascular risks.

Methods

We retrospectively analyzed the laboratory data and of diabetic patients admitted for primary Nephrology consultation from January 2013 to December 2023.

Results and discussion

Our cohort included a total of 139 diabetic patients. The mean age of the patients was 64.64 ± 11.17 years, with a male-to-female gender ratio of 1.28. The majority of patients presented with stage 3 stages of chronic kidney disease (67.6%) according to the KDIGO classification. At the initial consultation, 61% of patients had an HbA1C > 7%, with an average of 7.83 ± 1.87%. The mean serum creatinine level was 127 ± 44 µmol/L. Acute kidney injury complicating chronic kidney disease was observed in 19 patients (13.7%), with a mean serum creatinine level of 193 ± 50.9 µmol/L. The median proteinuria was 1.2 [0.52–2.4] g/24 hours, while the median albuminuria was 71 mg/24 hours. The mean total cholesterol level was 4.24 ± 1.34 mmol/L, and the mean triglyceride level was 1.66 ± 0.82 mmol/L, with hypertriglyceridemia present in 42.6% of cases and hy- percholesterolemia in 17.8%. Hyperuricemia was noted in 45.8% of patients, and anemia was observed in 48%. At the final consultation, the mean HbA1C was 7.4 ± 1.6 [3.4–12.5]%, and the median 24-hour proteinuria had decreased to 0.1 [0–0.75] g/24 hours. The median rate of eGRF decline was 5.5 [2.9–9.7] mL/min/1.73 m² per year.

Conclusion

Our study highlights the complex and varied paraclinical profiles of diabetic patients at their first Nephrology consultation, with many presenting at advanced stages of CKD. These findings underscore the importance of early Nephrology referral and comprehensive laboratory evaluation in diabetic patients to facilitate timely in- tervention and management, which may help slow the progression of diabetic kidney disease and improve patient outcomes.

P170

MANAGEMENT OF HYPERTENSION IN DIABETIC NEPHROPATHY: AN EVALUATION OF THERAPEUTIC APPROACHES

Taie Najlaa, Benkirane Lina, Zaim Khadija, Naoufal Mtioui, Elkhayat Selma Siham, Ghislaine Medkouri, Mohammed Zamd, Mohamed Benghanem

Department of Nephrology, Ibn Rochd University Hospital, Casablanca - Morocco

Introduction

Managing hypertension (HTN) is vital in the treatment of diabetic kidney disease (DKD) to slow its progression and improve patient outcomes.This study aimed to assess the professional practices involved in the mana- gement of hypertension among diabetic patients under nephrological care at the CHU Ibn Rochd Casablanca.

Methods

This study aimed to assess the professional practices involved in the management of hypertension among diabetic patients under nephrological care at the CHU Ibn Rochd Casablanca.

We conducted a retrospective, descriptive, and evaluative study of diabetic hypertensive patients with chronic kidney disease stages 1, 2, and 3 who were followed between January 2021 and December 2024. The eva- luation of practices was based on the KDIGO 2020 guidelines, along with the ESC/ESH 2018 recommenda- tions.

Results and discussion

A total of 62 diabetic hypertensive patients with chronic kidney disease stages 1, 2, and 3 participated in the study. The mean age of the patients was 61.4 years (±7.9), with a male-to-female ratio of 1.3:1. Blood pressure control was successfully achieved in 80% of patients. However, only 14.2% of patients utilized home blood pressure monitoring, and just 8.3% used ambulatory blood pressure monitoring (ABPM), suggesting that blood pressure monitoring practices did not fully comply with guidelines. In terms of medication, 89% of patients were prescribed antihypertensive treatments in line with the latest guidelines. However, lifestyle modifications, including diet and exercise, were followed by only 40% of patients. Organ damage evaluations, as per the guidelines, were carried out in 35% of cases. For managing comorbidities, 70% of patients with dyslipidemia received appropriate treatment. In contrast, only 19.5% of patients with hyperuricemia were treated according to guidelines. Smoking cessation was suc- cessful in 48.3% of cases. Notably, 20.2% of patients experienced therapeutic inertia, as they failed to reach blood pressure targets after one year despite the absence of complications or organ damage.

Conclusion

The concept of evaluating professional practices is gaining importance. Implementing this evaluation inmanaging hypertension in diabetic Nephrology patients is essential to decelerating disease progression.

P171

CHRONIC KIDNEY DISEASE IN DIABETES: EPIDEMIOLOGICAL AND DIAGNOSTIC ASPECTS

Haoua Youssouf Seid[1], Ibrahim Hamat[1], Abba Oumar[2], Mahamat Djibrine[1]

1-Department of Nephrology,2-Department of Endocrinology, University Hospital Center National Reference, Ndjamena - Tchad

Introduction

Chronic kidney disease in diabetes is a growing public health problem, with human and socio-economic re- percussions. It is the leading cause of chronic end-stage renal disease (ESRD) in Western countries. The aim of this study was to determine the frequency of diabetic chronic kidney disease (DCKD) and the associated risk factors.

Methods

this was a descriptive study over a one-year period (October 2023 to October 2024), covering diabetic patients Hospitalized and/or monitored on an outpatient basis in the Endocrinology-Diabetology and Nephrology-Hemodialysis departments of the CHU-RN in N'Djamena. Data were collected on a pre-established form, and analyzed using Sphinx V5 software.

Results and discussion

DCKD represented 22.5% of the population studied. Mean age was 54.5 +/- 11.9 years, sex ratio 1.08. Type 2 diabetes was present in 91.1%. Impaired renal function was the reason for referral in 41.1%. Mogenson stage 4 and GFR

Age, domestic occupation, glycemic imbalance, hypertension, gout and herbal Medicine were the risk factors associated with diabetic CKD

Conclusion

DCKD is associated with certain risk factors. Systematic screening is imperative to prevent its occurrence.

P172

TIP LESION VARIANT OF FOCAL AND SEGMENTAL GLOMERULOSCLEROSIS IN A PATIENT WITH FAMILIAL RELAPSING POLYCHONDRITIS

Khellaf Ghalia,

Department of Nephrology, Bab El Oued University Hospital, Faculty of Medicine, Benyoucef Benkhedda University, Algiers - Algeria

Introduction

Atrophic polychondritis (APC) is a rare multisystem autoimmune disorder that affects cartilaginous structures, joints, eyes, the vestibular system, lungs, heart, and blood vessels. However, renal involvement is rarely re- ported in the literature

Methods

We present the case of a 60-year-old male patient from a non-consanguineous marriage, with a personal his- tory of atrophic polychondritis diagnosed at the age of 43. The disease was complicated by nephrotic syn- drome, with a renal biopsy initially showing minimal change lesions. The patient had been treated with corticosteroids since diagnosis and has a family history of APC, with his father also affected. Seventeen years later, the patient presented again with nephrotic syndrome. A repeat renal biopsy revealed the tip lesion variant of focal and segmental glomerulosclerosis (FSGS), with segmental and focal hyalinosis. The patient respon- ded well to oral corticosteroid therapy combined with angiotensin II receptor antagonists.

Conclusion

While only one case of a tip lesion variant of focal segmental glomerulosclerosis (FSGS) secondary to atrophic polychondritis (APC) has been reported in the literature, our extensive etiological investigation revealed no other underlying causes in our patient. This highlights the need for further research in the field of pathophy- siology to explore the causal relationships between APC and FSGS.

P173

PARTICULARITIES OF ACUTE POST INFECTIOUS GLOMERULONEPHRITIS IN DIABETICS

Yasmine Thabti, Sarra Hadded, Raja Trabelsi, Mouna Jerbi, Mariem Khadhar, Asma Bettaieb, Hanene Gaied, Rym Goucha

Department of Nephrology, Mongi Slim Hospital, Tunis - Tunisia

Introduction

Acute postinfectious glomerulonephritis (APIGN) is an immune response of the kidney to infection, commonly triggered by streptococci. However, the particularities of APIGN in diabetics are not well enough known.

Methods

This is a descriptive study reporting the cases of diabetic patients (DP) diagnosed with APIGN during the period from July 1, 2021 to November 1, 2024 in the nephrology department of the Mongi Slim University Hospital in Tunis. The clinical presentation, histological data as well as the evolution were studied.

Results

Among twenty (KB) conducted on DP during the study period, three revealed APIGN.The first case was a 54 year old woman with well controlled diabetes. The initial presentation was an acute nephritic syndrome occurring three weeks after an infectious episode, with tonsillitis identified as an entry point (EP); The KB revealed minimal glomerular involvement and the progression was spontaneously favorable.The second case concerned a 54 year old patient with long-standing diabetes at the stage of degenerative complications ; The clinical presentation involved rapidly progressive glomerulonephritis with oligoanuria and episodes of pulmonary edema, for which the patient required 11 sessions of closely spaced hemodialysis (HD); The EP was an erysipelas. The KB showed endocapillary proliferation, hump-shaped deposits associated with severe diabetic nephropathy(DN) ; The evolution showed an improvement in renal function, restoration of diuresis and the discontinuation of HD.The last case involved a 44 year old patient with poorly controlled diabetes, who presented with asthenia and was found to have advanced renal failure upon evaluation without any preceding infectious episode . The KB was performed due to persistant hematuria revealing an acute glomerulonephritis associated with severe DN ; the evolution was marked by the absence of recovery of renal function.

Conclusion

APIGN is more severe in diabetics compared to the general population, especially in cases of inadequately controlled diabetes, with more frequent reliance on hemodialysis in the acute phase and a higher progression rate to end-stage chronic kidney disease.

6- FAMILIAL AND HEREDITARY NEPHROPATHIES

P174

POLYCYSTIC KIDNEY DISEASE: EPIDEMIO-CLINICAL AND PROGNOSTIC PROFILE IN THE NEPHROLOGY AND HEMODIALYSIS DEPARTMENT OF THE POINT G UNIVERSITY HOSPITAL CENTER IN MALI.

Aboubacar Sidiki Fofana[1], Sy Seydou[1], Samaké Magara[2], Ibrahima Mahamane[1], Yattara Hamadoun[1], Coulibaly Sah Dit Baba[3], Maiga Djeneba[1], Coulibaly Moctar[4], Djiguiba Singadou Ousmane Youssouf [5], Fongoro Saharé[1]

1-Point G Hospital, Department of Nephrology and Hemodialysis, Bamako - Mali,

2- Unit of Nephrologykayes, Hospital, Kayes - Mali,

3-Department of Médical and Surgical Center of Armies, Nephrology Unit, Bamako - Mali,

4-Unit of Nephrology , Mali Gavardo Hospital, Bamako - Mali,

5-Unit of Nephrology, Commune IV District Hospital, Bamako - Mali

Introduction

Autosomal dominant polycystic kidney disease (ADPKD) is a genetic disorder of dominant inheritance, cha- racterized by the progressive development of renal cysts at the expense of the various segments of the tubule, resulting in increased kidney size and progressive destruction of the renal parenchyma, leading to end-stage chronic kidney disease (CKD) before the age of 65. The aim of this study was to investigate polycystic kidney disease in the Department of nephrology of the Point G University Hospital Center in Mali.

Methods

We conducted a single-center descriptive study with retrospective data collection on medical records of po- lycystic kidney disease confirmed by ultrasound (according to the criteria of Ravine D et al) in the Department of nephrology of the Point G University Hospital Center over a 4-year period (January 1, 2018 to December 31, 2021).

Results and discussion

During the study period, 36 cases of ADPKD were collected. The overall prevalence of ADPKD in this study was 1.08%, with an annual incidence of 09 cases. The mean age in our study was 49.14 years, with extremes of 16 and 82 years. The 41-59 age group accounted for 56% of cases. The circumstances of discovery were, in order of frequency, lumbar pain and/or heaviness (39%), IR (36%), ultrasound (22%) and macroscopic he- maturia (3). CKD was the main complication (83%), 49% of which was end-stage (17 patients). The mean hemoglobin level was 8.534 g/dl, with extremes of 2.8 and 16 g/dl. On ultrasonography, the kidneys were en- larged in 81% of cases, with cystic localization in the liver in 12 cases (33%). Patients with end-stage CKD were treated with hemodialysis for uremic syndrome. The overall outcome was favorable in the majority of cases (75%).

Conclusion

ADPKD is probably under-diagnosed in black Africa. It is often discovered late in the course of already impaired renal function. An earlier family screening and nephroprotection will help to improve the patients' prognosis.

P175

AUTOSOMAL DOMINANT POLYCYSTIC KIDNEY DISEASE AND DIABETES MELLITUS

Zeinebou Dede, Raja Boukadida, Ghada Dardour, Awatef Azzabi, Wissal Sahtout, Asma Fradi, Narjes Ben Aïcha, Senda Mrabet, Yossra Guedri, Dorsaf Zellama

Department of Nephrology, Dialysis and Renal Transplantation, Sahloul Hospital, Sousse -Tunisia

Introduction

Autosomal dominant polycystic kidney disease (ADPKD) is the most prevalent monogenic renal diseaseand it is the 4th most common cause of dialysis-dependent end-stage renal disease .Recent reports suggest an association between ADPKD and metabolic disorders, in particular an alteration in glucose metabolism while an increase in insulin resistance and impaired insulin release have been observed .

Methods

We present here 3 clinical cases of ADPKD associated with diabetes mellitus.

Results and discussion

These are 3 patients, 1 man and 2 women aged 55, 61 and 50 years respectively with a family history of APDKD in alla patients and diabetic father in one patient.The diagnosis of APDKD was revealed in our patients by a lithiasis renal colic at the age of 29 for our man,30 and 46 yearsfor both women.thus presiding over the diagnosis of diabetes of 21 years for men and 5 years for one and concomitant with the oth-

er.In addition, diabetes was diagnosed during a systematic assessment at an age of 50 years respectively for our man, 51 and 30 years for both women.Two patients had a BMI of more than 25.The use of insulin was necessary after 5 years of evolution on oral antidiabetics for 2 patients while it was immediately for the other. In our patients, hypertension appeared at least 5 years of evolution after diabetes. We do not objective a lipid disorder in our patients. We observed high serum levels of uric acid in 2 patients.DFG was mild to moderate at the time of diagnosis of diabetes in our patients, the decline was faster with progression to stage IV in 2 patients and to terminal stage in the other 3years after 3 years of evolution.

Conclusion

Physicians treating patients with ADPKD should be aware of the incidence of metabolic abnormalities in this disease and advise non-drugtreatment and education, mainly to prevent overweight and obesity, and in the case of kidney transplant recipients, also the prevention of diabetes mellitus.

P176

TWO HEREDITARY RENAL DISEASES IN A SINGLE ALGERIAN FAMILY: A RARE CASE REPORT

Khellaf Ghalia, Benziane Ali,

Department of Nephrology, Bab El Oued University Hospital, Algiers - Algeria, Faculty of Medicine, Benyoucef Benkhedda University, Algiers - Algeria

Introduction

Primary hyperoxaluria type 1 (HP1) is the most frequent and severe form of primary hyperoxaluria. It is a rare disease, linked to an alanine glyoxylate aminotransferase (AGT) enzyme deficiency. Autosomal dominant po- lycystic kidney disease (ADPKD) is a hereditary condition characterised by the development in adulthood, but in 72% of cases in the 2nd decade, of multiple cysts in the kidneys and very often in the liver. It is the most common hereditary kidney disease in the world.

Methods

Patient M.S, aged 11 years, from a 1st degree consanguineous marriage, only son of a sibling of 2 children from the north of ALGERIA, with a history of sister and mother suffering from PKAD, diagnosed at 12 and 20 years respectively. The child was consulted for bilateral renal colic pain associated with repeated urinary tract infections starting at the age of 2 years with expulsion of calculi. The clinical examination revealed a child in weight loss, no delay in growth and development, correct BP 110/70mmHg, polyuria >3L/D, Albustix: morning PH: 5.5, the rest of the clinical examination was unremarkable. Blood and urine biochemistry:RAS, renal work- up, blood ionogram, blood calcium and phosphorus levels, hepatic and lipid work-ups were correct, calciuria at 1.08mmol/l, hyperoxaluria at 449mmol/l. The crystalline species of the stones emitted were whewellite (cal- cium oxalate monohydrate).Morphological work-up ASPand abdominopelvic ultrasound were in favour of ne- phrocalcinosis. Molecular investigation was carried out by direct sequencing of exons:1,4,7 and 10 of the AGXT gene. The propositus was homozygous for the c.T853C (p.Ile244Thr) mutation known as 'Maghrebian', both parents were heterozygous for this mutation and the sister did not carry the mutation. The child has since been put on diuresis treatment and PYRIDOXINE at a dose of 500mg/day with a marked improvement in the levels of oxalaemia and oxaluria measured one year later.

Results and discussion

This is a 1st degree consanguineous family with two hereditary kidney diseases that could lead to extrarenal purification. A detailed review of the literature on the Maghrebian HP1 mutation and the populations studied, as well as the rare observations with an association of 2 genetic kidney diseases described in the same family.

Conclusion

The hereditary renal bi-disease in this family raised the issue of genetic counselling and renal transplantation, which is completely prohibited for the 3 members of this same family; the father remains the only potential donor, and the development of cadaver organ transplantation in our country remains the only hope for thisfamily.

P177

BILATERAL COXARTHROSIS ASSOCIATED WITH AA AMYLOIDOSIS REVEALING FAMILIAL MEDITERRANEAN FEVER

Khellaf Ghalia[1], Ait-Idir Djouher[2], Benziane Ali[1], , M'hamed Bougara[1]

1 Department of Nephrology, Bab El Oued University Hospital, Algiers, Algeria, Faculty of Medicine, Benyoucef Benkhedda University, Algiers - Algeria,

2 Research Laboratory, Biodiversity, Biotechnology, Environment and Sustainable Development, Department of Biology, Faculty of Sciences, University, Boumerdes - Algeria

Introduction

Familial Mediterranean fever (FMF) is a hereditary inflammatory disease which mainly affects populations ori- ginating from the Mediterranean basin, with a clear male predominance.

Methods

We report the case of a 49-year-old man from Bordj Menail, the product of a consanguineous marriage, mar- ried and father of four healthy living children. He had a history of acute intestinal obstruction with appendec- tomy in 2004, and had no particular family history.In October 2007, the patient presented with rapidly spreading oedema of the lower limbs. On admission, the patient was infiltrated and complained of hip pain. Radiological examination revealed:A profound pure nephrotic syndrome with normoglycaemic glucosuria, and an accele- rated pulse rate of 2 digits; on standard X-ray and CT scan of the hips: bilateral coxarthrosis, advanced on the right and incipient on the left.

The renal biopsy confirmed AA amyloidosis, and the genetic study carried out one year later was in favour of FMF; MEFV (composite heterozygote in exon 10 - M694I / M694V).

Results and discussion

The aetiological search for AA amyloidosis is very difficult, apart from an inflammatory work-up. In this patient, we initially suggested the chronic rheumatic origin of this AA amyloidosis, but the contribution of genetics was beneficial since the diagnosis of FMF was confirmed. Coxarthrosis is one of the clinical signs of FMF, which in this case remains the only extrarenal sign associated with the pure nephrotic syndrome.

Conclusion

Algeria is one of the countries of the Mediterranean basin, and the diagnosis of FMF must be evoked in the presence of any unlabelled secondary AA amyloidosis, but the genetic study of hereditary renal diseases in our country has not yet been developed.

P178

CHALLENGES IN DIAGNOSING ATYPICAL HEMOLYTIC UREMIC SYNDROME (AHUS) IN A YOUNG PATIENT

Soussi Yesmine[1], Hajji Meriam[1], Agrebi Sahar[1], Gorsane Imen[1], Kaaroud Hayet[1], Barbouch Samia[1], Ben Hamida Fathi[2], Chargui Soumaya[1], Abderrahim Ezzedine[1]

Department of Medicine A, Charles Nicolle Hospital, Tunis - Tunisia,

Renal Pathology Research Laboratory LR00SP01, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Hemolytic uremic syndrome (HUS) is a systemic disorder with a strong renal predilection, primarily resulting from dysregulated complement pathway activation.

Methods

We present the clinical case of a 17-year-old female patient admitted to our department.

Results and discussion

A 17-year-old female with a family history of hemolytic uremic syndrome (HUS)—a sibling who died at 18 months due to Factor I (FI) deficiency—was admitted for investigation of acute renal failure associated with persistent vomiting. The patient's past medical history was unremarkable. Initial clinical examination was no- table for a blood pressure of 110/80 mmHg, with no other significant findings. Urinalysis revealed three crosses of hematuria and four crosses of proteinuria. Laboratory results showed a serum creatinine of 281 µmol/L, normocytic normochromic regenerative hemolytic anemia (hemoglobin: 10.5 g/dL) with 2.7% schizocytes, and thrombocytopenia (40,000/mm³). A 24-hour urinary protein excretion of 0.8 g was noted. Renal ultrasound demonstrated normal-sized kidneys. Complement pathway assessments, including Factor H (FH) (700 mg/L), Factor I (FI) (62 mg/L), Membrane Cofactor Protein (MCP) (155.87 pg/mL), and ADAMTS13 (111.1%), were all within normal limits. Genetic analysis revealed no pathogenic or likely pathogenic variants associated with HUS.Given the therapeutic urgency, the patient was started on corticosteroids (1 mg/kg/day) and plasma ex- change (PE) with fresh-frozen plasma, completing 15 sessions. Although eculizumab was requested, it was not approved by the Ministry of Social Affairs. The initial response was favorable, with normalization of renal function (creatinine: 91 µmol/L after 20 days), improvement in anemia (hemoglobin: 12.4 g/dL after 55 days), and recovery from thrombocytopenia (195,000/mm³ after 32 days).However, two months after discharge, the patient experienced a relapse, presenting with a marked increase in creatinine (900 µmol/L), hemoglobin of 11.3 g/dL, and thrombocytopenia (90,000/mm³). Plasma exchange was resumed, along with a full dose of corticosteroids, but without eculizumab. Despite this, there was no improvement in renal function, and thepatient remains dialysis-dependent, with fluctuating platelet counts and hemoglobin levels.

Conclusion

The lack of an identifiable pathogenic variant and the patient's partial response to conventional therapiesunder-

score the need for further research into the pathophysiology and treatment options for atypical cases of HUS.

P179

CASE REPORT: TUBEROUS SCLEROSIS COMPLEX ABOUT TWO CASES

Aichouch Chaima[1.2], Fendri Beya[1.2], Belguith Oumayma[1.2], Jemaiel Bochra[1.2], Trigui Sonda[3], Abid Hanen[1.2], Agerbi Ikram[1], Ben Hmida Mohamed[1.2], Toumi Salma[1.2],Kammoun Khawla[1.2]

1- Department of Nephrology, Hedi Chaker Hospital - Sfax - Tunisia

2-Research Laboratory of Renal Pathology LR19ES11Faculty of Medicine of Sfax, Sfax - Tunisia,

3- Hemodialysis Unit, Regional Hospital Of Jbeniana, Sfax - Tunisia

Introduction

Tuberous sclerosis complex (TSC) is an autosomal dominant disorder characterized by the formation of benign tumors, known as hamartomas, in multiple organ systems, including the brain, skin, kidneys, and heart. The clinical presentations can vary significantly from one patient to another, leading to challenges in diagnosis. This case report presents two patients diagnosed with TSC who exhibited a range of clinical and radiological features.

Methods

Case 1 involved a 41-year-old male who presented with seizures and facial angiofibromas, as well as ungual Koenen's tumors. Imaging studies revealed multiple supratentorial tubers alongside multiple renal and hepatic angiomyolipomas. The ultrasound findings indicate an enlarged kidney that is seated with multiple angiomyo- lipomas characterized by a low fat component and bilateral cysts. The diagnosis of TSC was confirmed in the presence of three major criteria.

Results and discussion

Case 2 featured a 37-year-old female diagnosed with TSC due to the presence of six major criteria: facial an- giofibromas, periungual fibromas, shagreen patch, hypopigmented macules, hypopigmented angiomyolipo- mas, and subependymal nodules. The renal condition consists of angiomyolipomatosis resulting in several hemorrhagic episodes. The patient underwent left nephrectomy in 2015 for a left angiomyolipoma after failure of hemostasis. A selective arterial embolization of the right kidney was conducted in 2017, 2018, and 2020.

Conclusion

These cases highlight the diversity of manifestations of extra-renal and renal tuberous sclerosis complex (TSC), ranging from stable angiomyolipomas for years to severe complications that jeopardize not only renal prognosis but also overall vital prognosis.

P180

PRIMARY HYPEROXALURIA : EPIDEMIOLOGICAL AND MEDICAL ISSUES

Soldi Chaimaa

Department Of Nephrology, Ibn Rochd University Hospital, Casablanca - Morocco

Introduction

Among the hereditary diseases responsible for chronic kidney damage, primary hyperoxaluria stands out as a rare and serious autosomal recessive disease, presenting a complex medical challenge.

Thus, we conducted this study with the objective of investigating the epidemiological, clinical, paraclinical, therapeutic, and evolutionary profile of our patients.

Methods

This is a retrospective, descriptive, and analytical study involving 37 patients with primary hyperoxaluria type 1, conducted over a 22-year period, from October 2001 to July 2023.

Results and discussion

The mean age of our patients was 6.5 years, with 50% of patients being between 4 and 8 years old, and the male-to-female ratio was 1.6. Consanguinity was reported in 78% of patients. The main clinical manifestations were renal colic and urinary tract infection, found in 54% of patients. The infantile form accounted for 10.8% of cases.

On the paraclinical level, the urinary oxalate/creatinine ratio was elevated in 91.9% of patients, kidney function was impaired in 51.4% of cases, genetic testing was performed in 70.3% of patients, and spectrophotometric analysis revealed whewellite crystals in 81.1% of cases. Renal ultrasound revealed stones in 86.5% of patients and nephrocalcinosis in 29.7% of cases. Sibling scree- ning by genetic study was only performed in 17.3% of cases. The diagnosis was confirmed on average 0.7 years after the onset of the first symptoms. On the therapeutic level, 81.1% of patients received hyperhydration at a rate of 2 to 3 L/1.73 m²/day, 83.8% received pyridoxine at a dose of 5 mg/kg/day, divided into one or two doses per day with a gradual increase

in the dose until reaching 20 mg/kg/day, 81.1% received magnesium at a dose of 500 mg/day per m², 40.5% received potassium citrate at a dose of 0.15 g/kg, 18.9% of patients underwent hemodialysis and/or peritoneal dialysis, and only 2 patients underwent liver-kid- ney transplantation. The evolution was evaluated over a variable period, ranging from a few months to 13 years. This is explained by a significant number of patients lost to follow-up.

Conclusion

Although rare, this disease is relatively common in Morocco, as in countries with high levels of consanguinity, with a high morbidity and mortality rate.

P181

PRENATAL DIAGNOSIS OF GENETIC RENAL DISEASES

Aloui Haithem[1], Hammami Rami[2], Frikha Hatem[3], Slama Feriel[3], Dhaoui Selma[1], Abouda Saber Hassine[1], Channoufi Mohamed Badis[1]

1 Department of Gynecology C, Maternity and Neonatology Center of Tunis - Tunisia

Introduction

Congenital renal anomalies represent a significant proportion of fetal malformations and are associated with perinatal morbidity and mortality. Advances in imaging and genetic testing have improved the prenatal detec- tion of renal diseases, enabling early intervention and parental counseling. This study evaluates the diagnostic yield of prenatal ultrasonography and genetic testing in detecting renal anomalies.

Methods

A retrospective cohort study of 112 pregnancies referred for suspected fetal renal anomalies between 2021 and 2024 was conducted. Detailed ultrasonography, including 3D imaging, and genetic testing via chorionic villus sampling or amniocentesis were performed. The objective was to assess diagnostic accuracy and its impact on pregnancy management.

Results and discussion

Ultrasonography identified renal anomalies in 100 pregnancies (89%). The most commonly detected anoma- lies were hydronephrosis (41%) and multicystic dysplastic kidney (MCDK) (35%). Hydronephrosis was most often diagnosed in the second trimester, with a prevalence of 60% in cases of isolated renal findings. Multi- cystic dysplastic kidneys were identified in 35 pregnancies, and in 8 of these, bilateral involvement was ob- served.

Genetic testing was conducted through chorionic villus sampling (CVS) or amniocentesis, depending on the gestational age. Of the 112 pregnancies, genetic testing was performed in 106 cases (95%). Pathogenic mu- tations were identified in 29 pregnancies (26%). The most common genetic disorders were polycystic kidney disease (PKD) (13%) and nephronophthisis (7%). PKD was predominantly identified in cases with family his- tories of the disease, and its diagnosis was confirmed through both imaging and genetic testing, revealing mutations in PKD1 or PKD2 genes. In nephronophthisis, mutations were found in the NPHP1 gene, and these cases were characterized by bilateral small, echogenic kidneys with a lack of visible cysts. The overall diagnostic accuracy of combining ultrasonography and genetic testing was high, with a sensitivity of 92% for detecting congenital renal anomalies when both imaging and genetic analysis were considered to- gether. This two-pronged approach allowed for early diagnosis, leading to more informed parental counseling and timely interventions.

Conclusion

Combining advanced imaging with genetic testing enhances the prenatal diagnosis of congenital renaldiseases. Early and accurate diagnosis is pivotal for guiding management and improving neonatal outcomes.

P182

WDR73-RELATED GALLOWAY MOWAT SYNDROME

El Younsi Mariem[1], Kraoua Lilia[1], Achour Ahlem[1], Ferjani Maryem[2], Ouertani Ines[1], Maazoul Faouzi[1], Trabelsi Mediha[1], Gargah Tahar[2], Mrad Ridha[1]

1 Department of Genetics, 2 Department of Pediatrics Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Galloway-Mowat syndrome (GAMOS [MIM 251300]) is a rare autosomal recessive disorder that manifests as a combination of nephrotic syndrome, brain abnormalities and developmental delay. It is a clinically and genetically heterogeneous disease. The WDR73 variations are associated with GAMOS1.

Methods

Here we report molecular analysis of WDR73 gene in two consanguineous families affected by GAMOS1.

Results and discussion

In the first family, three sisters are affected and in the second family, only one index case is identified. They all show

a nephrotic syndrome, a neurological involvement and a collapsing glomerulopathy. The analysis of mutations of WDR73 revealed a new homozygous missense mutation NM_032856.3 c.293T > C; p.(Leu98Pro) in two patients from the first family, and a new homozygous missense mutation NM_032856.3: c.767G > A; p.(Arg256Gln) in the second one.

Conclusion

This study extended the clinical and molecular spectrum of GAMOS1 with other cases associated with col- lapsing glomerulopathy and two novel WDR73 variations that are most likely pathogenic.

P183

MOLECULAR ANALYSIS OF TUNISIAN CHILDREN WITH INFANTILE NEPHROPATHIC CYSTINOSIS

El Younsi Mariem[1], Hammi Yosra[2], Ouertani Ines[1], Ben Youssef Sandra[2], Achour Ahlem[1], Maazoul Faouzi[1], Kharrat Maher[3], Trabelsi Mediha[1], Gargah Tahar[2], Mrad Ridha[1]

1 Department of Genetics, 2 Department of Pediatrics, Charles Nicolle Hospital, Tunis - Tunisia,

4 Department of Human Genetics, Faculty of Medicine, Tunis - Tunisia

Introduction

Nephropathic cystinosis is an autosomal recessive disease caused by a mutation in the CTNS gene which encodes cystinosin, a lysosomal cystine transporter. The spectrum of mutations in the CTNS gene is not well defined in the North African population. Here, we investigated twelve patients with nephropathic cystinosis belonging to eight Tunisian families in order to analyze the clinical and genetic characteristics of Tunisian chil- dren with infantile nephropathic cystinosis.

Methods

Clinical data were collected retrospectively. Molecular analysis of the CTNS gene was performed by Sanger sequencing.

Results and discussion

We describe a new splicing mutation c.971-1G > C in the homozygous state in 6/12 patients which seems to be a founder mutation. The reported deletion of 23nt c.771_793 Del (p.Gly258Serfs*30) was detected in a homozygous state in one patient and in a heterozygous compound state with the c.971-1G > C mutation in 3/12 patients. Two of 12 patients have a deletion of exons 4 and 5 of the CTNS gene. None of our patients had the most common 57-kb deletion.

Conclusion

The mutational spectrum in the Tunisian population is different from previously described populations. Thus, a molecular diagnostic strategy must be implemented in Tunisia, by targeting as a priority the common muta- tions described in this country. Such a strategy will allow a cost-effective diagnosis confirmation as well as early administration of treatment with oral cysteamine. A higher resolution version of the Graphical abstract is available as Supplementary information.

P184

MOLECULAR ANALYSIS OF TUNISIAN FAMILIES WITH ALPORT SYNDROME

El Younsi Mariem[1], Kraoua Lilia[1], Achour Ahlem[1], Abderrahim Ezzeddine[2], Laabidi Janet[3], Mohamed karim[4], Kharrat Maher[5], Trabelsi Mediha[1], Gargah Tahar[6], Mrad Ridha[1]

1 Department of Genetics

2 Department of Nephrology

3 Department of Nephrology, Military Hospital, Tunis - Tunisia

4 Department of Nephrology, La Rabta Hospital, Tunis - Tunisia

5 Department of Human Genetics, Faculty of Medicine, Tunis - Tunisia

6 Department of Pediatrics Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Alport syndrome is a genetic disorder affecting the kidneys, ears, and eyes, causing chronic kidney disease, sensorineural hearing loss, and ocular abnormalities. It results from pathogenic variants in the COL4A3, COL4A4, or COL4A5 genes, with different inheritance patterns: X-linked from COL4A5 variants, autosomal recessive from homozygous variants in COL4A3 or COL4A4, digenic from variants in both COL4A3 and COL4A4, and autosomal dominant from heterozygous variants in COL4A3 or COL4A4

Methods

We analyzed 45 patients with Alport syndrome from 11 Tunisian families to determine their clinical and genetic characteristics. Clinical data were collected retrospectively, and whole-exome sequencing was conducted on one patient from each family. Sanger sequencing validated pathogenic variants, and cascade screening ex- tended the analysis to 53 individuals.

Results and discussion

We identified nine likely pathogenic variants among 11 index cases: six novel and three known variations. Of these, five were in COL4A3, and four were in COL4A5, with variants including frameshift, nonsense, missense, and alternative splicing. Most variations affected the Gly-XY codon. Among the 45 clinically identified siblings, 30 tested positive for Alport syndrome. The cascade screening identified 3 additional affected individuals, 10 unaffected siblings, and 10 unaffected parents. The mode of inheritance was autosomal recessive in six fa- milies and X-linked in four families.

Conclusion

This study is the first to screen the mutational spectrum of Alport syndrome in Tunisia. It reveals novel patho- genic variants and suggests that autosomal recessive inheritance may be more common in the Tunisianpopulation than X-linked inheritance, contrary to existing literature.

P185

TOWARDS PRECISION MEDICINE: GENETIC CONTRIBUTIONS TO PEDIATRIC NEPHROCALCINOSIS AND NEPHROLITHIASIS

Achour Ahlem[1], El younsi Mariem[1], Boucetta Abir[2], Kaaroud Hayet[3], Zarrouk Chokri[2], Laabidi Janet[4], Abderrahim Ezzeddine[3], Trabelsi Mediha[1], Gargah Tahar[2], Mrad Ridha[1]

1 Department of Genetics, Charles Nicolle Hospital, Tunis - Tunisia,

2 Department of Pediatrics, Charles Nicolle Hospital, Tunis - Tunisia,

3 Department of nephrology, Charles Nicolle Hospital, Tunis - Tunisia,

4 Department of Nephrology, Military Hospital, Tunis - Tunisia

Introduction

Hereditary factors are the primary cause of nephrolithiasis (NL) and nephrocalcinosis (NC) in pediatric patients. The objective of this study was to investigate the genotype-phenotype correlation of hereditary NL/NC cases recorded in our genetics department and to evaluate the role of targeted genetic testing in early diagnosis, optimal management, and prevention of this group of diseases.

Methods

Clinical and genetic data from 178 cases of NL/NC suspected of having a hereditary basis were analyzed. Sanger sequencing was used as the primary approach for genetic testing. The selection of the gene to be analyzed was guided by family history, clinical examination, and paraclinical evaluations of the index case. Variants were classified as pathogenic based on information from the literature and prediction software.

Results and discussion

Pathogenic monogenic variations were detected in 87 out of the 178 NL/NC patients. Extrarenal clinical signs, such as growth retardation and hearing loss, were observed in some cases. Certain patients also had abnor- mal renal function. The most frequently identified conditions included: Primary hyperoxaluria due to mutations in the AGXT gene (54 cases) Distal renal tubular acidosis (27 cases), with 24 cases linked to mutations in the ATP6V1B1 gene and 3 cases linked to mutations in the ATP6V0A4 gene Familial hypomagnesemia with hypercalciuria and nephrocalcinosis due to mutations in the CLDN16 gene (6 cases) Additionally, one case presented with a comorbidity of primary hyperoxaluria and Alport syndrome due to a mutation in the COL4A3 gene. Our targeted strategy based on the patient's clinical phenotype was effective in more than 48% of the tested cases.

Conclusion

The etiology of NL/NC is heterogeneous. This study explored the genotype-phenotype relationship in 178 patients and confirmed that phenotype-guided targeted genetic testing enables a rapid diagnosis in over 48% of cases, facilitating personalized patient management.

P186

A CASE OF A 36-YEAR-OLD MAN WITH AN UNCOMMON RENAL INVOLVEMENT OF NIEMANN-PICK DISEASE TYPE B, IS HE ELIGIBLE FOR A KIDNEY TRANSPLANT?

Dahene Dorra, Manel Aoun, Chargui Soumaya, Sallami Nada, Barbouch Samia, Abderrahim Ezzedine

Department of Nephrology, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Niemann Pick disease (NPD) is an autosomal recessive disorder. It is characterized by intracellular deposition of sphingomyelin due to a primary deficiency of acid sphingomyelinase (ASM) activity. NPD type B is the less severe form of the disease. Accumulation of sphingomyelin can affect many tissues and leads to severe morbidity, especially due to pul- monary, cardiac, and hepatic impairment. Renal involvement of NPD has rarely been described.

Methods

Case report

Results and discussion

We report the case of a 36 year old Caucasian man with no family history. He has a past medical history of unexplained cervical lymphadenopathy and splenomegaly. He was Hospitalized to investigate a chronic kidney failure at the age of 29 years old. The initial workup revealed high blood pressure, hepatosplenomegaly and low left ventricular systolic function (=45%). Low proteinuria (1+) was detected on urinalysis without haematuria. Laboratory studies revealed high creatinine levels, hypertriglyceridemia and normal liver function. The advanced lesions present during the renal biopsy made it difficult to classify the nephropathy. There were some focal segmental sclerosis type collapsing with enlarged podocytes and some foamy podocytes, severe interstitial damage, foam cells in tubular epithelium, and in arterial vessels, many vacuolated tubular epithelial cells and especially severe vascular lesions as thrombotic microangiopathy lesions. Immunofluorescence re- veal ed some C3 deposits in 2 glomeruli. NPD type B was suspected, it was confirmed when residual activity of ASM in peripheral blood leukocytes was measured (ASM activity =0.16UI [normal range = 042 0.92]). The patient was on end stage renal disease. He was treated by conventional hemodialysis. After 7 years of follow up, he is doing well. While he was preparing for kidney transplantation, a computed tomography of the lungs was performed in front of the presence of interstitial lung abnormalities which appeared secondarily on chest radiography, and it did show non-specific interstitial pneumonia, but patient was asymptomatic with normal spirometry results requiring an annual radiological and spirometric monitoring

Conclusion

Some typical clinical features of NPD type B were present in our patient The presence of foamy podocytes in glomeruli and foam cells in tubular epithelium and in arterial vessels may be considered as proofs of renal involvement of NPD.

P187

PIERSON SYNDROME : ABOUT 2 FAMILIAL CASES OF CONGENITAL NEPHROTIC SYNDROME

Mabrouk Sameh, Nouir Selsabil, Harbi Azza, Mokni Hajer, Hannechi Safa, Ajmi Houda, Chemli Jalel

Department of Pediatrics, Sahloul University Hospital, Sousse - Tunisia

Introduction

Pierson syndrome is a rare autosomal recessive hereditary disease, characterized by the association of a congenital nephrotic syndrome and ocular abnormalities, in particular microcoria.

Methods

We report the clinical and genetic characteristics of this condition through the description of 2 family cases

Results and discussion

Case 1 :

A 3-month-old male infant born to non-consanguineous parents was referred for generalized edema. It was related to a congenital nephrotic syndrome. Clinical examination showed renal type edema with normal BP, conserved diuresis and normal external genitalia. Ophthalmological examination showed a megalo-cornea with a dysgenesis of the eye corner. Renal biopsy showed diffuse mesangial sclerosis (DMS) and molecular biology identified a mutation in the LAMB2 gene. The patient received symptomatic management. He died at the age 20 months because of a severe infection and septic shock.

Case 2 :

The brother of the first patient, aged 8 months, was referred for edema that had appeared since the age of 40 days and neglected by the parents. The diagnosis of congenital nephrotic syndrome was confirmed. On examination, he presented with growth retardation, generalized edema, hypertension and oliguria. The oph- thalmological examination was normal. Histology also shoed DMS and molecular biology identified the same mutation in the LAMB2 gene. He was received symptomatic measures. The outcome was fatal, with a rapid worsening of his renal insufficiency and the occurrence of pulmonary edema and haemorrhage leading to death on the 10th day of Hospitalization.

Conclusion

The diagnosis of Pierson syndrome is a rare cause of congenital nephrotic syndrome, of severe prognosis with end-stage renal disease in the first days or months of life

P188

NEONATDIAGNOSIS OF BARTTER SYNDROME FOLLOWING A FAMILY INDEX CASE

Lynda Gherib, Arzour Nihad, Azouaou Sabrina, Haddoum Farid

Department of Nephrology, Mustapha Bacha University Hospital, Algiers, Algeria

Introduction

Bartter syndrome is a rare hereditary tubulopathy characterized by renal salt loss, hypokalemia, metabolic al- kalosis, and hyperaldosteronism without hypertension. This case highlights the critical importance of family screening when an index case is diagnosed, demonstrating the potential for early detection and management of this genetic disorder.

Methods

A comprehensive clinical investigation was conducted following the index case of a 16-year-old patient with previously diagnosed Bartter syndrome. A thorough family history and biochemical screening were performed on the patient's newborn sister presenting with dehydration. Electrolyte panel and clinical examinations were utilized to assess potential syndrome manifestation.

Results and discussion

Biochemical analysis revealed significant hypokalemia and electrolyte abnormalities consistent with Bartter syndrome in the newborn sister. The findings confirmed the suspected genetic transmission, supported by the index case's clinical history and the newborn's biochemical profile.

The case illustrates an autosomal recessive inheritance pattern, emphasizing the importance of early familial screening. Key insights include potential therapeutic management strategies and genetic implications. Limi- tations include the need for definitive genetic confirmation and recommended longitudinal follow-up.

Conclusion

Early detection through comprehensive family screening enabled prompt diagnosis and potential mitigation of long-term complications, underscoring the significance of detailed familial medical history in rare genetic disorders.

P189

APOLIPOPROTEIN L1 GENE VARIANTS IN CHRONIC KIDNEY DISEASE IN SENEGAL: A CROSS-SECTIONAL STUDY

Ba Bacary[1], Diop Jean Pascal Demba[2], Faye Moustapha[3], Lemrabott Ahmed Tall[3], Faye Maria[3], Diallo Rokhaya Ndiaye[2], Ka Elhadji Fary[3]

1 Department of Nephrology, Aristide Le Dantec University Hospital, Dakar - Senegal,

2 Department of Genetics, Department of Nephrology, Cheikh Anta Diop University, Dakar - Senegal

Introduction

This study aimed to assess the prevalence of the Apolipoprotein L1 (APOL1) gene risk variants in the chronic kidney disease (CKD) population in Senegal.

Methods

This was a cross-sectional study of 47 patients followed for at least 1 year for CKD at Aristide Le Dantec Hos- pital after free and informed consent. APOL1 genotyping was performed by polymerase chain reaction of exon 8 coupled with restriction fragment length polymorphism (PCR/RFLP) using restriction enzymes (Hind III and NspI for G1 and MluCI for G2). Patients were classified as high risk (HR) if the genotype was G1G1, G1G2, or G2G2, and low risk (LR) if the genotype was G0G0, G0G1, or G0G2. Data collection and genotyping results were entered using Excel version 16.75.2 and analyzed by SPSS version 18.

Results and discussion

The mean age was 55.1 ± 15.9 years with a sex ratio of 0.62. G0 was noted in 71.2% while G1 and G2 were noted in 14.9% and 13.9% respectively. Genotype frequency was dominated by G0G0 in 24 patients (51.1%). G1G2 was the only HR genotype, accounting for 8.5%. The mean estimated GFR was 34.8 ± 33.3 ml/min/1.73m2 according to CKD-Epi 2009. It was 37.3 ± 38.3 ml/min/1.73m2 in the HR group and 32.3 ± 33.3 ml/min/1.73m2 in the LR group.

Conclusion

In Sénégal, APOL1 genotyping is dominated by the G0 variant in the CKD population. Addressing APOL1 risk variants can inform targeted public health initiatives and optimize clinical decision-making for improved kidney health outcomes within our population.

P190

NAIL PATELLA SYNDROME : CASE REPORT

Yagoub Sara

University of Health Sciences, Issad Hassani University Hospital, Beni Messous Algiers - Algeria

Introduction

Nail-Patella Syndrome (NPS) is a rare genetic malformation syndrome with autosomal dominant inheritance. It presents in various clinical forms, with renal complications reported in 30–60% of cases, making them critical determinants of prognosis.

Methods

We report the case of a 25-year-old male born from a sec-

ond-degree consanguineous marriage, with a history of macroscopic hematuria two years before Hospitalization. He was admitted for impure nephrotic syndrome (proteinuria = 8.1 g/24h, albumin = 24.7 g/L, microscopic hematuria).

The patient exhibited the following findings: Clinical features: Osteoarticular malformations: microcephaly, nail dystrophy, limited elbow extension, patellar hypoplasia, and a right clubfoot. Biological findings: Impure nephrotic syndrome (proteinuria = 8.1 g/24h, albumin = 24.7 g/L, microscopic hematuria) with pre- served renal function (creatinine = 9 mg/L). Normocytic normochromic anemia (10.7 g/dL), hyporegenerative; elevated ESR = 126 mm/h; normal hor- monal levels, blood smear, and bone marrow biopsy. Serum protein electrophoresis showed hypoalbuminemia (14.9 g/L) and hypogammaglobulinemia (3.9 g/L). Positive antinuclear antibodies (ANA) titers at 1/640 with negative specific targets; the rest of the immuno- logical workup was unremarkable. Radiological findings: Presence of iliac horns. Other findings: Open-angle glaucoma. A kidney biopsy (PBR) revealed the following: Optical Microscopy (OM): Collagen deposition lesions. Immunofluorescence (IF): Some positivity for C3 and IgG.

Results and discussion

The glomerular nephropathy observed in NPS results from abnormal collagen development in the glomerular basement membrane (GBM). This anomaly is responsible for proteinuria, with or without hematuria, reflecting various renal lesions such as focal segmental glomerulosclerosis (FSGS), mesangial proliferation, thrombotic microangiopathy (TMA), or others.

Conclusion

Nail-Patella Syndrome is a rare genetic malformation syndrome in which renal involvement can remain asymptomatic or progress to nephrotic syndrome and chronic kidney disease.

P191

PREVALENCE AND CLINICAL PRESENTATION OF RENAL CYSTS IN GUINEA

Diakite Fousseny, Camara Bassy, Kaba Doussou, Bangoura Soriba, Camara Mohamed Lamine Tégui, Bah Alpha Oumar[1], Kaba Mohamed Lamine[1]

National Unit of Hemodialysis, Donka, University Gamal Abdel Nasser Conakry - Guinea

Introduction

Renal cysts are generally thin-walled, epithelial-lined, spherical, fluid-filled structures that can be foundanywhere along the nephron; however, most cysts originate in the collecting tubule.The aim of our study was to in- vestigate the epidemiological and ultrasonographic aspects of renal cysts at the Donka national hemodialysis center.

Methods

Our retrospective descriptive study covered a 13-year period from January 1, 2010 to December 31, 2022. All patients whose renal ultrasound showed the presence of unilateral or bilateral renal cysts of any number and size were included in our study.

Results and discussion

The frequency of renal cysts was 1.8% in our department. The mean age of patients was 52 ± 14 years, with extremes of 26 and 77 years. The male sex was the most represented with 54.7%. Most patients (68%) came from urban areas. Physical asthenia was the most common symptom (53.3%). PKRAD was the most common kidney disease (53.3%). Kidneys were enlarged in 53.3% of cases. Localization was cortical in 93.3% of cases, and cyst contents were liquid in most patients (97.3%).

Conclusion

Renal cysts are less common in our department. Further studies addressing unexplored aspects of renal cysti c disease will improve knowledge on this subject.

7- NEPHRO-PEDIATRICS

P192

ONE YEAR OUTCOME OF CHILDREN INITIATED ON HAEMODIALYSIS FOR END STAGE KIDNEY FAILURE AT THE REGIONAL HOSPITAL BUEA: 11-YEAR RETROSPECTIVE STUDY

Teuwafeu Denis Georges, Gobina Mbua Ronald, Louis Tiku Ngashu, Vincent Siysi Verla

Department of Internal Medicine and Paediatrics, Faculty of Health Sciences, University of Buea - Cameroon

Introduction

Globally, end stage kidney failure is a major public health problem. Less than 10% of children with kidneyfailure actually receive dialysis or a transplant. Haemodialysis is the commonest form of kidney replacement therapy in the world and it is the sole kidney replacement available in Cameroon. This study aimed atdetermining the one-year outcome of children initiated on haemodialysis for end stage kidney failure at the Buea Regional Hospital.

Methods

We carried out an 11-years Hospital based retrospective study from January to April 2023 at the Haemodialysis Center of theRegional Hospital Buea. Medical records of patients 1-18 years of age initiated on haemodialysis for end stage kidney failure from 1stJanuary 2012- 31st December 2022 were reviewed. A structured data extraction sheet was used. Kaplan-Meier curves were used to determinate survival rate. Log rank test was used to test for association between dependent variables (indication of dialysis, comorbidities, and outcome) and independent variable (age, sex, age and date of diagnosis and dialysis initiation). Data were analysed using statistical package for social sciences version 25.0.

Results and discussion

The proportion of children initiated on haemodialysis for end stage renal failure was 5.0%. 69.7% participants were > 10 years of age and 53.2% were male. Uraemia was the most prevalent indication of dialysis with 40.8%. The common associated conditions were anaemia (21.9%), hypertension (14.4%). The one-yearoutcome was 5.5%, mortality rate was 34.3% and loss to follow up was 60.2%. The median survival time was 5 days. The common causes of death were complication of non-dialysis (58.7%), severe anaemia (8.5%).

Conclusion

The proportion of children initiated on haemodialysis at Regional Hospital Buea was low. The one-yearoutcome, the median survival time were low and mainly due to Complication of non-dialysis. Age, sex, associated conditions were not determinant of outcome.

P193

OVERVIEW OF RENAL DISEASES IN CHILDREN AT THE YALGADO OUÉDRAOGO UNIVERSITY HOSPITAL CENTRE FROM JANUARY 2021 TO DECEMBER 2023

Kone Mamadou Sakir

Department of Nephrology and Hemodialysis, Yalgado Ouedraogo University Hospital, Ouagadougou - Burkina Faso

Introduction

According to the World Health Organization, kidney disease accounts for a growing proportion of the global burden of childhood illness. They have become a major public health problem worldwide, in poor as well as developed countries. The aim of the study was to describe the epidemiological, clinical, paraclinical, etiological and evolutionary aspects of renal disease in children at the Yalgado OUEDRAOGO University Hospital.

Methods

This was a case series with retrospective data collection for descriptive purposes. The study focused onpa- tients between the ages of 0 and 15 who were Hospitalised and diagnosed with kidney disease in the nephro- logy and haemodialysis departments and the paediatrics department at the CHU-YO. The study involved 163 patients. The data were collected, entered and analysed using sphinx V2 version 5 software. The work was written using Microsoft Word 2019. Quantitative variables were expressed as mean and standard deviation, and qualitative variables as numbers and percentages. As a prelude to this study, we requested and obtained authorisation from the general management of the CHU-YO.

Results and discussion

renal pathologies in children accounted for 1.2% of Hospital admissions during the study period. The average age was 7.86 ± 3.65 years. The main clinical signs were vomiting (29.4% of cases), oedematous syndrome (59.5% of cases) andmuco- cutaneous pallor (68.1% of cases). The mean calcium level was 1.8 ± 0.4 mmol/L, and the mean phosphorus level was 2.4 ± 1 mmol/L. The mean creatinine level was 886 ± 660.5 µmol/L, and the mean 24-hour

proteinuria level was 72 ± 85.77 g/24 hours. The mean haemoglobin level was 7.35 ± 2.54 g/dL. The main renal pathologies identified were: GNA (28.8% of cases), NTA (29.4% of cases), GNC (23.3% of cases). Malaria was the main aetiology in 44.2% of cases. The average length of Hospitalisation was 14.26 ± 26 days and the overall mortality rate was 17.8%.

Conclusion

Although infrequent at the CHU-YO, kidney disease in children is responsible for a high mortality rate and a long Hospital stay. Their management requires qualified staff and appropriate equipment.

P194

THE QUALITY OF MANAGEMENT IN HEMOLYTIC AND UREMIC SYNDROM IN CHILDREN AT AN ALGERIAN DEPARTMENT

Meriem Djeha, Boutaba Mounia

Department of Pediatrics, Parnet Hospital, Algiers - Algeria

Introduction

HUS in children is defined by the triad of organic kidney injury, haemolytic anaemia with schizocytosis and peripheral thrombocytopenia. It is the main cause of organic ARF in children aged

Methods

Type of study:Retrospective,analytical and descriptive. duration and place: carried out over a period of 7 and a half years, from September2015 to March2023 in the Paediatrics at Parnet Hospital. The study of the 24 files was carried out using an exploitation form. Inclusion criteria:Children aged 0-18 years presenting with HUS as defined by the association: organic KI with anaemia and/or thrombocytopenia. Non-inclusion criteria: Age >18 years-Organic KI secondary to other causes.

Results and discussion

Results-Managment:14 transfusions-03 infused with PFC-01 Plasmatherapy-04 HD-21PD-Dialysis's duration: 1 week-4 months-15 patients on antihypertensives-04 on Eculizumab-02 on preventive antibiotic therapy-02 meningococcal vaccine Evolution: 20 THUS out of 24 total recovery from radiofrequency-01 sequellar microalbuminuria-2AHUS com- plete recovery of RF-02 relapses due to absence of Eculizumab, then normalisation of RF on resumption of treatment-02 at end stage

Discussion

recours to antihypertensive_drugs>50-Transfusion>half of patients-PFC infusion in 1/8-Plasmatherapy in 3 patients: 2 atypical HUS on discontinuation of eculizumab-03 ARF medically controlled without dialysis-PD was the predominant purification technique, because it was accessible, but also because some patients were underweight-Tous patients received azythromycin as first-line treatment-4AHUS received Eculizumab: dis- continued after 6 months without efficacy in two patients because they were terminally ill-Preventive antibiotic therapy due to lack of meningococcal vaccine in two patients, discontinued after vaccination-Récupération RF in all THUS-Deux AHUS on Eculizumab with normal RF. Two had been on dialysis for more than a year.

Conclusion

This study assessed the quality of management of childhood HUS in an Algerian paediatric department

The results in terms of clinical presentation do not differ from those in the literature, but there are shortcomings such as methods of identifying the causative germ, complement studies and genetic testing, particularly for atypical HUS. over80% have been placed on PD,easy and accessible even in an emergency in50% of cases. Haemodialysis for low-weight children has become possible, but requires demanding and sometimes una- vailable technical resources.

P195

CHARACTERISTICS OF ENURESIS AMONGST SCHOOL CHILDREN AGED 6 TO 12

Mabrouk Sameh, Nouir Selsabil, Mokni Hajer, Harbi Azza, Hannechi Safa, Ajmi Houda, Chemli Jalel Department of Pediatrics, University Hospital Sahloul, Sousse - Tunisia

Introduction

Bedwetting is a common condition in school-aged children, leading to psychological, social and economic consequences on both the child and his or her family. However, it remains underdiagnosed. This study aimed to assess the frequency of bedwetting among schoolchildren in Ksibat Sousse region.

Methods

It was a cross-sectional observational descriptive study addressed to parents of children aged 6 to 12 years age, attending primary public schools in Ksibat Sousse (Tunisia). Data were collected using a validatedself- administrated questionnaire in Arabic.

Results and discussion

Our study included 1074 participants, 377 children were enuretics (35.1%). The sex ratio was 1.5. A family history of bedwetting was present in 51.5% of cases. In 46.2% of cases, parents considered emotional stress to be the main aggravating factor for bedwetting, 42.6% of these children had constipation, and 20% hadas- sociated daytime symptoms. Only 32.1% of parents consulted a doctor for bedwetting. The reasons for consul- tation were the impact on the child (91.7%), the impact on family life (45.4%), the impact on the parents' profession (31.4%), at the request of the child (38.8%) and following the advice of a third party (43.8%). Life- style measures were used by 92% of parents: bladder emptying at bedtime (81.5%), systematically waking up during the night (66.4%), restricting fluid intake from 6 p.m. (43.3%), keeping a voiding schedule (25.4%) and wearing diapers at night (15.4%).Medical treatment was used by 24% of the children. It was effective in 39.6% of cases, but with a reappearance of leaks when stopped and partially effective in 34.1% of cases.

Conclusion

Enuresis is a common condition in children, which requires adequate care involving parents and child. Itremains however underdiagnosed and managed among school children.

P196

CHARACTERISTICS OF COMMUNITY ACQUIRED URINARY TRACT INFECTIONS IN TUNISIAN CHILDREN: A SINGLE CENTRE EXPERIENCE

Harbi Azza, Nouir Selsabil, Mansar Sirine, Hannechi Safa, Ajmi Houda, Mabrouk Sameh

Department of Pediatrics, University Hospital Sahloul, Sousse - Tunisia

Introduction

Urinary tract infections (UTIs) in children are a major public health problem. The incidence ofcommunity-acquired ESBL-producing Enterobacteriaceae UTIs has risen sharply over the past decade, making the mana- gement of this pathology increasingly delicate.

Methods

This is an observational cross-sectional study conducted over a 7-year period (from January 1, 2018 to De- cember 31, 2024), including all cases of confirmed community acquired UTI in children aged under 15 years and Hospitalized in the pediatrics department at the University Hospital Sahloul (Sousse – Tunisia).

Results and discussion

In our series, 383 patients presenting with community-acquired urinary tract infection were collected between 2018 and 2024. Our sample consisted of 143 boys and 240 girls with a sex ratio G/F= 0.59. The median age of was 11 months [3; 66] ranging from 1 month to 15 years. 360 (94%) had a pyelonephritis and 23 (6%) a cystitis. Responsible agents were variable, with E.coli accounting for 80.42% of cases, followed by K.pneumoniae (12.27%) and Proteus mirabilis (2.36%). Multi-resistant bacteria (MRB) were found in 80 cases (20.89%). Among the MDRB isolated, 77 bacteria were ESBL producers (20.37%), and 3 werecarbapenem-resistant (0.52%). Urinary tract abnormalities were found in 33 patients (8.62%). Vesico-ureteral reflux was the most common malformation (20 patients).Median Hospital stay was 7 days [5-10], with extremes ranging from 1 to 60 days.

Conclusion

Community-acquired urinary tract infections in children are the most common infections in children, they are increasingly associated to antibiotic resistant strains which represent a major public health problem in Tunisia.

P197

PREVALENCE AND RISK FACTORS OF CHRONIC KIDNEY DISEASE IN CHILDREN LIVING WITH HIV AND TREATED WITH ANTIRETROVIRAL THERAPY RETROSPECTIVE STUDY WITHIN A COHORT MONITORED IN ABIDJAN FROM 2018 TO 2022

Lagou Delphine Amelie, Kouao A Sonia Raïssa, Guei Monlet Cyr, Asseke Henri Fréjus, Choho M. Carole, Blagon O. Romaric, Ackoundou-N Guessan K. Clament

Department of Nephrology, University Teaching Hospital of Yopougon, Abidjan - Ivory Coast

Introduction

Chronic kidney disease (CKD) is common during HIV infection. In CÃ´te d'Ivoire, it has been little studied in children living with HIV. The objective of this study was to establish the prevalence and associated factors of CKD within a pediatric population infected with HIV and treated with ARV in Abidjan.

Methods

Retrospective cross-sectional and analytical study which included children aged 2 to 15 years old, living with HIV and treated with ARV for a lest 6 months, treatment initiated immediately between 2018 and 2022 in Abidjan. CKD was

defined by an GFRe < 90ml/min/1.73mÂ² on 2 successive assessments spaced at least 3 months apart. GFR was estimated using the simple Schwartz formula.

Results_discussion

We included 91 children, 51 of whom were male (sex ratio 1.28). The average age was 9.15 years Â± 3.71 (2-15 years) and the age group of 10-15 years was the most represented (47.25%). HIV1 was found in 97.8% of cases ; transmission was mainly vertical (45%) and the average age of detection of HIV infection was 73.4 months Â± 44.8 (1-159). HIV serology was positive in 24.2% of fathers and 65.9% of mothers. At the initiation of ARV therapy, 64.2% of children had WHO stage 1 or 2, 17.6% had a CD4 rate < 15%. The most used ARV protocol was ABC/3TC/DTG at 35.2% and the change of therapeutic line was done in 25.3% cases with only TDF/3TC/DTG. The prevalence of CKD was 18.7%. In univariate analysis, children with CKD were significantly older at screening for HIV infection (96,71 months versus 68,05p=0,001) and at the time of the survey (11.59 years versus 8.59, p=0.0023) and had a severe immunosuppression state (initial CD4 rate <15% significantly more frequent 35.3% versus 13.5%, p=0.03). In multivariate analysis, advanced age (p=0,036)and CD4 rate < 15% at the time of the survey (p=0,01) were the factors associated with CKD. There was no influence of ARV therapy on the occurrence of CKD.

Conclusion

CKD is not rare in HIV-infected children in Abidjan. Early detection of HIV infection and awareness of PMTCT should help reduce the incidence of CKD in this population.

8- NEPHROLITHIASIS

P198

ESTIMATION OF DIETARY INTAKE IN PATIENTS WITH UROLITHIASIS

Hbaieb Eya[1], Jallouli Dana[1], Fourati Yessmine[1], Elleuch Aida[1], Agrebi Ikram[2], Khechine Mariem[1], Kammoun Khawla[2], Ayadi Fatma[1]

1 Departement of Clinical Chemistry, Habib Bourguiba University Hospital, Sfax - Tunisia,

2 Department of Nephrology, Hedi Chaker University Hospital, Sfax - Tunisia

Introduction

Urinary lithogenesis is linked to several factor. Dietary intake and nutritional status is therefore an important part of the etiological investigation and the follow up of patients. The aim of this study was to estimate dietary intakes of salt, protein and water in patients with urolithiasis based on biochemical formulas.

Methods

This was a retrospective study, conducted at the clinical chemistry laboratory, over a period of 13 months, fo- cusing on patients with a first episode of lithiasis or a recurrence. We collected values for urinary sodium, uri- nary urea, urinary density and diuresis for 24 hours. Salt intake was estimated using the formula: urinary sodium (mmol/day) / 17 = g salt/day. The target intake is < 6 g/day. Protein intake was estimated using the formula: urea in mmol/day x 0.21 = protein g/day. The target intake is < 1 g/Kg/day (< 70 g/day). Water intake is considered insufficient if the urine specific gravity on a morning sample is > 1012 and a 24-hour diuresis< 1500 mL.

Results and discussion

Data from fifty-nine patients were collected. Sex ratio was 1.7. The median age was 50 years (1 – 81). Among a total of 52 patients with urinary ionogram analyses, 39 patients (75%) had excessive salt intake with a mean of 9,35 ± 3,97 g/day. Among 47 patients with urinary urea measurement, 19 patients (40.43%) had excessive protein intake with a mean of 87,94 ± 13,53 g/day and 17 patients (36.17%) had inadequate fluid intake.

Conclusion

Excessive salt intake was common in patients with urolithiasis. The first-line assessment, which is easy to carry out, makes it possible to identify lithogenic risk factors in many cases, which may lead to the introduction of dietary readjustment measures to prevent recurrences.

P199

UROLITHIASIS IN DIABETIC PATIENTS

Yessmine Fourati[1], Jallouli Dana[1], Rabia Omaima[2], Elleuch Aida[1], Agrebi Ikram[2], Slimen Emna[1], Kammoun Khawla[2], Ayadi Fatma[1]

1 Departement of Clinical Chemistry, Habib Bourguiba University Hospital, Sfax - Tunisia,

2 Department of Nephrology, Hedi Chaker University Hospital, Sfax - Tunisia

Introduction

The prevalence of urolithiasis is increasing globally, affecting around 10 to 20% of the population worlwide. Stone formation should be more common in patients with diabetes mellitus.

The aim of this study is to explore the composition of urinary calculi observed in diabetic patients.

Methods

This is a retrospective study that was conducted at the Habib Bourguiba Hospital in Sfax, Tunisia, over a13- year period from 2011 to 2024. We included patients with complete clinical informations. Calculi are analyzed on 2 stages: morphological analysis using a binocular optical miscoscope, and stones' composition using Fourier-transform infrared spectrophotometer

Results and discussion

The study included 142 diabetic patients with urolithiasis. The sex ratio was 2.3 with a male predominance. The mean age of the patients was 59 years. Mean stone size was 11.7 mm (1 -50 mm). The most frequent type was calcium oxalate monohydrate (36.6% of stones), followed by uric acid stones (15.5% of stones) and calcium oxalate dihydrate (3% of stones). Combined structure of stones was also observed in 31% of cases. The most frequent association was calcium oxalate monohydrate and uric acid (15.5 %).

Conclusion

Calcium oxalate monohydrate was the most common type in diabetes with urolithiasis. The association with uric acid was also frequent. The evaluation of risk factors is primordial in this population (as hyperoxaluria, hyperuricuria, acid pH .....).

P200

HYPERCALCEMIA AND RENAL STONES IN A YOUNG ADULT : IS IT DENT'S DISEASE ?

Arbaoui Amal[1], Hajji Meriam[1], Agrebi Sahar[1], Chargui Soumaya1[1], Kaaroud Hayet[2], Abderrahim Ezzedine[1]

1 Department Of Nephrology And Internal Medicine, Charles Nicolle Hospital, Tunis - Tunisia,

2 Renal Pathology Research Laboratory LR00SP01, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Dent's disease is a rare X-linked recessive proximal tubulopathy that basically affects young males.Low mo- lecular weight proteinuria is the most consistent laboratory finding, occurring in 99% of affected patients.Hy- percalciuria is a common abnormality that can lead to recurrent nephrolithiasis and progressive renal failure.Hypercalcemia, however,is not usually seen in Dent's disease and its presence could obscure the initial presentation and pose a diagnostic challenge.

Methods

We report the case of a young patient who presented with nephrolithiasis,low molecular weight tubular pro- teinuria but without hypercalciuria and with hypercalcemia.

Results and discussion

We present the case of a 39-year-old male patient born to a first-degree consanguineous marriage, with a notable familial history of urinary lithiasis.The patient's father had recurrent urinary stones from a young age, though they were never investigated.The patient himself has undergone two major surgeries for obstructive urinary calculi:a right lumbotomy in 2004 and bilateral percutaneous nephrolithotomy in 2014,during which a staghorn calculus was removed. Biochemical analysis of the calculus revealed a composition of weddellite (50%), carbapatite (40%),and whewellite crystals, indicating calcium- and phosphate-dependent lithiasis. Following these interventions,the patient underwent several sessions of extracorporeal shock wave lithotripsy (ESWL) for persistent stones, with the left kidney being the only functional renal unit.On physical examination,no abnormalities were detected.Laboratory tests revealed moderate chronic kidney disease (CKD) with an estimated glomerular filtration rate (eGFR) of 34 mL/min and hypercalcemia at 2.77 mmol/L.An extensive workup for hypercalcemia was unremarkable:parathyroid hormone levels were normal, 25-hydro- xyvitamin D levels were low, and serum protein electrophoresis showed no evidence of monoclonal gammo- pathy or urinary light chains.The history ruled out iatrogenic causes or chronic ingestion of alkali. A metabolic evaluation for recurrent nephrolithiasis identified nocturnal dehydration, excessive dietary salt intake (9 g/24h),and hypocitraturia as potential contributors. Additionally, a 24-hour urinary protein analysis re- vealed significant proteinuria (3.05 g/day),predominantly consisting of low-molecular-weight proteins such as beta-2-microglobulin, indicating tubular proteinuria.

Conclusion

The unusual presentation of hypercalcemia in our patient prompted us to consider several potential causes before thinking of Dent's disease. However, a genetic study is essential to retain this diagnosis. The presence of low molecular weight proteinuria is a strong argument especially in association with progressive renalfailure.

P201

RISK FACTORS OF UROLITHIASIS IN METABOLIC PATIENTS

Abid Hanen[1.2], Amouri Asma[1.2], Toumi Salma[1.2], Agrebi Ikram[1.2], Elleuch Aida[3], Yaich Soumaya[1.2], Ben Hmida Mohamed[1.2], Ayadi Fatma[3], Kammoun Khawla[1.2]

1 Department of Nephrology, Dialysis and Renal Transplantation , Hédi Chaker University Hospital, Sfax - Tunisia

2 Renal Pathology Research Laboratory of LR19ES11, Faculty of Medicine of Sfax - Tunisia

3 Biochemistry Laboratory, Habib Bourguiba Hospital, Sfax - Tunisia

Introduction

Urinary lithiasis is increasingly prevalent worldwide. Metabolic syndrome has been linked to an increased risk of urinary lithiasis, potentially due to perturbation of urine composition. This study aims to investigate predictive factors for stone constitution recurrence and abnormalities in metabolic syndrome patients.

Methods

This retrospective study was conducted in the Department of nephrology of Hedi Chaker University Hospital in Sfax. It included patients with both urinary stones and metabolic syndrome between January 2019 and De- cember 2022.

Results and discussion

In our study, 40 patients were included with a male/female sex ratio of 1.5. The mean age of our lithiasis pa- tients was 64 ± 10 years. Thirty-five patients were hypertensive (87.5%), 28 were diabetic (70%), 34 have dyslipidemia (85%) and 34 patients were overweight (85%). The mean BMI was 29.87 ± 5.55 kg/m2. Twenty- six patients had chronic kidney disease (65%). The predominant initial nephropathy was chronic interstitial nephropathy in 16 cases (61%) and the stage of the nephropathy was mainly stage 5 in 13 cases (50%). The mean age of discovery of urolithiasis was 58 ± 10 years. The discovery of urolithiasis was on average 10 ± 4 years after the onset of the metabolic syndrome. Stone recurrence was found in 22 patients (55%).

The biological results showed acidic urinary pH in 14 cases, hypercalciuria in 8 cases, hyperoxaluria in 8 cases and hyperuricuria in 4 cases.

Obesity was the only predictive factor for stone recurrence (p=0,02). A positive relationship was found between hyperuricuria and protein overload (p=0.04). The consumption of carbonated drinks was identified as a pre- dictive factor for hyperoxaluria (p=0.04). The other factors, including age, hypertension, diabetes, chronic kid- ney disease, urinary acidity and hypercalciuria, showed no significant associations.

Conclusion

Stone recurrence among metabolic patients was significantly related to obesity in our population, hyperuricuria and hyperoxaluria were linked to protein overload and the consumption of carbonated drinks. These results underline the importance of individualized prevention strategies, focusing on weight management and dietary modifications.

P202

EPIDEMIOLOGICAL AND METABOLIC PROFILE OF PRIMARY HYPERPARATHYROIDISM WITH UROLITHIASIS IN A NEPHROLOGY SETTING

Hajji Meriam[1], Soussi Yassmine[1], Ben Othman Ilhem[1], Karray Rahma[1], Kaaroud Hayet[1], Ben Hamida Fethi[2], Chargui Soumaya[1], Abderrahim Ezzeddine[1]

1-Department of Internal Medicine A (M8), 2-Renal Pathology Research Laboratory LR0001, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Primary hyperparathyroidism with urolithiasis (PHPT) is a curable condition that predominantly affects young adults but remains underdiagnosed. The aim of this study was to identify the epidemiological characteristics of this disease.

Methods

This was a single-center, retrospective, descriptive study conducted for 13 years (2010–2023) in our nephro- logy department. We included patients referred for urinary stones and diagnosed with PHPT. We analysed their clinical, biochemical, and imaging findings.

Results and discussion

A total of 10 patients were included, with a mean age of 45 ± 6 years and a male-to-female ratio of 0.25. The average age at onset of urolithiasis was 39 ± 9 years. All patients were referred by the urology department for recurrent stones, with a median duration of stone disease of 5 years. Half of the patients had metabolic syn- drome. Stones were bilateral in all cases and located in the kidneys in 80% of cases. Three patients had vi- tamin D deficiency and received supplementation. Hypercalcemia was noted in 4 patients, and hyperuricemia was observed in 5 patients. One patient presented with blood bicarbonate

levels below 20 mmol/L. The main lithogenic factors were hypocitraturia (80%), low urine output (50%), and high salt intake (50%). Cervical ul- trasound, performed in 7 patients, revealed parathyroid nodules in 3 patients and parathyroid hypertrophy in 1 patient. Cervical scintigraphy, performed in 6 patients, detected hyperfixation in 2 patients. Para- thyroidec- tomy was performed in 8 patients. Six patients were followed for an average of 4 ± 2 years. Urinary stones recurred in 1 patient within a year. Two patients progressed to stage III chronic kidney disease after a mean follow-up of 4 ± 2 years.

Conclusion

Normocalcemic PHPT was common in our study. Para- thyroidectomy improved renal outcomes in the majority of patients. Early multidisciplinary management can reduce diagnostic delays often associated with this condition, thereby improving renal prognosis.

P203

RISK FACTORS OF RENAL LITHIASIS IN PATIENTS ATTENDING THE DEPARTMENT OF NEPHROLOGY OF THE YAOUNDÉ CEN- TRAL HOSPITAL, CAMEROON

Nguea Ndjame Arlette Geraldine[1], Elimby Ngande Lionel Patrick Joel[2], Ngono Claire Sandrine[3]

1-Department of Medicine and Specialities, Faculty of Med- icine and Pharmaceutical Sciences, University of Douala - Cameroun,

2-Department of Medicine and Specialities, Faculty of Medicine and Biomedical Sciences, University of Yaoundé I, Yaounde - Cameroun

3- Department of Medicine and Specialities, Faculty of Medicine and Pharmaceutical Sciences, University of Ebolowa - Cameroun

Introduction

Renal lithiasis is a growing public health issue, but data on its prevalence and risk factors remain limited in Cameroon. This situation hampers the development of appropriate preventive strategies due to the lack of modern diagnostic equipment and low consultation rates in Nephrology. This study aims to address this gap by evaluating the prevalence of renal lithiasis and its associated risk factors to improve management and pre- vention in the Cameroonian context.

Methods

We conducted a cross-sectional study over a two years period in the Department of nephrology of the Yaoundé Central Hospital, including 68 patients. Sociodemograph- ic, anthropometric and clinical data were collected using a survey form and analysed using R software. Multinomial logistic regression was performed to calculate relative risks (RR), confidence intervals (CI), and p-values to identify risk factors for renal lithiasis in the study population

Results and discussion

The mean age of the patients was 43 ± 15 years, with a male predominance (56% vs 44%). The prevalence of renal lithiasis was 12,1%. The frequency of microlithiasis was the high about 60.3% (n = 41). A higher cal- cium intake is also a significant factor with a RR of 2.8 (95% CI: 0.61-5.95, p = 0.001). A fluid intake below the normal threshold shows a high RR of 4.2 (95% CI: 1.1-19.05, p = 0.009).while urinary infections increase the risk (RR = 3.29, 95% CI: 0.91-11.08, p = 0.04). On the other hand, intakes of oxalate, citrate and BMI (obesity or overweight) did not show a statistically sig- nificant link with the occurrence of lithiasis (p > 0.05).

Conclusion

This study highlights a high prevalence of renal lithiasis among patients consulting the Department of nephrology of Yaoundé Central Hospital, with microlithiasis being the most predominant. Our findings show that higher calcium intake, a fluid intake below the normal threshold were risk factors

P204

DUAL DIALYSIS IN PRIMARY HYPEROXAL- URIA: A CASE OF LIVER-KIDNEY TRANS- PLANT PREPARATION

Rihab Elaid1, Hanene Gaied[2], Asma Bettaieb[2], Mouna Jerbi[2], Mariem Khadhar[2], Sarra Hadded[2], Raja Aoudia[2], Rym Goucha[2]

1 Department of Nephrology, Mongi Slim Hospital Faculty of Medecine of Tunis - Tunisia

Introduction

Primary hyperoxaluria (PH) is an inherited disorder that results from the overproduction of endogenous oxa- late, leading to recurrent kidney stones, nephrocalcinosis and eventually kidney failure. Diagnosis of PH is often delayed or missed owing to its rarity, variable clinical expression and other diagnostic challenges. Ma- nagement of patients with PH and kidney failure is also extremely challenging. So far, dialysis has not been shown to overcome the problem of ongoing oxalate production and deposition at extrarenal sites. In such pa- tients, intensive dialysis may be neces- sary as a bridge to liver transplantation.

Methods

We report a case.

Results and discussion

We report a case of a 20-year-old male patient who experienced recurrent nephrolithiasis since childhood. He was admitted to another Hospital with reduced urine output, vomiting, and anorexia. He was diagnosed PH type 1 with end stage renal disease . He started automatic peritoneal dialysis (APD). followed by a com- bination of PD and HD for managing end-stage renal disease (ESRD). The patient experienced mechanical complications with his PD catheter, including kinking, which required catheter replacement. He also had in- fections at the catheter exit site, which were treated with antibiotics cardiovascular dysfunction was addressed with medication. During his Hospitalization (January-March 2023). Despite these complications, the combination of PD and HD managed his renal failure effectively. Anemia was treated with erythropoietin and intravenous iron, while.

Conclusion

The combination of both dialysis modalities has effectively addressed renal failure despite complications. Pro- longed periods on dialysis carry an inherent increased risk of line sepsis, access difficulties, cardiovascular complications, psychosocial burden for the patient and the wider family, as well as death. These issues require discussion as part of pretreatment counselling.

P205

CLINICAL FEATURES OF UROLITHIASIS IN TUNISIAN CHILDREN: A SINGLE CENTER EXPERIENCE

Mabrouk Sameh[1], Ben Guedria Mouna[2], Nouir Selsabil[1], Mokni Hajer[1], Harbi Azza[1], Hannechi Safa[1], Ajmi Houda[1], Chemli Jalel[1]

1-Department of Pediatrics, University Hospital Sahloul, Sousse - Tunisia,

2-Department of Pediatrics, University Hospital Farhat Hached, Sousse - Tunisia

Introduction

The frequency of urolithiasis (UL) in children and its impact on their health is increasing. The incidence and composition of UL in children depends on environmental, genetic, nutritional and socioeconomic factors. Objective : to study the epidemiological, clinical and etiological aspects of childhood UL

Methods

A retrospective, descriptive, monocentric study of pediatric cases of UL recorded in the Paediatrics Department of Sahloul Hospital over a period of 22 years.

Results and discussion

We included 112 patients with a median age of 4 years. A family history was positive in 59.8% of cases, with a family history of lithiasis in 50.8% and primary hyperoxaluria (PH) in 8.9% of cases. The main presenting features were urinary tract infections (23.2%) and gross hematuria (16.1%). The stones were radiopaque in 52.4% of cases, multiple in 17% of cases and bilateral in 17% of cases. Stones of the upper urinary tract ac- counted for 80% of cases. Lithiasis of metabolic origin were predominant (64 cases). PH1 was the most com- mon etiology (35 cases) followed by idiopathic hypercalciuria (7 cases), distal tubular acidosis (2 cases), tooth disease (1 case), amylogenesis imperfecta (2 cases) and cystinuria (2 cases). Organismal stones accounted for 16% of cases. During follow-up, 10 patients had progressed to IRCT with dialysis.

Conclusion

In Tunisia, metabolic causes, particularly PHI, are the main causes of urolithiasis in children. A complete me- tabolic assessment with an oxaluria is therefore imperative in order to quickly identify the cause and establish appropriate management.

P206

THE IMPACT OF HYGIENIC-DIETARY RECOMMENDATIONS IN THE MANAGEMENT OF LITHIASIS DISEASE

Ali El Maaroufi, Ahmed Chaabouni

Department of Urology, Habib Bourguiba University Hospital, Sfax - Tunisia

Introduction

Urinary lithiasis is a growing public health issue, with high recurrence rates. This study explores the signifi- cance of hygienic-dietary recommendations in the management of lithiasis disease. The main objective was to analyze and demonstrate the importance of hygienic-dietary recommendations in the prevention and management of urinary lithiasis.

Methods

We selected hygienic-dietary recommendations published by relevant medical societies in the field of urology, including the European Association of Urology (EAU), the French

Association of Urology (AFU), and the Ame- rican Urological Association (AUA). A sample of 60 patients with urinary lithiasis was selected. These partici- pants were recruited from our outpatient clinic during a 3-month period from January 2024 to March 2024.

Results and discussion

A significant impact was observed on symptoms. A quality of life evaluation was performed before and after implementing the recommendations. The results revealed notable improvements after the application of hy- gienic-dietary recommendations on the intensity of symptoms, as assessed by the EVA scale, with a 67% re- duction in the frequency and intensity of pain. An improvement of 167% in physical activity was noted, along with a 67% improvement in psychological well-being, as measured by the DASS-21 (Depression, Anxiety, and Stress Scale-21). Sleep quality improved by 50%, as assessed by the PSQI (Pittsburgh Sleep Quality Index). Daily energy levels increased by 50%, according to the Chalder Fatigue Scale. There was a 50% in- crease in overall satisfaction with disease management, as measured by PROMIS scores (Patient-Reported Outcomes Measurement Information System).

Conclusion

This study demonstrates the significant impact on the quality of life of participants, reporting improvements in urinary symptoms, a reduction in nephritic colic episodes, and an overall improvement in quality of life. These findings highlight the importance of hygienic-dietary rules in the management of urinary lithiasis.

P207

RENAL TRANSPLANT LITHIASIS: RARE BUT CHALLENGING A SINGLE-CENTER EXPERIENCE

Hajer Rzig[1], Mohamed Mongi Bacha[1], Ilhem Ben Othmen[1], Bochra Chahed[1], Mondher Ounissi[1], Amine Hermi[2], Riadh Ben Slama[2], Hafedh Hedri[1], Nada Sellami[1], Abderahim Ezzedine[1]

1 -Department of Internal Medicine A, 2-Department of Urology, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Renal transplant lithiasis is a rare but potentially serious complication that can lead to significant morbidity and loss of graft function. Unlike the general population, transplant recipients are often asymptomatic due to the denervation of the donor kidney and ureter, which increases the risk of underdiagnosis. This study aims to evaluate the incidence, clinical characteristics, and outcomes of allograft lithiasis in kidney transplant reci- pients at our center.

Methods

We reviewed the medical records of 693 kidney transplant recipients followed at the Department of Nephrology and Internal Medicine at Cjharles Nicolle Hospital in Tunis, from June 1986 to December 2023.

Results and discussion

In our cohort, the incidence of graft lithiasis was 0.72% (n = 5). The patients included three men and two women, with a mean age of 32.7 years (range 27–48). All transplants were from living donors. Urolithiasis was incidentally detected on routine ultrasound in two patients, while the others presented with anuria and acute renal failure (two patients) or dysuria (one patient). The mean diagnostic delay post-transplantation was 82.8 months (range 4 months–19 years). Stones were located in the renal graft in four cases and in the bladder in one, with stone diameters ranging from 7 to 25 mm (mean 18.5 mm). Two patients underwent percutaneous nephrolithotomy, while the two anuric patients received nephrostomy followed by endoscopic lithotripsy. Bio- chemical analysis of the stones in one patient revealed cystine stones. No contributory factors were identified in four patients, except for one with a urinary fistula. Clinical outcomes included graft function stabilization in two patients, chronic graft dysfunction and return to dialysis in two, and transplantectomy in one patient due to persistent urinary tract dilation despite nephrostomy and stone removal.

Conclusion

Early detection and management of renal transplant lithiasis are crucial for preserving graft function. The de- velopment of graft lithiasis is multifactorial, and further research is needed to identify underlying risk factors. Preventive strategies, including adequate hydration and correction of metabolic abnormalities, are essential for reducing the risk of stone formation in transplant recipients.

P208

CAN HEMOGRAM PARAMETERS PREDICT INFECTIOUS COMPLICATIONS AFTER PERCUTANEOUS NEPHROLITHOTOMY?

Chaker Kays[1], Gharbia Nader[1], Rinchi Makram[1], Ouanes Yassine[1], Mosbahi Boutheina[2], Rahoui Moez[1], Bibi Mokhtar[1], Ben Chedly Wassim[1], Nouira Yassine[1]

1 Department of Urology, 2 Department of Anesthesiology, La Rabta Hospital, Tunis - Tunisia

Introduction

Percutaneous nephrolithotomy (PCNL) is an effective surgical intervention for eliminating kidney stones. Ho- wever, it exposes patients to a high risk of serious infectious complications. The objectives of this study were to investigate the reliability of hemogram parameters as potential biomarkers for the occurrence of post-PCNL infectious complications and to identify factors associated with post-PCNL infectious complications.

Methods

We conducted a retrospective, descriptive, and analytical study between January 2017 and December 2021, including all patients treated with PCNL for kidney stones. Demographic, clinical, stone-related, and surgical data, as well as postoperative events, were collected. Preoperative hemogram parameters, including neutro- phil-to-lymphocyte ratio (NLR), platelet-to-lymphocyte ratio (PLR), and systemic immune-inflammation index (SII), were studied. The significance threshold was set at 0.05.

Results and discussion

We included 297 patients. The mean age was 49.73±13.19 years with a male predominance (60%). We iden- tified 57 (19.8%) post-PCNL infectious complications, including 26 isolated fevers, 20 acute pyelonephritis cases, 9 sepsis cases, and 2 septic shock cases. Female sex (p=0.008), stone size (p=0.013), stone location (p=0.029), positive preoperative urine culture (p=0.004), operative time exceeding 2 hours (p=0.016), residual stones (p=0.001), NLR (p=0.004), PLR (p=0.027), and SII (p=0.003) were associated with an increased risk of post-PCNL infectious complications. In multivariate analysis, only female sex (p=0.018), positive preope- rative urine culture (p=0.042), residual stones (p=0.001), and NLR (p

Conclusion

Our study emphasizes the importance of identifying risk factors for post-PCNL infectious complications, en- abling early intervention to improve patient outcomes. NLR seems to be a solid risk factor and should be in- cluded in these patients' selection.

P209

DIETARY MANAGEMENT OF PATIENTS WITH URINARY STONES: A GENERAL PRACTITIONER'S PERSPECTIVE

Saadi Ahmed, Mokadem Seif, Hermi Amine, Hamza Mahmoud, Saidani Bilel, Ayed Haroun, Chakroun Marouane, Ben slema Riadh

Department of Urology, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Dietary management is a key aspect of treating urinary stone disease. General practitioners (GPs) often follow patients with renal lithiasis. The objective of this study was to evaluate the dietary recommendations provided by GPs for urinary stones.

Methods

A prospective observational study was conducted through an anonymous online questionnaire completed by 114 GPs between April and May 2021. Each GP answered direct questions focused on dietary prescriptions for patients with urinary stones. The questionnaire included 12 items concerning the quantity, timing, and type of beverages recommended; required protein, sodium, and calcium intake; foods high in oxalates or uric acid to avoid; and whether fasting during Ramadan was allowed. Data were collected and analyzed using Google Sheets.

Results and discussion

Fifty-eight GPs (50.9%) advised sufficient fluid intake to achieve a daily urine output of 2 to 3 liters, and 68 (59.6%) recommended drinking the same volume regardless of the time of day. Bottled mineral water was re- commended by most GPs (95.6%; n = 109), while half (n = 57) discouraged drinking tap water. A low-calcium diet was recommended by 43 GPs (38.1%); a normosodium diet by 61 (53.5%); and a normoprotein diet by 36 (31.6%). Fasting during Ramadan was permitted by 73 GPs (64%), provided patients drank 2 to 3 liters after breaking their fast. These dietary recommendations were prescribed for life by 86% of GPs (n = 98)

Conclusion

Basic dietary guidelines for lithiasis patients, including the timing of fluid intake during the day or Ramadan, the type of water to recommend, and the prescribed protein, calcium, and sodium intake, are not sufficiently mastered by GPs. Further education on this topic is essential to improve these practices.

9- NUTRITION, BONE AND MINERAL METABOLISM

P210

ETIOLOGY, CLINICAL FEATURES AND MANAGEMENT OF HYPERCALCEMIA IN THE DEPARTMENT OF NEPHROLOGY

Messai Asma

Department of Nephrology, Fattouma Bourguiba Hospital, Monastir - Tunisia

Introduction

Hypercalcemia is a frequent metabolic disorder predominantly caused by primary hyperparathyroidism (PHPT) or malignancy. The aim of this work is to assess the biological and clinical aspects of hypercalcemia in the Department of nephrology as well as determine the main causes and therapeutic means.

Methods

It is a multicentric retrospective study conducted in the department of Nephrology of Fattouma Bourguiba Mo- nastir between January 2021 and December 2024.

Results and discussion

We've collected a total of 27 patients: 16 were female and 11 were male. The average age was 64.8 years old. Fourteen percent were asymptomatic, while 86% exhibited symptoms. The most common clinical presentation was polyuria-polydipsia syndrome (51.8%). Other clinical manifestations included digestive signs such as vomiting (25.9%), neurological symptoms included confusion (7.4%), and a pathological electrocar- diogram (EKG) was noted in 18.5% of patients. The median calcium level was 3.15 mmol/L, with 4.5 being the maximum observed value and 2.19 the lowest. Acute kidney injury (AKI) developed in 15 patients (55%). Median creatinine level was 316,48 The main causes identified were myeloma (28%), sarcoidosis (24%), and hyperparathyroidism (24%) and only 8% of cases of false hypercalcemia. Therapeutic means included hydration (84%), steroids (44%), dialysis (44%), and bisphosphonates (28%).

Conclusion

The diagnosis of hypercalcemia is most often made incidentally when a high calcium level is detected in blood samples. Kidney injury is dependent on the severity of hypercalcemia and etiology. The most common causes include myeloma, sarcoidosis, and hyperparathyroidism.

P211

OUTCOME OF PARATHYROIDECTOMY IN PATIENTS WITH RENAL DISEASE ANDHYPERPARATHYROIDISM: PREDICTORS OF RECURRENT HYPERPARATHYROIDISM

Sakay Amira, Mrabet Sanda, Boukadida Raja, Thabet Nessrine, Fradi Asma, Azzabi Awatef, Ben Aicha Narjes, Guedri Yossra, Sahtout Wissal, Zellama Dorsaf

Department of Nephrology, Sahloul Hospital, Sousse - Tunisia

Introduction

Secondary hyperparathyroidism (HPT2) is a hormonal complication of chronic kidney disease that requires appropriate medical treatment as soon as glomerular filtration rate (GFR) falls to around 45 ml/min for 1.73 m2. Sometimes, medical treatment alone is insufficient, necessitating surgery. HPT2 may persist for 6 months following parathyroidectomy. The objectives of this study were to examine the characteristics and outcomes of patients undergoing parathyroidectomy for secondary hyperparathyroidism and to identify factors predictive of persistent hyperparathyroidism.

Methods

This was a retrospective observational descriptive study with an analytical approach focused on HPT2 cases operated, followed in the Department of nephrology at Sahloul University Hospital in Sousse between 2014 and 2024.

Results and discussion

There were 100 patients in chronic renal failure with HPT2 resistant to medical treatment.83 (83%) of whom were treated by subtotal parathyroidectomy (STP), 16 (16%) by total parathyroidectomy (TP) and one case by TP with autotransplantation. Of these, 30 (30%) patients developed recurrent hyperparathyroidism (17 had STP, 13 had TP). On re-exploration, persistent hyperplastic parathyroid tissue was found at the site of the partially excised parathyroid gland (73%) and the anterior mediastinum (24%). The predictive factors for recurrent hyperparathyroidism were preoperative symptoms of calciphylaxis or calcinosis (P=0.027), preoperative metabolic acidosis (P=0.021), hyperplasia of the right upper gland on cervical ultrasound (P=0.016), resection of a single parathyroid gland (P=0.019),symptomatic hypocalcaemia postoperatively (P=0.017),high postoperative PTH levels (P<0.001)the prescription of alfacalcidol postoperatively had a protective effect and good postoperative outcome.

Conclusion

Operative failures are due to limitations in preoperative localisation or inadequate exploration. A more aggressive surgical approach may be indicated in patients with signs of calciphylaxis or calcinosis.

P212

PATHOLOGICAL FRACTURES IN CHRONIC HEMODIALYSIS PATIENTS IN DAKAR (SENEGAL): PREVALENCE AND ASSOCIATED RISK FACTORS

Faye Maria[1], Coundoul Baratou[2], Lemrabott Ahmed Tall[1], Belkaich Mehdi[1], Faye Moustapha[1], Ba Bacary[1], Mbengue Mansour[3], Keita Niakhaleen[3], Niang Abdou[3], Ka El Hadji Fary[1]

1 Department of Nephrology, Hmo-Hald - Cheikh Anta Diop University, Dakar - Senegal,

2 Department of Nephrology, Military Hospital of Ouakam, Dakar - Senegal,

3 Department of Nephrology, Dalal-Jamm Hospital - Cheikh Anta Diop University, Dakar - Senegal

Introduction

The lack of adequate monitoring and management of mineral and bone disorder (MBD) in chronic hemodia- lysis patients is associated with pathological fractures. Few studies are available on the subject in sub-Saharan Africa. The objective of this work was to assess the prevalence of fractures in our chronic hemodialysis pa- tients, to analyze their characteristics and to identify the associated risk factors.

Methods

We conducted a descriptive and analytical multicenter cross-sectional study over a one-year period at public hemodialysis centers. We included chronic hemodialysis patients for at least three months with a pathological fracture. This was retained in the face of any fracture occurring spontaneously or following minimal trauma and confirmed by x-rays.

Results and discussion

Of the 276 chronic hemodialysis patients included, 28 cases of pathological fractures were identified, repre- senting a prevalence of 10.14%. The mean age of the patients was 51.82 ± 14.13 years, with a sex ratio of 0.47. The main causal nephropathy was chronic glomerulonephritis (35.7%) followed by hypertensive nephro- pathies (21.4%). Fractures generally occurred after minimal trauma (67.9%). They were mainly located at the hip and radius. Factors associated with fracture occurrence were age over 65 years ($p = 0.043$), female gender ($p = 0.037$), hypertensive nephropathies ($p = 0.025$), parathyroidectomy ($p = 0.011$), duration of hemodialysis over 5 years ($p = 0.002$), BMI less than 18.5 kg/m² ($p = 0.001$), gait disturbances ($p = 0.002$), high PTH level (> 585 pg/mL, $p = 0.001$), positive CRP (> 6 mg/L, $p = 0.001$) and the presence of vascular calcifications ($p= 0.007$). Therapeutically, 46.4% of patients received conservative treatment, 39.3% orthopedic treatment, and 28.6% surgery.

Conclusion

This study identified factors associated with the occurrence of pathological fractures in hemodialysis patients in our context. These fractures could be explained, among other things, by the absence of regular biological monitoring due to the low socioeconomic level of our patients.

10- ONCONEPHROLOGY

P213

MULTIPLE MYELOMA COMPLICATED BY DIFFUSE ALVEOLAR HEMORRHAGE: A REPORT OF TWO CASES

Hajer Rzig, Madiha Krid, Ikram Mami, Hiba Ghabi, Lilia Ben fatma, Lamia Raies, Mohamed Karim Zouaghi

Department of Nephrology, La Rabta Hospital, Tunis - Tunisia

Introduction

Diffuse alveolar hemorrhage (DAH) is an uncommon but potentially life-threatening complication of multiple myeloma. Pathogenesis may involve disruption of the alveolocapillary membrane due to paraprotein activity or may occur secondary to AL amyloidosis, as reported in the literature.

Methods

We describe two cases of multiple myeloma in which DAH was part of the initial clinical presentation.

Results and discussion

Case 1:

A 67-year-old woman with a history of controlled hypertension presented with acute onset dyspnea and hemoptysis. The diagnosis of multiple myeloma was suspected based on anemia, renal failure, and a monoclonal spike identified on serum protein electrophoresis (SPE), and was subsequently confirmed by a bone marrow biopsy, which revealed 100% plasma cell infiltration. The myeloma was identified as kappa light-chain IgG type and was further complicated by systemic AL amyloidosis. Bronchoalveolar lavage (BAL) confirmed DAH, with a GOLD score of 150. The patient's immunological test was negative, and transthoracic echocardiography indicated pulmonary arterial hypertension (PAH). She received monthly courses of Dexamethasone and Mel- phalan. Clinical improvement was observed, with complete resolution of both dyspnea and hemoptysis by day 15 of treatment. DAH fully resolved, and no recurrence occurred over a two-year follow-up period.

Case 2: A 74-year-old woman, also with a history of hypertension, presented with acute renal failure, severe anemia (hemoglobin 4 g/dL), and systemic deterioration. Her history included hemoptysis. The diagnosis of multiple myeloma was suggested by hypercalcemia, bicytopenia (anemia and thrombocytopenia), a monoclonal spike on SPE, and "punched-out" bone lesions on skull and axial skeleton X-rays. The bone marrow biopsy showed 50% plasma cell infiltration, consistent with kappa light-chain IgA myeloma. Salivary gland and subcutaneous fat biopsies excluded amyloidosis. Salivary gland and subcutaneous fat biopsies were performed, both nega- tive for amyloidosis .BAL was done following a CT scan that suggested DAH, and confirmed the diagnosis, with a GOLD score of 135. The immunological test was negative. Cardiac ultrasound revealed PAH. Chemotherapy with Dexamethasone and Melphalan every 21 days was initiated (she received two courses), and Bortezomib was just started.

Conclusion

Diffuse alveolar hemorrhage may present early in multiple myeloma, requiring prompt recognition and treat- ment with chemotherapy to prevent serious outcomes.

P214

MULTIPLE MYELOMA AND FOCAL SEGMENTAL GLOMERULOSCLEROSIS: A RARE ASSOCIATION OR COINCIDENCE?

Hajer Rzig, Ikram Mami, Hiba Ghabi, Syrine Tlili, Lilia Ben Fatma, Lamia Raies, Mohamed Karim Zouaghi

Department of Nephrology, La Rabta Hospital, Tunis - Tunisia

Introduction

Renal involvement is a common complication in multiple myeloma. The classically observed types include myeloma cast nephropathy, AL amyloidosis, Randall disease, and Fanconi syndrome.

Methods

We report a case of multiple myeloma associated with focal segmental glomerulosclerosis (FSGS).

Results and discussion

A 55-year-old hypertensive male presented with progressively worsening lower limb edema. Urinalysis re- vealed 3+ proteinuria and 2+ hematuria. A 24-hour urine collection showed a protein level of 3.27 g. Blood tests revealed a creatinine level of 167 µmol/L, normal corrected calcium, and normocytic normochromic ane- mia with hemoglobin at 11 g/dL. Serum protein electrophoresis indicated hypoproteinemia at 57 g/L, hypoal- buminemia at 28 g/L, and a monoclonal spike in the gamma-globulin region. Serum immunoelectrophoresis identified monoclonal IgA with kappa light chains. Bone marrow biopsy revealed 15% plasma cells, confirming the diagnosis of multiple myeloma. Radiological workup and spinal MRI showed no abnormalities. Given the nephrotic syndrome, a renal biopsy was performed, revealing FSGS associated with myeloma casts and IgM and C3 deposits on immunofluorescence.

The patient received bortezomib-based therapy, resulting in signi- ficant improvement after six months: resolution of edema, negative proteinuria, and stabilization of renal function.

Conclusion

The resolution of nephrotic syndrome following myeloma treatment suggests a possible causal relationship between the two conditions. To our knowledge, FSGS in the context of multiple myeloma has not been pre- viously reported.

P215

REVEALING THE HIDDEN SIGNS: ATYPICAL CLINICAL PRESENTATIONS OF MULTIPLE MYELOMA WITH RENAL INVOLVEMENT

Elaid Rihab, Mouna Jerbi, Raja Aoudia, Sarra Hadded, Asma Bettaieb, Mariem Khadhar, Hanene Gaied, Rym Goucha

Department of Nephrology, Mongi Slim Hospital, Tunis - Tunisia

Introduction

Renal involvement in multiple myeloma (MM) is a common complication. However, diagnosing multiple myeloma from renal failure can sometimes be difficult in the presence of atypical clinical presentations. This study aims to Hilight the diagnostic challenges and the means that directed clinicians towards the diagnosis.

Methods

We conducted a single-center, descriptive, retrospective study over a period of 2 years (2022-2024). This study included patients diagnosed with multiple myeloma with renal involvement.

Results and discussion

Out of 280 patients hospitalized for renal failure, 9 were diagnosed with multiple myeloma, accounting for a prevalence of 3.2%. The median age of the patients was 69 years (range: 49–75 years), with a male-to-female ratio of 0.75. All patients were initially referred for incidental finding of acute renal failure. The diagnoses were made under various circumstances, including infections in 4 patients, such as infectious bronchopneumopathy, acute pyelonephritis, and septic arthritis in a prosthetic joint. One patient was diagnosed following a reevaluation of primary myelofibrosis, while another presented with acute pulmonary edema. Other presentations included chronic diarrhea with hyperproteinemia and rhabdomyolysis in one patient each. Anemia was present in all cases, with hemoglobin levels ranging from 7.1 g/dl to 10 g/dl. Five patients had hypocalcemia, with calcium levels between 1.4 mmol/l and 1.8 mmol/l. Protein electrophoresis showed a narrow-based gammaglobulin peak in 7 patients and hypogammaglobulinemia in 2 patients. The diagnosis of MM was confirmed by sternal puncture in 8 patients and by bone marrow biopsy in 1 patient. All were classified as R-ISS stage III.

Conclusion

This study underscores the atypical clinical manifestations of MM with renal involvement, with infections and other non-specific symptoms, including myelofibrosis.

P216

DIALYZED MALIGNANT HYPERCALCEMIA

Sohaila Sohaila, Rostoum Soukaina, Triak Fatimaezzahra, El Khayat Selma Siham, Mtioui Nawfel, Mohammed Zamd, Medkouri Ghislaine, Benghanem Gharbi Mohammed

Department of Nephrology, Kidney Transplantation and Hemodialysis, Ibn Rochd University Hospital, Casablanca - Morocco

Introduction

Malignant hypercalcemia is a major metabolic complication of advanced cancers, affecting 20–30% of patients with solid neoplasia or hematological malignancies. It constitutes a medical emergency, with a significant im- pact on life prognosis if not effectively managed

Methods

It's a retrospective descriptive and analytical study between January 2021 and January 2024 on 45 patients with malignant hypercalcemia requiring dialysis at the Department of nephrology of the Ibn Rochd University Hospital in Casablanca. The objective was to analyze the etiologies, clinical and biological manifestations, as well as therapeutic management, with a particular focus on the effectiveness of dialysis.

Results and discussion

Solid cancers were responsible for 69% of cases, with lung cancer in the lead (31%), followed by breast cancer (24%). Malignant hematological diseases, dominated by multiple myeloma, accounted for 20% of ma- lignant hypercalcemias. Biologically, the mean serum calcium was 164.47 ± 17.62 mg/L, confirming severe hypercalcemia. Electrocardiograms revealed significant abnormalities, including QT interval shortening in all patients. Cupped ST segment abnormalities, rhythm disturbances, and J-point elevation were also observed. 42% of patients with refractory hypercalcemia or calcium levels greater than 180 mg/L required emergency hemodialysis. Dialysis significantly normalized

serum calcium in 73% of patients, while preventing potentially fatal complications. However, 27% of patients did not achieve normocalcemia despite dialysis, and 22.22% of patients died, high- lighting the severity of their clinical condition. It has emerged as an effective therapeutic option to reduce serum calcium levels, particularly during the COVID-19 pandemic. This period has seen a significant increase in cases of hypercalcemia, largely attributed to a decrease in medical follow-up of cancer patients and diagnostic delays. Health restrictions and disruptions in the organization of care have significantly limited patients' access to regular care. This particular context has highlighted the effectiveness and necessity of this method, adapted to respond to the increase in metabolic imbalances in exceptional circumstances.

Conclusion

This study highlights the efficacy of dialysis in the management of malignant hypercalcemia, although the overall prognosis remains worrying due to the severity of the underlying cancers and the clinical complexity of the cases.

P217

KIDNEY INVOLVEMENT IN POLYCYTHEMIA VERA (PV)

Touihri Aya[1], Chaker Hanen[1], Khalifa Latifa[2], Agrebi Ikram[1], Masmoudi Mondher[1], Yaich Soumaya[1], Ben Hmida Mohamed[1], Elloumi Moez[2], Kammoun Khawla[1]

1- Department of Nephrology, Hedi Chaker University Hospital, Sfax - Tunisia, Renal Pathology Research Laboratory LR19ES11, Faculty of Medicine of Sfax - Tunisia,

2- Hematology Department, Hedi Chaker University Hospital, Sfax - Tunisia

Introduction

Polycythemia Vera (PV) is a chronic myeloproliferative disorder that can lead to various complications, inclu- ding thrombosis and vascular damage. Although rare, kidney involvement associated with PV is typically mul- tifactorial, resulting from the underlying hematological condition or its treatment, thereby complicating therapeutic management.

Methods

We report the case of a 43-year-old male with a medical history of hypertension, chronic kidney disease (CKD) since 2022 (serum creatinine: 168 µmol/L, eGFR: 41.37 mL/min), and Polycythemia Vera diagnosed in 2018 and treated with hydroxyurea. The patient also had a history of ischemic lesions leading to amputations of the 2nd and 5th toes on the left foot and the 4th and 5th toes on the right foot in 2016, attributed to the hema- tological disorder. Hydroxyurea treatment was discontinued two months prior to admission due to nephrotoxicity and worsening renal function. Hematologically, the patient exhibited an elevated platelet count (1,684,000/mm³) and was pla- ced on anticoagulation therapy due to a high thromboembolic risk. The patient also had dilated cardiomyopathy with transthoracic echocardiography findings suggestive of car- diac amyloidosis. A biopsy of the minor salivary glands was performed but showed no amyloid deposits. A renal biopsy was not performed due to splenomegaly.

Results and discussion

The patient's condition progressed with persistent elevated serum creatinine levels, ultimately requiring long- term dialysis. The coexistence of renal impairment, Polycythemia Vera, and cardiac amyloidosis posed diag- nostic challenges and worsened both renal and overall prognosis.

Conclusion

This case highlights the complex interplay between Polycythemia Vera and chronic kidney disease, potentially aggravated by amyloidosis. Close collaboration between nephrologists and hematologists is essential for the long-term management of such patients.

P218

RENAL IMPAIRMENT AND SURVIVAL IN PATIENTS WITH SOLID TUMORS: A RETROSPECTIVE COHORT STUDY

Zouaoui Rihab, Boukadida Raja, Mahfoudh Olfa, Thabet Nessrine, Mrabet Sanda, Sahtout Wissal, Fradi Asma, Ben Aicha Narjess, Guedri Yossra, Azzabi Awatef, Zallema Dorsaf

Department of Nephrology, Sahloul Hospital, Sousse - Tunisia

Introduction

The prognosis of patients with solid tumors is intricately linked to various factors, including the disease cha- racteristics, treatment modalities, and individual patient factors. While advancements in cancer treatment, such as immunotherapy and targeted therapies, have significantly improved survival outcomes for many, renal impairment remains a critical determinant of overall prognosis. This study aimed to investigate the impact of renal dysfunction on the clinical course and survival of patients with solid tumors.

Methods

A retrospective cohort study was conducted involving 73 patients diagnosed with histologically confirmed solid tumors who were admitted to the Department of nephrology at Sahloul Hospital between December 1, 2007, and December 31, 2022, for the management of renal impairment. Descriptive statistics were used to summarize patient characteristics. Survival analysis was performed using the Kaplan-Meier method, and differences in survival between groups were compared using the log-rank test.

Results and discussion

The study population comprised 73 patients, with a female predominance (sex ratio: 0.8). The mean age was 63.7 ± 13.3 years. Genital tract cancers were most frequent (32.8%), and adenocarcinoma was the most com- mon histological subtype (64.3%). Acute kidney injury (AKI) was the primary reason for Hospitalization in 48% of cases. 29 patients (39.7%) had pre-existing chronic kidney disease (CKD), with nephroangiosclerosis being the most common etiology (16.4%). 36.5% of patients progressed to end-stage renal failure (ESRF) after a median of 6 months. Proteinuria persisted throughout the follow-up period. Common complications included infections, thromboembolic events, heart failure, and gastrointestinal blee- ding. The one-year mortality rate was 27%. Patients with pre-existing CKD and those with AKI at presentation exhi- bited significantly worse overall survival compared to those without. This study highlights the significant impact of renal dysfunction on the clinical course and survival of patients with solid tumors. The high prevalence of ESRF and the substantial mortality rate underscore the importance of early identification and proactive management of renal impairment in this population.

Conclusion

Renal impairment is a serious complication in patients with solid tumors, significantly impacting their overall prognosis. Early identification, aggressive management of risk factors, and a multidisciplinary approachinvolving nephrologists and oncologists are crucial for optimizing patient outcomes.

P219

RENAL BIOPSY IN RENAL INVOLVEMENT IN SOLID TUMORS: A RETROSPECTIVE STUDY

Zouaoui Rihab, Boukadida Raja, Thabet Nessrine, Mahfoudh Olfa, Azzabi Awatef, Ben Aicha Narjess, Mrabet Sanda, Fradi Asma, Guedri Yossra, Sahtout Wissal, Zallema Dorsaf

Department of Nephrology, Sahloul Hospital, Sousse - Tunisia

Introduction

Renal involvement in cancer patients is a complex clinical entity, encompassing various mechanisms including direct tumor involvement, treatment-related nephrotoxicity, and immune-mediated glomerulopathies. Renal biopsy (RB) plays a crucial role in differentiating these entities, guiding treatment decisions, and improving patient outcomes.

Methods

This retrospective study analyzed data from 73 patients with histologically confirmed solid tumors admitted to the Department of nephrology at Sahloul Hospital from December 1, 2007, to December 31, 2022, for the ma- nagement of renal involvement.

Results and discussion

The study population included 73 patients with a mean age of 63.7 ± 13.3 years. Breast cancer was the most frequent malignancy. Acute kidney injury (AKI) was the primary reason for admission, with acute tubular ne- crosis being the most common cause. Twenty-nine patients (39.7%) had pre-existing chronic kidney disease (CKD). RB was performed in 11 patients. Histological findings included: Renal amyloidosis (2 cases) Paraneoplastic membranous glomerulonephritis (2 cases) Minimal change disease (1 case) Extracapillary glomerulonephritis (2 cases) Acute interstitial nephritis (2 cases) Membranoproliferative glomerulonephritis (1 case) Chronic interstitial nephritis with nephroangiosclerosis (1 case)

Conclusion

PBR is an underutilized diagnostic tool in cancer patients with renal involvement due to concerns regarding patient comorbidities and prognosis. However, in carefully selected cases, RB provides valuable insights into the underlying etiology of renal dysfunction, differentiating between tumor-related, treatment-related, and im- mune-mediated renal pathologies. This information is crucial for optimizing treatment strategies and improving patient outcomes.

P220

A RARE CASE OF AA AMYLOIDOSIS ASSOCIATED WITH NON-HODGKIN LYMPHOMA

Farjan Anass; Department of Nephrology,

Mohamed 5 Military Hospital, Rabat - Morocco

Introduction

Amyloidosis in the context of non-Hodgkin lymphoma (NHL) is classically of the AL type. AA amyloidosis frequently complicates uncontrolled chronic inflammatory diseases. The association between AA amyloidosis and NHL is extremely rare, with only six cases reported in the literature.

Methods

We report the case of a 65-year-old male patient with stage VI follicular lymphoma involving pleural and bone sites, followed for two years. The patient had been in partial remission under maintenance therapy with Ri- tuximab. He was admitted to Department of nephrology for the evaluation of a newly developed mixed nephrotic syndrome (proteinuria: 8.01 g/24h, total serum protein: 48 g/L, serum albumin: 19 g/L) associated with renal insufficiency (urea: 2.77 g/L, creatinine: 140 mg/L) and hematuria.

Results and discussion

The biopsy of the minor salivary glands confirmed AA-type amyloidosis, with associated digestive involvement verified through a colonic biopsy. Other chronic inflammatory or infectious diseases were ruled out based on the absence of suggestive clinical signs and after conducting paraclinical investigations. A relapse of the pa- tient's hematological disease was suspected and subsequently confirmed by thoraco-abdomino-pelvic CT scan and PET scan. The diagnosis of AA amyloidosis secondary to his NHL was thus established.The patient developed renal failure requiring dialysis, and his clinical condition rapidly deteriorated, culminating in septic shock that led to his death. Only six cases were reported in the literature to date. Similar to our case, the initial presentation was nephrotic syndrome and progressive renal failure coinciding with the progression of the NHL. Progression to renal failure and death was reported in most cases and regarding clinical and thera- peutic management, the optimal strategy is to treat the underlying disease to reduce the amyloid-associated protein.

Conclusion

In conclusion, this is the seventh reported case of AA-type amyloidosis secondary to NHL, an extremely rare association that may occur in cases of uncontrolled disease or relapse, with poor renal and overallprognosis.

P221

ADVANCING ONCONEPHROLOGY INSIGHTS FROM MANSOURA NEPHROLOGY AND DIALYSIS UNIT EXPERIENCE AS A MODEL FOR AFRICAN HEALTHCARE

Yara Moheb, Alaa Sabry, Sameh Shamaa, Ghada Alkannishy, Maha El Zaafarany, Ahmed Raafat Abdelmoneim

Faculty of Medicine, El Mansoura - Egypt

Introduction

Onconephrology is an emerging subspecialty addressing the complex renal complications encountered in cancer patients. Its rapid growth reflects the broader use of conditioning regimens, hematopoietic stem cell transplantation, and novel yet potentially nephrotoxic therapies. In many African regions, resource constraints highlight the need for cost-effective strategies that integrate nephrology services within oncology centers. This abstract explores our transformative experience in onconephrology, which not only reshaped the understanding of cancer care but also deepened our insights into the field of nephrology

Methodology

A dedicated onconephrology clinic was established in 2021 at Mansoura Oncology Center, part of Mansoura University Hospital—serving over 10 million people. We adopted recommendations from ***Nephrology Dialysis Transplantation*** (2018). Basic patient records, including oncologic diagnosis, treatment plans, and laboratory results, were revised, recorded in a designed sheet. Two nephrologists were committed to the clinic to build up the needed experience. Regular multidisciplinary reviews and training sessions reinforced communication and fostered experience-based approaches. Assessment tools included clinical examination, blood pressure monitoring, urine analysis, serum creatinine levels, renal ultrasound, and tailored follow-up for kidney injury.

Results

Solid malignancies accounted for 51.56% of all cases, led by breast cancer (21.2%) and bladder cancer (10.6%), while hematological cancers constituted 48.44%, with multiple myeloma and lymphoma each at 38.7%. Of all patients, 46.6% developed acute kidney injury (AKI), and 48.2% had chronic kidney disease (CKD). Prerenal etiologies comprised 34.4% of AKI. Among stem cell transplant recipients, 41.67% experienced AKI, with 55.56% occurring before transplantation, 33.33% after, and 11.11% both before and after. Notably, contrast-enhanced imaging procedures rose by 60% following proactive AKI management and preventive measures.

Conclusion

Many renal diseases in cancer patients are unique. Onconephrology remains guided primarily by clinical experience rather than standardized evidence. Our model demon-

strates the feasibility and cost-effectiveness of a dedicated onconephrology clinic in improving patient outcomes by strengthening collaboration between nephrologists and oncologists in patient evaluation, care, and follow-up. Larger African registries and collaborative case-based discussions are essential to refine best practices, expand services, and encouraging nephrologists to begin onconephrology services and especially those who have small oncology centers with small number of patients.

P222

PREGNANCY IN CHRONIC HEMODIALYSIS: ABOUT A CASE IN THE HEMODIALYSIS UNIT OF THE FOUSSEYNI DAOU HOSPITAL IN KAYES, MALI.

Aboubacar Sidiki Fofana[1], Samaké Magara[1], Dembele Sitapha[2], Sissoko Ousmane Massa[3] Sy Seydou[5], Tounkara Pinda[1], Coulibaly Sah Dit Baba[4], Maiga Djeneba[5], Djiguiba Singadou Ousmane Youssouf[6], Yattara Hamadoun[5]

1-Department of Nephrology,

2- Department of Gynecology,

3-Department Of Pediatric, Kayes Hospital - Mali,

4-Nephrology Uni, Department of Medical and Chirurgical Center of Armies, Bamako - Mali,

5-Department of Nephrology and Hemodialysis, Point G Hospital, Bamako - Mali,

6-Department of Commune IV District Hospital, Nephrology Unit, Bamako - Mali

Introduction

Hemodialysis has improved the prognosis of chronic renal failure. However, this heavy therapy is accompanied by an imbalance in various aspects of these patient's lives, including sexual disorders. The aim of this study is to analyze the epidemiological and clinical profile of chronic hemodialysis patients presenting with sexual disorders in the Nephrology and haemodialysis Department.

Methods

This was a prospective, cross-sectional, analytical study over a six-month period from February to July 2023.Patients with more than three months of hemodialysis presenting with a sexual disorder were included.

Results and discussion

The frequency of sexual disorders was 98%, with males accounting for 80% of cases. The mean age of our patients was 44.2±1.2 years.The Arteriovenous fistula was used in 90% of cases. 98% of cases had 8h of sessions per week. Hypertension was the CRF in 67% of cases. Nephroangiosclerosis was the most common etiology in 80% of cases. Functionally, libido disorders accounted for 91% of cases, sexual asthenia 64%, orgasm disorders 48%, ejaculation disorders 27%, menstrual disorders 17%, erectile dysfunction 4% and infertility 3%. Severe and moderate sexual disorders were positively correlated in patients over 60 (p=0.009 and p=0.02), but also in hypertensive patients with mild sexual disorders.There was a statistically significant relationship between the occurrence of severe and moderate sexual dysfunction and male diabetic patients (p=0.02 and p=0.04), but also between the occurrence of severe and moderate sexual dysfunction and anemia (p=0.05).

Conclusion

sexual disorders are major factors affecting patient's quality of life, and their management must be included in their therapeutic strategies.

P223

A C3 GLOMERULONEPHRITIS ASSOCIATED WITH MULTIPLE MYELOMA.

Habiba Rafa Debbah

Department of Nephrology, Mohamed Lamine Debaghine Hospital, Algiers -Algeria

Introduction

The association of glomerulonephritis with isolated C3 deposits to multiple myeloma is a recent discovery, explained pathophysiologically by the activation of the alternative complement pathway by immunoglobulins secreted by plasma cells. The control of this C3 deposit glomerulonephritis is thus based on chemotherapy.

Methods & Results

Patient B.K, aged 49 with no particular medical history, presented for exploration of a mixed nephrotic syndrome (renal failure [creatinine = 25mg/l]; hypertension and microscopic hematuria). Biological exploration revealed anemia hb: 10.8g/dl (normocytic normochromic) with blood smear showing rouleaux formation; hypercalcemia = 102mg/l; total proteins = 65g/l; sedimentation rate = 100 at the first hour, 120 at the second hour. Serum protein electrophoresis revealed significant hypoalbuminemia and the presence of a monoclonal component in the gamma globulin region; immunofixation revealed a monoclonal IgG light chain kappa component. Urine protein electrophoresis revealed the presence of Bence Jones proteinuria (concentration = 0.1g/l) and a monoclonal component (concentration = 0.4g/l); immunotyping demonstrated a light chain kappa

for Bence Jones proteinuria and IgG light chain kappa for the monoclonal component. Bone marrow biopsy showed 23% plasmacytosis. Renal biopsy did not contain glomeruli for optical microscopy but immunofluorescence revealed isolated C3 deposits nephropathy (C3G), suggesting dense deposit disease (DDD). The patient began chemotherapy but renal function further deteriorated and proteinuria remained nephrotic.

Conclusion

In the presence of renal histology indicative of C3 deposit glomerulonephritis, multiple myeloma should be considered regardless of the patient's age, even in the absence of clinical signs indicative of this hematologic disorder

11- REPRODUCTION HEALTH AND KIDNEY DISEASE

P224

EPIDEMIOLOGICAL AND CLINICAL PROFILE OF CHRONIC HEMODIALYSIS PATIENTS WITH A SEXUAL DISORDER AT NATIONAL HOSPITAL OF AMIROU BOUBACAR DIALLO DE NIAMEY (NIGER)

Djibrilla Bonkano Baoua, M.Tondi Zeinabou

Department of Nephrology and Hemodialysis, National Hopital Amirou Boubacar Diallo, Niamey - Niger

Introduction

Hemodialysis has improved the prognosis of chronic renal failure. However, this heavy therapy is accompanied by an imbalance in various aspects of these patient's lives, including sexual disorders. The aim of this study is to analyze the epidemiological and clinical profile of chronic hemodialysis patients presenting with sexual disorders in the Nephrology and haemodialysis Department.

Methods

This was a prospective, cross-sectional, analytical study over a six-month period from February to July 2023.Patients with more than three months of hemodialysis presenting with a sexual disorder were included.

Results and discussion

The frequency of sexual disorders was 98%, with males accounting for 80% of cases. The mean age of our patients was 44.2±1.2 years.The Arteriovenous fistula was used in 90% of cases. 98% of cases had 8h of sessions per week. Hypertension was the CRF in 67% of cases. Nephroangiosclerosis was the most common etiology in 80% of cases. Functionally, libido disorders accounted for 91% of cases, sexual asthenia 64%, orgasm disorders 48%, ejaculation disorders 27%, menstrual disorders 17%, erectile dysfunction 4% and infertility 3%. Severe and moderate sexual disorders were positively correlated in patients over 60 (p=0.009 and p=0.02), but also in hypertensive patients with mild sexual disorders.There was a statistically significant relationship between the occurrence of severe and moderate sexual dysfunction and male diabetic patients (p=0.02 and p=0.04), but also between the occurrence of severe and moderate sexual dysfunction and anemia (p=0.05).

Conclusion

Sexual disorders are major factors affecting a patient's quality of life, and their management must be included in their therapeutic strategies.

P225

FEMALE SEXUAL DYSFUNCTION (FSD) IN CHRONIC HEMODIALYSIS PATIENTS AT THE HEMODIALYSIS CENTER OF CHU/YO (BURKINA FASO)

Zigani Carine RaïSsa, Ati Ahmed Kadio, Juste Bonzi, Gaoussou Sanou, Alassane Dianda, Gérard Coulibaly,

Department of Nephrology and Hemodialysis, Yalgado Ouedraogo University Hospital Ouagadougou - Burkina Faso

Introduction

Progress made in improving the care and quality of life of hemodialysis patients does not seem to improve sexual dysfunctions (SD), which frequency is underestimated due to a lack of anamnesis and reluctance of those concerned. Hence the study and identification of associated risk factors.

Methods

This was a cross-sectional descriptive study conducted in the hemodialysis unit of CHU/YO from November 1, 2020 to January 31, 2021. The variables were urogenital story, sexual activity before and after dialysis, sexual desire, lubrication, satisfaction, pain, orgasm and their impact on daily life. Sexual function was assessed by female sexual function index (FSFI). The data was analyzed by the Sphinx software in its version V5

Results and discussion

A total of 129 patients and the frequency of SD was 81, 5%. The average age of patients with SD was 36, 5 ± 9, 8 ans.

Before starting chronic hemodialysis 80, 6% were sexually active with an average number of sexual intercourses of 6 ± 4. The different sexual disorders found were: sexual desire (77, 3%), excitement (72, 7%), lubrication (72, 7%), anorgasmia (59, 1%), and dyspareunia (86, 4%). There was not sexual activity in 74, 1% after hemodialysis and the main cause was depression (72, 7%). 21 cases (95, 5%) of depressions were noted including three severe (14, 3%) and none under antidepressant treatment.Three patients were circumcised and kept after-effects. Among the 27 patients still sexually active after hemodialysis 81, 5% were SD and 86, 4%¨reported repercussions on their sexual life and quality of life. Three of the 27 reported consulting a gynecologist for their SD and seven others self-medicated for SD. Excitement disorders appeared to depend on the patients' education and mood while lubrication disorders depended on the dialysis catheter placement site.

Conclusion

awareness-raising among patients and their partners is necessary on FSD, its risk factors and its management, a taboo subject in the context of chronic hemodialysis.

P226

INTOXICATION WITH PEGANUM: A CASE REPORT

Djazia Laghmara, Bouabdeli Asma, Zemmouchi Sohaila.

Departments of Nephrology, Costantine & Algiers University Hospitals - Algeria

Introduction

Peganum, commonly known as Harmal, is a plant from the Zygophyllaceae family used in traditional Medicine. Its toxic compound is an alkaloid derived from β-carboline.The toxic part is primarily the seeds, with a toxic dose of 250 mg.

Methods

Patient H.H. presented to the emergency department with neurological symptoms (anterograde memory and concentration disturbances) and visual impairments (sudden decreases in visual acuity with intra-retinal hemorrhage). Initial systematic evaluations revealed the presence of acute kidney injury (AKI) with preserved diuresis. Upon questioning, a history of Peganum intoxication was noted, a plant traditionally used for gynecological issues (the patient had an ovarian cyst).

Results and discussion

Findings:Urea: 2.90 g/LCreatinine: 261 mg/LUric acid: 100 mg/LSodium (Na): 131 meq/LPotassium (K): 3.1 meq/LCalcium (Ca): 89.99 mg/LPhosphorus (P): 75.50 mg/LPTH: 10.89 ng/mLCRP: 19 mg/L24-hour proteinuria: 0.32 g/LViral serology: NegativeImmunology: NegativeTumor markers: NegativeRenal ultrasound: Normal.An associated ophthalmological condition justified further investigations:Fundoscopy: Retinal hemorrhage with pale optic disc. Ambulatory blood pressure monitoring: Normal.Brain MRI: Normal.Fluorescein angiography: Significant retinal hemorrhage.Visual evoked potentials: Bilateral prechiasmatic involvement of the axono-myelinic type.The target organs in Peganum intoxication are primarily the central nervous system (CNS), the heart, and the gastrointestinal tract, along with the eyes.Our patient exhibited renal symptoms in addition to the previously mentioned manifestations, specifically toxic acute tubular necrosis (ATN) with preserved diuresis.Considering the pathological aspects—young age, absence of prior medical history, consumption of the medicinal herb Peganum, multisystem involvement, and negative etiological investigations—the diagnosis of Peganum intoxication was confirmed. Nephrologically, the patient presented with a reversible toxic ATN, which improved with rehydration and vitamin supplementation without requiring dialysis, leading to full renal recovery (creatinine 10 mg/L after one month). Neurological and ophthalmological recovery was slower, with residual sequelae (cognitive disturbances).

Conclusion

Peganum harmala, a plant long used in traditional Medicine, is known in Morocco as an abortifacient, emmenagogue, oxytocic, sedative, antihelminthic, antimalarial, purgative, emetic, antiseptic, healing agent, sudorific, and diuretic. Despite these uses, its application in modern phytotherapy remains limited due to severe toxicity risks, especially renal toxicity, which, although not commonly described, is evident in this case.

P227

SPONTANEOUS PREGNANCY PROGNOSIS IN CHRONIC RENAL FAILURE

Rami Hammami, Aloui Haithem, Frikha Hatem, Slama Feriel, Dhaoui Selma, Abouda Saber Hassine, Channoufi Mohamed Badis.

Gynecology Department C, Maternity and Neonatology Center, Tunis - Tunisia

Introduction

Chronic kidney disease (CKD) poses significant challenges for women desiring pregnancy due to increased risks of maternal complications, including hypertension, proteinuria, and progression of renal dysfunction, as well as adverse fetal outcomes. This study examines pregnancy

outcomes in women with CKD and identifies factors predicting successful maternal and fetal prognosis.

Methods

Retrospective study of 49 spontaneous pregnancies in women with stage 2-4 CKD managed between 2018 and 2023. Data on maternal renal function, hypertension control, and pregnancy outcomes were analyzed. The study aimed to assess live birth rates and identify predictors of maternal and fetal complications.

Results and discussion

Out of the 49 pregnancies in women with CKD stages 2–4 included in the study, 36 pregnancies (73%) culminated in live births. Preeclampsia occurred in 22 pregnancies (45%), necessitating earlier intervention or delivery in 16 cases (32%). Preterm deliveries were observed in 16 pregnancies (32.6%), with a median gestational age at delivery of 34 weeks (range: 28–37 weeks). Worsening renal function was reported in 10 pregnancies (20%), more commonly in women with baseline eGFR <45 mL/min/1.73 m². Predictive factors for positive outcomes included baseline eGFR >45 mL/min/1.73 m² ($p < 0.01$) and well-controlled hypertension throughout the pregnancy ($p < 0.05$). Women achieving target blood pressure (≤140/90 mmHg) had a significantly lower incidence of preeclampsia and preterm labor. Additionally, preconception counseling, involving medication optimization and risk assessment, was associated with better maternal and fetal outcomes ($p = 0.03$). Neonatal outcomes revealed a high incidence of complications, with low birth weight in 13 neonates (25%) and admissions to neonatal intensive care units in 6 cases (12%). Three cases of neonatal death were observed and attributed to extreme prematurity complications. Subgroup analysis showed that pregnancies complicated by poorly controlled hypertension and severe proteinuria (>3 g/day) had significantly worse outcomes, including a higher prevalence of preeclampsia (62% vs. 28%, $p < 0.01$) and earlier gestational age at delivery (median: 32 weeks vs. 36 weeks, $p < 0.01$).

Conclusion

Pregnancies in women with CKD are high-risk but achievable with appropriate preconception and antenatal care. Optimizing maternal renal function and controlling hypertension are critical for improving outcomes.

P228

REPRODUCTIVE HEALTH IN WOMEN WITH KIDNEY DISEASE: A TUNISIAN PERSPECTIVE

Feriel Slama, Aloui Haithem, Trabelsi Soumaya, Frikha Hatem, Hammami Rami, Abouda H.Saber, Chanoufi M. Badis.

Gynecology Department C, Maternity and Neonatology Center, Tunis - Tunisia

Introduction

Reproductive health in women with kidney disease is a critical yet underexplored area in Tunisia, where it has a significant impact on maternal and neonatal outcomes. Chronic kidney disease (CKD) affects fertility, pregnancy viability, and long-term renal health, posing unique challenges for patient care. This study investigates reproductive health outcomes among Tunisian women with CKD, focusing on fertility, pregnancy complications, and neonatal outcomes in a maternity care setting.

Methods

A retrospective analysis was conducted on 10 women with CKD attempting pregnancy at the maternity and neonatology center of Tunis between 2020 and 2023. Data were collected on fertility success, pregnancy outcomes, and neonatal health. The study aimed to identify obstacles to successful pregnancies and propose targeted management strategies.

Results and discussion

Among the 10 women, 7 successfully conceived, with a live birth rate of 71%. Fertility was notably reduced in advanced CKD (stage 4-5). Pregnancy complications included preeclampsia in 40% of cases, preterm birth in 30%, and fetal growth restriction in 20%. Optimized preconception care, including blood pressure control and stabilized renal function, improved pregnancy success . Neonatal complications included low birth weight in 20% and respiratory distress in 10%, managed effectively with early interventions.

Conclusion

Tunisian women with CKD face considerable reproductive health challenges, emphasizing the need for multidisciplinary care. Comprehensive preconception counseling, close pregnancy monitoring, and robust neonatal management are essential for better maternal and fetal outcomes in this vulnerable group

P229

IMPACT OF PRE-ECLAMPSIA ON RISK FOR CHRONIC KIDNEY DISEASE IN A LOW RESOURCED SETTING

Bianca Davidson[1], Bramham kate[2], Manning Kath[3], Rayner Brian[3], Wearne Nicola[3], Jones Erika[3]

1-Department of Hypertension and Nephrology University of Cape Town – South Africa

2 - Department of Nephrology Kings College of London - United Kingdom

3 - Department of Surgery, University of Cape Town - South Africa.

Introduction

Pre-eclampsia affects 10-15% of pregnancies. High-income countries have shown significant, sustained hypertension, heart disease, and kidney failure following pre-eclampsia. There is limited data on the long-term health sequelae in low and middle-income countries, this study aimed to evaluate the impact of pre-eclampsia in South Africa.

Methods

This was a prospective cohort follow-up study that assessed women after pre-eclampsia. Women were recruited on attendance at the Post-partum Hypertension Service. They gave signed informed consent to be included in a prospective registry. Data captured on the registry included demographics, delivery details, clinical parameters and data at first visit and annual follow-ups. The data from the registry were analysed for patient and kidney survival.

Results and discussion

241 women, with a median age of 30 years, presented for first follow-up and 93 completed the one year visit. Pre-eclampsia was complicated by acute kidney injury (AKI) in 119/241 (50%) of patients, liver injury 119/239 (50%), haematological complications 122/240 (51%) and very early delivery (<34 weeks) in 65%. Stillbirths were high at 24%. At first visit, albuminuria was present in 130/236 (55%) and impaired kidney function in 53/236 (22%).

By 1 year, albuminuria was detected in 42% of women and an eGFR <90ml/min/m2 in 20%. Impaired kidney function at first was visit was associated with maternal age at delivery (p=0.001), HIV (p=0.001) AKI during delivery (p=0.001). Only AKI (p=0.019) was associated with an impaired kidney function at 12 months on multivariate analysis. Albuminuria was associated with AKI at delivery (p=0.008) but this lost its statistical significance by 1 year.

Conclusion

Albuminuria and impaired kidney function were detected in high proportions of women within the first year after pr-eclampsia. Acute kidney injury, maternal age and HIV could increase the risk for developing chronic kidney disease after pre-eclampsia.

P230

MANAGEMENT OF HYPERTENSIVE DISORDERS IN PREGNANCY WITH CHRONIC KIDNEY DISEASE

Aloui Haithem, Selma Dhaoui, Feriel Slama, Hatem Frikh, Rami Hammami, M. Badis Chanoufi, Hassine Saber Abouda

Gynecology Department C, Center of Maternity and Neonatology, Tunis - Tunisia

Introduction

Hypertensive disorders, such as preeclampsia and chronic hypertension, are frequently encountered in pregnant women with chronic kidney disease (CKD). These conditions significantly impact maternal and fetal health, increasing the risks of preterm birth, intrauterine growth restriction (IUGR), and worsening renal function. This study aims to explore the challenges of managing hypertension during pregnancy in women with CKD, emphasizing blood pressure control strategies, the safety of antihypertensive medications, and associated clinical outcomes.

Methods

A retrospective cohort study was conducted on 90 pregnancies in women with CKD managed at a tertiary care center between 2020 and 2023. Data on blood pressure control, antihypertensive use, maternal complications, and neonatal outcomes were collected. The objective was to evaluate the effectiveness of management strategies and their impact on maternal and neonatal health.

Results and discussion

Among the cohort, 63% of women achieved blood pressure targets with a combination of labetalol and nifedipine. Preeclampsia occurred in 33% of cases, with an associated preterm delivery rate of 42%. Use of renin-angiotensin system inhibitors was avoided due to fetal risks. Neonatal outcomes included a 22% incidence of low birth weight and 14% NICU admissions. Strict blood pressure control was associated with a 30% reduction in adverse maternal outcomes.

Conclusion

Managing hypertensive disorders in pregnancy with CKD requires careful selection of antihypertensive medications and close monitoring of both maternal and fetal health. Multidisciplinary care is essential for optimizing outcomes in this high-risk population.

P231

UNDER WHAT CIRCUMSTANCES DO WOMEN GIVE BIRTH WITH EXTRARENAL PURIFICATION? RESULTS OF A MULTI-CENTER STUDY

Chaouchi Nadia

Department of Medicine, Nephrology, Dialysis and Kidney Transplantation, Tizi-Ouzou University Hospital -Algeria

Introduction

Conception in extrarenal purification is a rare event with high maternal -fetal risk. Indeed, disturbances in me- tabolism and blood volume interfere with the normal functioning of the hypothalamic -pituitary axis, leading to anovulatory cycles, amenorrhea and decreased libido. The prognosis has improved significantly with progress in the quality of the EER.

Methods

This is a retrospective, descriptive, multicenter study at the level of 4 Department of nephrologys: EPH of AZAZGA, EHS of BLIDA, CHU of Algiers and CHU of Tizi-Ouzou Over different periods. 20 patients in IRCT in EER carrying an evolving pregnancy were included, 19 patients in hemodialysis (HD) and one patient in DPCA.

After confirmation of pregnancy, an increase in the dialysis dose in all patients was ensured. The protocol was daily dialysis (6 days a week), 20 to 24 hours of dialysis and one day of rest/week for patients on HD. re- duction in exchange volumes and increase in frequency from 4 to 6 exchanges/24 hours in CAPD. Clinical, biological and ultrasound monitoring in close collaboration with obstetricians was assured.

Results and discussion

The average age of our patients was 27 years, the duration of HD was more than 5 years in 8 patients and 2 years for the patient in CAPD. The surgical route was an AVF in 66.6% of cases, an average hemoglobin of 11g/dl in 50% of patients, the urea level was less than 0.5g/l in half of the patients. The delivery route was high in 70% of cases, anemia, eclampsia, hypertensive encephalopathy and termination of pregnancy and prematurity were observed. 60% of newborns were alive with an average birth weight of 2.6kg with a prema- turity of around 47%, maternal evolution was favorable in 100% of cases.Our results are close to an Italian study and another study carried out in Saudi Arabia.

Conclusion

It is emphasized that with adequate management and in particular an increase in the dialysis dose, maternal

-fetal complications can be minimized and the risk-benefit balance shifts towards giving a dialysis woman the chance to become a mother.

AFRAN 2025 CONGRESS
Tunis, Tunisia - April 15 - 18, 2025

III- ACUTE KIDNEY INJURY & FLUID AND ELECTROLYTE DISORDERS

P232

HEMODIALYSIS IN PATIENTS ON IONOTROPIC FOR CIRCULATORY SHOCK OUTCOME EVALUATION INCLUDING MORTALITY

Bibi Shaheen[1], Mukhtar Kunwer naveed

1 Deparment of Nephrology, Liaquat National Hospital, Karachi - Pakistan

Introduction

Acute kidney injury (AKI) is a common complication in critically ill patients, significantly increasing mortality rates in the ICU, especially for those needing renal replacement therapy (RRT). Continuous renal replacement therapy (CRRT) is the preferred method for RRT in these patients, allowing for safe delivery of the desired dialysis dose. However, in our country, the implementation of CRRT is limited by a shortage of trained staff and available machines, with cost being the primary barrier. Estimates suggest that CRRT can cost around $3,629.80 per day, compared to approximately $378.60 per day for intermittent dialysis. The existing limited data indicates unfavorable outcomes related to hemodialysis in patients with high ionotropic support. This study aims to investigate the characteristics of hemodialysis for AKI in critically ill patients receiving low-dose iono- tropic support. The primary endpoint of the study is to report mortality rates. As secondary endpoints, we will assess the delivery of the desired dialysis dose, correction of acidosis, management of hyperkalemia, changes in oxygen/FiO2 requirements, and the removal of urea and creatinine. These factors will help evaluate the effectiveness of the dialysis approach in this patient population.

Methods

This study was conducted at Liaquat National Hospital in Karachi, with data collected from the Intensive Care Unit (ICU). Serum urea, creatinine, potassium levels, arterial blood gases (ABGs), and total CO2 (HCO3) levels were measured before and after hemodialysis (see Table 1). Blood pressure (BP) was recorded throughout the dialysis session using a Bed Side Monitor (BSM-2351K), including a special hypotension alarm. Mean systolic and diastolic BP readings were documented for both pre and post-dialysis periods.Norepinephrine was infused through a continuous syringe pump, and the dose of norepinephrine was monitored and adjusted according to BP levels. Duration of Dialysis: 2 to 4 hours (prescribed individually) Dialyzer: Polysulfone dialyzer with a surface area of 1.4 m² Dialysate Flow Rate: 500 ml/min. Blood Flow Rate: 100 to 150 ml/min. Ultrafiltration: 200 to 500 ml/4 sessions (prescribed individually) Dialysis Equipment: Fresenius Medical Care 4008. Data Collection Instrument: Manual proforma Blood Sample Analysis: COBAS 501 analyzer Inclusion Criteria: Patients with critical illness, defined as having two or more organ failures.,Patients with acute kidney injury (AKI) requiring renal replacement therapy for urgent indications, Patients experiencing circulatory collapse who require ionotropic support (with a single ionotropic agent at a dose less than 1 mcg/kg/min of norepinephrine). Exclusion Criteria: Patients requiring high doses of ionotropic (norepinephrine ≥ 1 mcg/kg/min). Patients who did not provide high-risk consent.

Results and discussion

Sixty patients were included in the study. The main causes of circulatory collapse were multi-organ failure and septicemia. Elevated lactate levels were found in 60% of patients (38.5±38.19 mg/dl). Metabolic acidosis with renal failure indicated the need for hemodialysis. 43.8% of patients needed ventilatory support. Two patients died within 24 hours of dialysis cessation due to hypotension, leading to a mortality rate of 3.2% ($p < 0.05$). The average norepinephrine dose was 0.280±0.20849 mcg/kg/min, with 43.8% of patients showing no change, 31.3% needing less, and 25% requiring more. Hemodialysis was completed in 90.6% of cases; 9.4% were discontinued due to hypotension or atrial fibrillation. Ultra- filtration goals were met in 11 of 15 patients. Post-dialysis, blood pressure improved in those who completed treatment. Pre-dialysis, 68.8% needed oxygen, with improvements noted only in those on high-flow oxygen (18.8%).

Conclusion

Hemodialysis in patients with low dose ionotropic support can be performed for life threatening indications, however, small risk of mortality should be kept in mind. Furthermore the risk of mortality is high with ultrafiltration on ionotropic support.

P233

ACQUIRED PROXIMAL RENAL TUBULAR ACIDOSIS TYPE : A CASE REPORT

Nabila Choubane

Department of Nephrology, Bab El Oued Hospital, Algiers - Algeria

Introduction

We report a case of proximal renal tubular acidosis of type 2 related to a defect in drug-induced tubular bicarbonate reabsorption.

Methods

A 22-year-old female patient presented to the emergency department with dyspnea. Medical history revealed pancytopenia, polycystic kidney disease, and a urinary tract infection treated with an aminoglycoside. On clinical examination, the patient appeared generally unwell, with tachypnea RF::45 cycles/min, SAO2: 77%, BP. 120/80 mmHg, HR: 100 bts/mn..Cardiac, pulmonary, and abdominal examinations were unremarkable. The patient reported diffuse bone pain. Laboratory tests revealed pancytopenia, renal insufficiency (urea: 2.93 g/L, creatinine: 56 mg/L), hypocalcemia, and metabolic acidosis (blood pH 7.2, bicarbonate 3 mmol/L). Abdominal ultrasound showed renal cysts.Management consisted of alkalinization. The patient's condition improved, with stabilization of renal function.

Results and discussion

The proximal tubule reabsorbs approximately 80% of the filtered bicarbonate. A deficit at this level leads to bicarbonate loss. Some medications, such as aminoglycosides, can be responsible for the development of acquired proximal renal tubular acidosis. Clinical signs are nonspecific; the presence of dyspnea reflects respiratory compensation. An alkalinizing treatment should be initiated early to prevent progression to the terminal stage

Conclusion

The clinical severity of this disease and the risk of progression to end-stage renal disease justify an early diagnosis in order to institute appropriate management.

P234

OBSTETRIC ACUTE RENAL INJURY AT THE FOUSSEYNI DAOU HOSPITAL IN KAYES - MALI

Aboubacar Sidiki Fofana[1], Samaké Magara[1], Yattara Hamadoun[2], Traoré Ramata[3], Sy Seydou[2], Coulibaly Sah Dit Baba[4], Coulibaly Moctar[5], Fongoro Saharé[5]

1Department of Nephrology, Kayes Hospital,

2 Department of Nephrology and Hemodialysis, Point G Hospital - Bamako,

3 Department of Gynecology, Kayes Hospital,

4 Department of Nephrology, Medical and Surgical Center of Armies, Bamako,

5 Department of Nephrology, Mali Gavardo Hospital, Bamako,

6 Faculty of Medicine and Odontostomatology, University of Science - Mali

Introduction

Obstetric acute renal injury (ARI) encompasses all causes of acute impairment of renal function, from early pregnancy to 3 months postpartum. The aim of this study was to investigate obstetric ARI in the obstetrics and gynaecology department of Kayes Hospital.

Methods

This was a descriptive cross-sectional study covering a one-year period from 1 January 2023 to 31 December 2023.Patients Hospitalised in the gynaecology-obstetrics department with obstetric ARI were included.

Results and discussion

Over 12 months, we recorded 1427 Hospitalisations, including 42 cases of obstetric ARF, i.e. a prevalence rate of 2.94%. The patients lived in rural areas in 79% of cases. The patients were referred by level I and II health facilities in Kayes region in 73.8% of cases.They were multiparous in 39.9% and hypertensive in 76.2% of cases. Pre-eclampsia was the main reason for Hospitalisation (30.9%). Delivery was vaginal in 78% of cases. ARI occurred mainly in thepost-partum period (85.7%), with an average creatinine level of 400.29 µmol/l and an average haemoglobin level of 8.44 g/dl. The main causes of renal failure were severe pre-eclampsia,retroplacental haematoma and immediate post-partum haemorrhage (57.1%, 16.7% and 11.9% respectively). Haemodialysis was used in 12% of cases. Full recovery of renal function was achieved in 64.3% of cases. Maternal mortality was 19% and neonatal mortality 35.7%. The main cause of death was acute lung oedema (35.7%).

Conclusion

Obstetric ARI, often caused by pre-eclampsia, remains common in our context and requires multidisciplinary management.

P235

ACUTE OBSTRUCTIVE RENAL FAILURE REQUIRING EMERGENCY HEMODIALYSIS: EPIDEMIOLOGICAL CHARACTERISTICS AND EVOLUTION

Arbaoui Amal[1], Sellami Nada[1], Fattoum Safa[1], Ben Ayed Tasnim[1], Hermi Amine[2],Ben Hamida Fethi[1], Abderrahim Ezzedine[1]

1 Department of Nephrology, 2 Department of Urology, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Acute obstructive kidney injury (AOKI) has a prevalence of approximately 2 to 10% of all cases of acute kidney failure. Its discovery requires emergency medical and surgical treatment and the early removal of the obstacle determines the reversibility of renal failure.

Methods

It is a single-center retrospective descriptive observational study carried out at a hemodialysis unit of a university Hospital center, including patients aged over 18 years who presented with AOKI with recourse to an emergency hemodialysis session. The study period was spread out between July 2, 2022 and September 15, 2023.

Results and discussion

Among 250 patients having required emergency hemodialysis in the same hemodialysis unit and the same study period, we retained 44 patients meeting the inclusion criteria and having usable records (18%). The average age was 63 years old with male predominance; gender ratio at 2.1. The services most providing emergency hemodialysis following an obstruction in the urinary tract were the emergency and urology departments. High blood pressure was the most common comorbidity (23%). Seventeen patients (39%) already had impaired baseline renal function. Eighteen patients (41%) had at least one history of obstruction on the excretory pathways, 83% of whom had benefited from a urological drainage procedure. Breakage of urine output was the most reported functional complaint (48%). Nine patients had urinary infection. The neoplastic origin of the urinary obstacle was predominant (47%) and the organ most affected was the cervix (18%). The most common indication for hemodialysis was severe metabolic acidosis (45%). Percutaneous nephrostomy (PCN) was the most common drainage method (25%). The average time for urological intervention was 11.5 days. The evolution was favorable with cessation of extra-renal purification in 41% of cases. Death occurred in 27% of cases. The occurrence of death was correlated with older age (p=0.027).

Conclusion

Collaboration between nephrologist and urologist in the management of AOKI is essential. The earlier urinary drainage occurs, the less the parenchymal damage will take place.

P236

CONTRAST-INDUCED ACUTE KIDNEY INJURY IN NEPHROLOGY: IMPACT OF RISK FACTORS AND THE ROLE OF PRE-PROCEDURAL REHYDRATION A SINGLE-CENTER EXPERIENCE

Mechaacha Kawther, Zeroual Fatima Zohra, Meknassi Djamel, Djoudad Kada, Zerdoumi Faiza

Department of Nephrology, University Hospital, Oran - Algeria

Introduction

Contrast-induced acute kidney injury (CI-AKI) is a significant complication in nephrology, particularly in high-risk populations. This study aimed to evaluate the incidence of CI-AKI and the impact of pre-procedural rehydration on patient outcomes at our nephrology center.

Methods

This retrospective study included 64 patients from the outpatient care unit of nephrology department in EHU of Oran over an 18-month period between 2023 and 2024. Risk factors for CI-AKI included age >70 years, diabetes mellitus, vascular disease, congestive heart failure, anemia, and baseline renal insufficiency. Serum creatinine and GFR were measured before and after contrast exposure, data was analyzed with SPSS 25.0 and a linear regression analysis was conducted to identify predictors of GFR decline.

Results and discussion

The cohort consisted of 54.7% males, with a mean age of 70.5 ± 10.21 years, 45.3% of which had diabetes mellitus; Pre-procedural rehydration was performed in 28.1% of cases. The mean pre-procedure creatinine was 19.50 ± 10.56 mg/L, increasing to 22.98 ± 13.18 mg/L post-procedure. GFR decreased from 39.42 ± 19.90 mL/min to 33.64 ± 16.52 mL/min, with a mean GFR loss of 5.77 ± 20.10 mL/min. CI-AKI occurred in 48.4% of patients,with 7.8% requiring dialysis, 1 death, and 2 Hospital admissions. Only 9.4% recovered completely after AKI. Significant positive correlation was observed between GFR decline and hemoglobin levels before the procedure($p = 0.021$). No statistical differences in GFR loss were noted between genders($p = 0.283$) or with age($p = 0.589$), patients who were prepared with IV hydration before procedure did not lose GFR after procedure (+ 4.97 vs -9.91 for those who didn't receive IV hydration with $p=0.0001$) Regression analysis revealed that baseline renal insufficiency ($B = 29.70$, $p < 0.001$) was the strongest predictor of GFR loss, explaining 47.9% of the variance ($R^2 = 0.479$). Other factors, including age >70, di-

abetes, and vascular disease, showed no significant association.

Conclusion

CI-AKI remains a frequent complication, particularly in patients with baseline renal insufficiency. Despite its low implementation, pre-procedural rehydration should be prioritized as part of preventive strategies to mitigate kidney function decline. Further studies are needed to optimize CI-AKI management and improve patient outcomes.

P237

DRUG-INDUCED ACUTE KIDNEY INJURY: ETIOLOGICAL AND EVOLUTIONARY ASPECTS OBSERVED AT THE REGIONAL UNIVERSITY HOSPITAL OF CONSTANTINE

Bousakhria Mahmoud, Djahid Bendjeddou, Mahmoud Chiad

Department of Nephrology, Military Hospital, Faculty of Medicine, Salah Boubnider University, Constantine - Algeria

Introduction

Drug nephrotoxicity is the most typical manifestation of acute kidney injury (AKI), accounting for more than 20% of cases of AKI seen in Hospitals. It is also considered a risk factor for chronic kidney disease (CKD). The objective of this study is to determine the incidence of drug-induced AKI at the Regional University Hospital of Constantine (RUHC) and the evolutionary characteristics of these adult patients.

Methods

this is prospective study, over a period of two years, from January 2017 to December 2018, interesting patients with drug-induced AKI Hospitalized or seen in consultation at RUHC.

Results and discussion

A total of 104 cases of drug-induced AKI were included in the study out of 636 AKI diagnosed from all causes, an incidence of 16.4%. The mean age was 60,5±16,6 years, with a sex ratio M/F of 1.21. Acute tubular necrosis is the most common (61.5%) versus functional AKI (25%) and acute interstitial nephritis (6.7%). Drugs altering renal autoregulation were responsible for 51% of drug-induced AKI; followed by combinations of several nephrotoxic drugs in 15.4% of cases; chemotherapy products in 11.5%; contrast products in 9.6%; and antibiotics in 5.8%. At 6 months of the AKI episode, 20% of our patients recovered a GFR> 60 ml / min/1.73m2, 55.8% presented a CKD stage 3, 15.8% CKD stage 4 and 8.4% CKD stage 5.Our study identified some factors of poor prognosis for progression to CKD, such as advanced age, history of diabetes and cancer, significant proteinuria, drug-related factors represented by chemotherapy products, concomitant intravenous and enteral route of administration as well as prolonged exposure to the drug.

Conclusion

Over 12 months, we recorded 1427 Hospitalisations, including 42 cases of obstetric ARF, i.e. a prevalence rate of 2.94%. The patients lived in rural areas in 79% of cases.The patients were referred by level I and II health facilities in Kayes region in 73.8% of cases.They were multiparous in 39.9% and hypertensive in 76.2% of cases. Pre-eclampsia was the main reason for Hospitalisation (30.9%). Delivery was vaginal in 78% of cases. ARI occurred mainly in the post-partum period (85.7%), with an average creatinine level of 400.29 µmol/l and an average haemoglobin level of 8.44 g/dl. The main causes of renal failure were severe pre-eclampsia, retro-placental haematoma and immediate post-partum haemorrhage (57.1%, 16.7% and 11.9% respectively). Haemodialysis was used in 12% of cases. Full recovery of renal function was achieved in 64.3% of cases. Maternal mortality was 19% and neonatal mortality 35.7%. The main cause of death was acute lung oedema (35.7%).

P238

ACUTE RENAL FAILURE IN NEPHROLOGY, ETIOLOGIES AND PROGNOSIS

Khellaf Ghalia, Chelghoum Souad, Benziane Ali

Department of Nephrology, Bab El Oued University Hospital Faculty of Medicine, Benyoucef Benkhedda,University, Algiers - Algeria

Introduction

AKI is a sudden failure of renal function and its prognosis depends on the aetiology and factors associated with this AKI. The recruitment of patients in AKI is different from that of intensive care units. In 3 years we have received 128 patients for management of AKI, we will analyse the aetiologies and prognosis.

Methods

The study was a single-centre retrospective study of all patients admitted to our department between January 2008 and December 2010; ARF in children, ARF of obstetrical origin and ARF not treated with dialysis were not included. Clinical, biological, therapeutic and evolutionary parameters and complications were recorded and analysed, as were the modalities and duration of extrarenal purification.

Results and discussion

We selected 128 cases of AKI: 68 F and 60 H, with an average age of 50 years (17-84 years), oligoanuric AKI in 54 patients (42%), pre-existing chronic renal failure in 38 patients (29%), all patients requiring immediate renal replacement therapy (RRT) as the main reason for their transfer to our department, with 50% of patients coming from medical departments and 50% from intensive care departments without RRT facilities. The aetiologies of ARF were as follows: 48 by NTA 37%, 51 by glomerular damage 39%, 16 of obstructive origin 12%, 13 of undetermined origin 10%. The EER modalities used were conventional haemodialysis for 118 patients (92%) and continuous dialysis of the CVVHDF type for 10 patients (8%). The patients had a rhythm of haemodialysis sessions between (4 - 20) sessions/patient, DP no patient. The mean follow-up time for patients was 12 weeks (2-30 months). Death occurred in 19 patients (14%), CKD in 33 patients (21%) and 6 patients (5%) who progressed to chronic dialysis.Our recruitment of ARF patients includes both intensive care unit patients and so-called medical ARF patients. This is explained by the absence of acute dialysis care in the majority of intensive care units; the prognosis of ARF patients depends largely on the quality of the acute dialysis that can be offered to them.

Conclusion

The distribution of the causes of ARF in our recruitment is mixed made up of medical and surgical ARF, mortality in our department is 14% is not high, due to the bias of recruitment of patients in multi-visceral failure who are not entrusted to us by the ICUs, the development in nephrology and intensive care of continuous acute therapies is underway in our Hospitals.

P239

POST-PARTUM ACUTE RENAL FAILURE EXPERIENCE OF A SINGLE CENTER

Khellaf Ghalia, Benziane Ali

Department of Nephrology, Bab El Oued University Hospital, Faculty of Medicine, Benyoucef Benkhedda,University, Algiers - Algeria

Introduction

Postpartum ARF is still a frequent complication in our country. The aim of our study was to evaluate the clinical profile, aetiological circumstances and evolution of postpartum ARF.

Methods

This is a single-centre retrospective study of all patients admitted to our department for extra renal purification between January 2008 and December 2010 for postpartum ARF. We analysed the clinical profile (age, blood pressure, diuresis, state of consciousness), obstetrical profile (parity, gestational age, type of delivery, condition of the newborn), aetiological circumstances, complications and evolutionary profile of our patients. All patients with a history of renal disease were excluded from the study.

Results and discussion

Over 3 years, we received 27 patients with an average age of 30 years (22-43 years) at the time of diagnosis, 16 of whom were not pregnant (60%), 21 of whom were delivered in Hospital by caesarean section (78%), and 6 of whom were delivered vaginally (11%). Oligoanuria was observed in 19 patients (70%), severe hypertension in 15 patients (55%) and eclampsia in 4 patients (14%). Survival of newborns was 16 and 11 fetal deaths in utero. The aetiological circumstances: pre-eclampsia-eclampsia in 22 patients 80%, haemorrhage of the uterus in 22 patients 80%. Delivery haemorrhage in 4 patients (14%), the obstetrical picture was complicated by HRP in 8 patients (30%), HELLP syndrome in 14 patients (50%), DIC in 1 patient (3%) and septic shock in 1 patient (3%). Conventional haemodialysis was the only method of ESRD used, with patients receiving an average of 4 ESRD sessions (2 - 10), total recovery of renal function in 21 patients (77%), chronic renal failure in 1 patient (3%), irreversible acute renal failure in 3 patients (11%) maintained on chronic dialysis, and 2 deaths.Discussion Postpartum ARF occurs most often in multiple gestations and the most frequent aetiological circumstance is pre-eclampsia. Fortunately, the prognosis of patients transferred to the university Hospital centres is good, mortality remains low, and the renal prognosis of our patients is good since it is reversible in more than 2/3 of cases, but foetal losses remain high.

Conclusion

Post-partum ARF remains a public health problem, even in urban areas. The medicalisation of childbirth has improved the maternal prognosis, but the fetal prognosis remains poor due to poor pregnancy monitoring.

P240

GIANT FECALOMA CAUSING ACUTE OBSTRUCTIVE RENAL INJURY

Amal Arbaoui [1], Chermiti Mohamed[1], Moujahed Lamis[2], Cherni Nedia[1]

2 Department of Nephrology, Le Kef Regional Hospital,

2 Department of Emergency Medicine, La Rabta Hospital, Tunis - Tunisia

Introduction

Acute obstructive renal injury (AORI) is a medical-surgical emergency that can endanger the patient's renal and vital prognosis. Its causes are multiple, dominated by urinary stones and tumor pathology of the urogenital system.

Methods

We report the case of a patient who presented with AORI and in whom the obstruction was secondary to a giant fecaloma.

Results and discussion

It is a 33-year-old girl with a history of polymalformative syndrome,myelomemingocele operated at a young age and keeping as after-effects, a paraplegia and a urinary and fecal incontinence.She had also a history of chronic constipation complicated by a recurrent sub-occlusive syndrome. On examination, she was febrile, hemodynamically and respiratory stable.She showed signs of extracellular dehydration: dark circles under the eyes and a lazy skin fold. She had clear bilateral pain to lumbar shock but hadn't a bladder globe on palpation. Her diuresis was not quantifiable because of the urogenital malformation.On biology, she had hyperleukocytosis at 26500 with neutrophil predominance, hyperkalemia at 6.56 without electrical signs,hyperuremia at 45 mmol/l and creatinine level at 598.1 µmol/L. The hemoglobin and calcemia levels were normal.The urine culture was not contributory because it was done after initiation of probabilistic antibiotic therapy and showed aseptic leukocyturia.Renal ultrasound showed severe bilateral ureterohydronephrosis and abdominal scanner revealed the presence of a huge fecaloma compressing both lower ureters. The diagnosis of acute pyelonephritis (APN) complicating an AORI was retained and the fecaloma was considered to be the cause of extrinsic ureteral obstruction.Our approach consisted of rectal enemas for 3 successive days, placement of a suprapubic catheter for drainage of the urinary tract, probabilistic antibiotic therapy with doses adapted to renal function, hydration and correction of electrolyte disorders.The evolution was marked by the occurrence of diarrheal debacle during the 3 days with clinical and biological improvement especially an adintegrum recovery of renal function after 3 weeks of treatment.

Conclusion

Fecaloma is an exceptional cause of urinary tract obstruction.It may be responsible of this complication if it is giant and hence causes an AORI. It seems then interesting to think about it in patients with particular conditions.In our case,the scanner allowed the positive diagnosis to be made.

P241

FACTORS ASSOCIATED WITH ACUTE KIDNEY INJURY DURING SEVERE MALARIA IN CHILDREN AGED LESS THAN 15 YEARS AT THE BORGOU AND ALIBORI DEPARTMENTAL UNIVERSITY HOSPITAL CENTER (BENIN)

Seraphin Ahoui[1], Kpanidja Gérard[2], Dansou Juliette[1], Bossikponon Léocadie[1], AgbeilleFalilatou[2], Vigan Jacques[1], Adedemy Julien Didier[2]

1 Department of Nephrology, 2 Department of Pediatrics, Faculty of Medicine, University of Parakou, Borgou - Benin

Introduction

Severe malaria is complicated by acute kidney injury.Objective: study the factors associated with acute kidney injury (AKI) and its evolution during severe malaria in children aged from one month to 15 years in the pediatric department ofBorgou and Alibori Departmental Teaching Hospital(CHUD-B/A) in Benin.

Methods

This was a longitudinal study with prospective collection of data in children admitted to the pediatric department for severe malaria, from June 10, 2024 to October 10, 2024 with three months of recruitment. The follow-up period was one month. Acute kidney injury was retained and ranked according to KDIGO 2012 criteria. Sampling was exhaustive.The data was collected, entered and analyzed with a significance threshold $p< 0.05$

Results and discussion

Of the 204 patients selected, 43 had presented an acute kidney injury i.e. a frequency of 21.1% and 24 (55.8%) patients were in stage I. The average age was 57.3±37.6 months. Oliguria was found in 86.0%. All affected children presented with acute tubular nephropathy syndrome. As a complication, we had four cases (9.3%) of water and sodium

overload, one case (2.3%) of metabolic acidosis and one case (2.3%) of threatening hyperkalemia. Factors associated with ARA were the presence of hepatomegaly (p=0.04), splenomegaly (p=0.03) and hypoglycemia (p=0.03). The evolution was favorable for 81.4% and eight (18.6%) deaths were recorded.

Conclusion

AKI remains a complication of severe malaria. Early treatment promotes clinical improvement.Keywords: Acute kidney injury, child, severe malaria, Benin.

P242

ACUTE KIDNEY INJURY IN MULTIPLE MYELOMA PATIENTS: EXPERIENCE OF THE NEPHROLOGY DEPARTMENT OF MONASTIR

Maissa Ben Rhouma, Ben Mahmoud Nouha, Ben Salem Mariem, Ben Salah Manel, Bchir Sirine, Letaeif Ahmed, Skhiri Habib

Department of Nephrology, Fattouma Bourguiba University Hospital, Monastir - Tunisia

Introduction

Multiple myeloma (MM) is a hematologic malignancy involving plasma cell proliferation, accounting for 1-2% of all cancers. In North Africa, MM prevalence and mortality are notably higher compared to regions like Kuwait and the UAE. Kidney impairment, often an early complication, occurs in nearly half of MM patients, driven by both monoclonal immunoglobulin-related and unrelated factors. This study examines the presentation, diagnosis, treatment, and outcomes of MM patients with acute kidney injury (AKI).

Methods

This is a single center retrospective, cross-sectional study carried out in the Nephrology Department of Fattouma Bourguiba's university Hospital in Monastir between Marsh 2020 and Marsh 2024, focusing on MM patients presenting with AKI. Clinical, biological, and evolutionary data were recorded.

Results and discussion

The study included 31 patients with a median age of 64 ±12.47 years. A slight male predominance was noted with sex ratio of 1.06. The most frequent clinical signs were asthenia (16patients) and dehydration (10 patients). Most patients presented an AKI with previously normal kidney function (17 patients) and the median creatinine level was 373µmol/L. Proteinuria was present is most of cases (20 patients) and its median level was 2g/d. Anemia was the most common laboratory findings (29 patients; 93.5%).MM was diagnosed in 21 patients at the moment of Hospitalization for AKI. Kidney biopsy was only performed in 7 patients, and it showed features of light chain cast nephropathy in 4 patients, MIDD in 1 patient, fibrosis in one patient and was inconclusive in one patient. Most patients received intravenous hydration (22 patients; 71%) and corticosteroids (25patients; 83.3%). Hemodialysis was performed in 9 patients (29%). Most of patients exhibited partial renal recovery (14 patients; 45.6%) while absence of recovery was noted in 3 patients.

Conclusion

In the setting of multiple myeloma, AKI is mainly due to light chain deposition in the tubules and kidney biopsy is not always mandatory when the presentation is typical. Hemodialysis is required in one-third of cases and fluid management all along with chemotherapy remain the cornerstone of treatment.

P243

ACUTE TUBULAR NECROSIS AND PODOCYTOPATHY ASSOCIATED WITH THE USE OF CARFILZOMIB IN RELAPSED MULTIPLE MYELOMA

Zainab Amghar[1], Hassani Kawtar[1], Mahtat El Mehdi[2], El Kabbaj Driss[1]

1 Department of Nephrology, Dialysis and Transplantation, 2 Department of Clinical Hematology Mohammed V Military Training Hospital, Rabat - Morocco

Introduction

Carfilzomib, a proteasome inhibitor, has been recently introduced as alternative therapy for relapsing and refractory multiple myeloma. We report a case of severe acute kidney failure with podocytopathy associated with the use of Carfilzomib in a patient with refractory multiple myeloma.

Methods

A 68-year-old women with sarcoidosis and a 30-month history of IgG Kappa multiple myeloma, previously treated with Lenalidomide, Bortezomib and Dexamethasone, relapsed during treatment maintenance. It was then decided to switch to Daratumumab, Carfilzomib (20mg/m2) and Dexamethasone. One week after the first course of treatment, and without any use of another drug or radiocontrast exposure, she developed acute kidney injury with creatinine levels going from 1mg/dL to 5,5mg/dL with a nephrotic syndrome (hypoproteinemia at 55g/L, hypoalbuminemia at 18g/L and albumin/creatinine ratio at 77g/g). Kidney biopsy

findings were consistent with severe acute tubular necrosis associated to a significant podocytopathy with many hyalin cylinders, without thrombotic microangiopathy. IgM, C3 and C1q deposits were observed in immunofluorescence.One week after the discontinuation of Carfilzomib, nephrotic syndrome remained and kidney function did not spontaneously improve, hence the introduction of corticosteroids at 1mg/kg/day, with a partial remission after 10 weeks of treatment. However, the hematological response was spectacular after the single dose of Carfilzomib, with an initial monoclonal spike going from 54,8 g/L to 4,8 g/L, and a free light chains ratio going from 10,5 to a normal 1,67.

Results and discussion

Carfilzomib induced acute tubular necrosis found in the renal biopsy has been reported. The mechanism has not been determined, and the role of monoclonal light chains cannot be dismissed, especially since Carfilzomib is used to treat relapsed or refractory myeloma. Kidney injuries could be caused by both the drug and the light chains. However, our patient didn't present any clinical signs that could trend towards kidney damage prior to the treatment.Moreover, the short window between the first dose and the development of AKI suggests that Carfilzomib played a role.

Conclusion

Carfilzomib's renal toxicity is common and unpredictable, and the recovery of the patient's renal function doesn't always occur despite the discontinuation of the drug, and introduction of appropriate treatment.

P244

ACUTE RENAL FAILURE AND RHABDOMYOLYSIS SECONDARY TO INFECTIOUS ETIOLOGIES

Amira Sakay, Raja Boukadida, Mrabet Sanda, Azzabi Awatef, Ben Aicha Narjes, Sahtout Wissal, Guedri Yossra, Zellama Dorsaf

Department of Nephrology, Sahloul University Hospital, Sousse - Tunisia

Introduction

Rhabdomyolysis is a clinico-biological syndrome caused by acute lysis of striated skeletal muscle fibers. It is diagnosed in the presence of a clinical picture associated with elevated creatine kinase (CK) levels >1,000 U/L or more than five times the normal limit. It can be complicated by acute renal failure (ARF). The etiologies of rhabdomyolysis are diverse, including direct trauma, toxins, infections.

Methods

We report cases of AKI in the setting of rhabdomyolysis secondary to infectious pathology Hospitalized in the Nephrology Department of Sahloul Hospital in Sousse between 2018 and 2023.

Results and discussion

9 patients were included, 8 men and one woman. Mean age at diagnosis was 55.8 ± 21.2 years.3 patients were diabetic and 3 hypertensive. The main circumstances of discovery were myalgias (5 cases), uraemic syndrome (5 cases) and oligo-anuria (2 cases). On physical examination, all patients showed poor urine sediment and hematuria on dipstick. Mean creatinine at diagnosis was 957umol/l ± 407umol/l. Mean CPK was 41638 IU/L. Hyperkalemia was observed in 7 patients and hypocalcemia in 7 (77%). This rhabdomyolysis was explored, and an infectious investigation was carried out in view of various clinical signs such as fever associated with respiratory distress in 4 patients, lower urinary tract signs in two patient, eschar in one case and chills in two patients. This infection was confirmed by the presence of a germ on blood cultures, urinary cytobacteriological examination and SARS-Cov2 PCR. Hydration with isotonic saline was prescribed in all cases. Extra-renal replacement therapy (ERT) was indicated in 8 cases (88%). Indications for hemodialysis were dominated by severe metabolic acidosis and threatening hyperkalemia.Alongside these symptomatic measures, management of the causative agent was initiated as soon as it was confirmed, including appropriate antibiotic therapy. The average Hospital stay was 07 days.Renal function improved and muscle enzymes normalized after an average of 05 days. All living patients recovered normal renal function. Only one patient died of septic shock.

Conclusion

Although ARF secondary to rhabdomyolysis has previously been described in the literature, it has received little attention in nephrology. Infection is a cause of rhabdomyolysis, which must be treated early to improve progression and limit morbidity.

P245

THE EVOLUTIONARY PROFILE OF RENAL FAILURE IN GOLD PANNERS PATIENTS HOSPITALISED IN THE NEPHROLOGY AND HEMODIALYSIS DEPARTMENT OF THE CHU-YO FROM MARCH 2013 TO FEBRUARY 2024

Alassane Dianda,Sanou Gaoussou, Bonzi Y. Juste, Bonego Marthe, Kawané Ulrich Kevin, Sebego K. Daniel, Coulibaly Gérard

Department of Nephrology and Hemodialysis, Yalgado Ouédraogo University Hospital, Ouagadougou - Burkina Faso

Introduction

Artisanal gold panning is widespread in Burkina Faso. The activity of gold panning exposes to the development of various pathologies, among which the renal damage which is characterised by its frequency and its gravity. Objective to study the evolutionary profile of renal failure in gold panning patients Hospitalised in the nephrology and hemodialysis department of the CHU-YO.

Methods

This is a case series study with retrospective data collection. It covered the 11-year period from 1 February 2013 to 30 March 2024. We included all gold-panning patients with renal failure during the period. Renal failure was the main variable, with serum creatinine ≥ 130 mmol/L. Gold panning was defined as an informal activity involving the extraction of gold in an unplanned manner, using mainly manual methods, rudimentary tools and toxic chemicals such as mercury and cyanide. The use of mercury and cyanide by patients in our study population represents a risk of kidney damage

Results and discussion

A total of 98 patients, 96.9% of whom were male. The mean age was 30.6 ± 9.2 years, with extremes of 16 and 66 years. Mercury use was found in six patients. High blood pressure was the most common personal pathological antecedent (38.7%). Clinical signs were dominated by vomiting and dyspnea (44.9% and 39.8% respectively), and pale conjunctivae were observed in 62.2% of patients. The mean creatinine level was 1974.9 µmol/L ±1092.5 µmol/L. The nosological type encountered was CKD in 88 cases and AKI in ten cases. Chronic glomerular nephropathy was the presumed cause of CKD in 36.4% of cases, followed by chronic tubulointerstitial nephropathy in 12.5%, chronic vascular nephropathy in 4.5% and hereditary nephropathy in 2.3%. Thirteen patients (13.27%) died.

Conclusion

Prospective studies with a methodology enabling risk factors to be identified are needed with a view to better prevention of kidney disease in Artisanal gold panning.

P246

KIDNEY FAILURE DURING HEPATOCELLULAR INSUFFICIENCY IN THE HEPATO-GASTROENTEROLOGY DEPARTMENT

Alassane Dianda[1], Bonzi Y. Juste[1], Sanou G[1], Bance A. M. Rachida[1], Sinon Naadyatou B[1], Kienou Abdias[1], Somda K. Sostène[2], Coulibaly Gérard[1]

1 Department of Nephrology and Hemodialysis, Yalgado Ouedraogo University Hospital, Ouagadougou,Burkina Faso,

2 Department of Hepato-Gastroenterology, Yalgado Ouedraogo University Hospital, Ouagadougou - Burkina Faso

Introduction

Hepatocellular insufficiency (HCI) is one of the most common syndromes in the world. It can cause kidney damage by various mechanisms. Objective to identify the different types of failure, we set out to study renal damage during HCI in patients Hospitalised in the hepato-gastroenterology (HGE) department of the Yalgado Ouédraogo University Hospital (CHU-YO).

Methods

This was a descriptive and analytical cross-sectional study with retrospective data collection. Over a five-year period from June 1, 2017 to May 30, 2022 in the HGE department of the CHU-YO. Adult patients admitted to Hospital with Hepatocellular insufficiency (HCI) and renal failure (RF) was included in the study. The variables included liver function, renal function, biological blood, blood pressure and morphological data. HCI was defined as acute or chronic structural and functional impairment of the liver by a decrease in coagulation factor V, a negative Koller's test and a prothrombin rate (PT) of less than 50%, Hepatorenal syndrome (HRS) was severe HCI associated with AKI, and no-HRS were all undetermined RF when the clinical and paraclinical information did not allow classification as AKI or CKD. AKI was defined as normalization of GFR in less than three months. We defined chronic kidney disease (CKD) according to the KDIGO. Quantitative variables were expressed as mean and standard deviation. Qualitative variables were expressed as numbers and percentages. we used the chi-square test and the Fisher test for observations. The significance level was 5%.

Results and discussion

Forty-four patients admitted to the HGE department during the study period met our criteria. These patients included 32 men (72.7%). The mean age was 47.6 ±14 years. The main clinical signs were asthenia (86.3%), abdominal pain (77.2%), ascites, hepatic encephalopathy (68.1%) and oedema of the lower limbs. 47% of patients had SHR, 20.4% had unclassifiable renal failure and 31.8% were non-SHR. Twenty-one deaths (47.7%) were recorded. In patients with SHR. The mean creatinine level was 280.5 ± 154.4 µmol/L. Laxative use and hypotension were factors associated with HCI and renal failure.

Conclusion

Renal failure is frequent in HCI in our context. The laxatives using and hypotension were identified as factors associated with the decline in renal function.

P247

SEPTIC ACUTE KIDNEY INJURY: IS IT ALWAYS ACUTE TUBULAR NECROSIS? ABOUT 147 CASES

Amine Boughmi, Anibar Sara, Smaali Souhail, Ali Elkhand, Elouazzani Mouad, Bouchoual Mohammed, Jabrane Marouane, Arrayhani Mohamed

Department of Nephrology, Hemodialysis, and Kidney Transplantation, Souss Massa Hospital & Ibn Zohr University, Agadir - Morocco

Introduction

Sepsis is one of the risk factors contributing to the occurrence of acute kidney injury (AKI). It is associated with heavy morbidity and mortality. The aim of our study is to determine the clinical-biological, evolutionary and etiological profile of AKI occurring during sepsis in our context.

Methods

Retrospective descriptive study including all subjects admitted for sepsis (all forms) to the Souss Massa University Hospital in Agadir and for whom the nephrology team was requested in the face of IRA according to the KDIGO 2012 definition.

Results and discussion

We collected a total of 147 cases, or 12.47% of admissions for AKI. A male predominance was noted with a sex ratio of 1.6. The most frequent age group was 60-70 years. They were hypertensive and diabetic in 27.2% and 35.3% of cases respectively. Clinically, 41.5% of patients were hemodynamically unstable on admission, with vasoactive drugs being used in 51%. Sepsis was pulmonary in 31.1%, and urinary in 3.5% with the mean leukocyte count of 17824.8 elements/mm3. AKI was severe, classified as AKIN III in 66% of cases with a mean creatinine level on admission of 54.3 mg/l. Regarding the etiologies of IRA, functional causes are predominant in 44,8%, however, organic causes were identified in only 27,3%. Dialytic management was indicated in 35.4% of our patients (52 of the cases), mainly in the face of hyperkalemia (62%). The outcome was fatal in 62% of cases; while return to normal function was noted only in 17.7%.

Conclusion

AKI often occurs early and severely during sepsis. It is mainly manifested by oligoanuria. It is often acute tubular necrosis, however, other causes including pre-renal are possible and must be systematically sought as highlighted by our results and the literature data.

P248

ACUTE INTERSTITIAL NEPHRITIS FOLLOWING HERBAL CONSUMPTION OF AFRAMOMUM SULCATUM IN A YOUNG MALE: A CASE REPORT

Mohamed Essayah, Boukabous Imane

Department of Nephrology, Dialysis, and Transplantation, Mohammed VI University Hospital; Faculty of Medicine and Pharmacy, Oujda - Morocco

Introduction

Herbal remedies are widely used across cultures, yet their nephrotoxicity is often under-recognized. Acute interstitial nephritis (AIN) is a significant cause of drug-induced acute kidney injury (AKI). The aim of this study is to report details on a case of severe AKI in a young male following the consumption of Aframomum sulcatum (grains of paradise), a medicinal plant with limited safety documentation.

Methods

Case Presentation: A 20-year-old male with no notable medical history presented with diffuse abdominal pain, vomiting, and hypertension (151/89 mmHg). Two weeks prior to the symptoms onset, he had consumed an herbal infusion made from Aframomum sulcatum. Laboratory investigations revealed severe AKI (serum creatinine: 2086 µmol/L) and eosinophilia (eosinophils: 5570/mm³). Renal biopsy demonstrated interstitial edema, dense mononuclear infiltrates rich in eosinophils, and tubular damage, confirming immune-allergic AIN. Management consisted of herbal consumption discontinuation. Besides the patient underwent hemodialysis and intravenous fluid support, re-

sulting in substantial recovery. Serum creatinine normalized to 132 µmol/L within three weeks without corticosteroid use.

Conclusion

Herbal-induced nephrotoxicity should be considered in patients presenting with unexplained AKI. Detailed history-taking and timely renal biopsy are essential for diagnosis. This case underscores the potential nephrotoxicity of Aframomum sulcatum, which is traditionally used for its antimicrobial, anti-inflammatory, and digestive benefits. Awareness of the risks associated with herbal products is critical to prevent adverse outcomes.

P249

MORTALITY OF PATIENTS UNDERGOING HEMODIALYSIS FOR ACUTE KIDNEY INJURY: EXPERIENCE OF A SUB-SAHARAN AFRICAN CENTER

Juste Yeremade Bonzi[1], Meda Bertrand[2], Kabore Issa[1], Zoehinga Patrice[1], Sanou Gaoussou[1], Sawadogo Amidou[1], Coulibaly Gérard[1]

1 Department of Nephrology and Hemodialysis, Yalgado Ouedraogo Teaching Hospital,

2 Health Sciences Research Institute, National Center for Scientific and Technological Research, Ouagadougou - Burkina Faso

Introduction

Mortality linked to Acute Kidney Injury (AKI) is well documented in developed countries, but there are few studies on this issue in sub-Saharan African countries. Our research aimed to determine the mortality rates and identify associated factors among patients undergoing hemodialysis for AKI.

Methods

We reviewed the records of patients Hospitalized for AKI between January 1, 2013, and June 30, 2024, at the Nephrology and Hemodialysis Department of the Yalgado Ouédraogo University Hospital in Ouagadougou,Burkina Faso. We included records of patients who were at least 16 years old and had undergone at least one dialysis session due to complications of AKI, which was defined according to the KDIGO 2012 criteria. The dependent variable in our analysis was death, and we identified predictors of mortality in AKI patients through a comprehensive literature review. We utilized STATA software for data analysis, considering a p-value greater than 0.05 as statistically significant. The mortality rate was estimated with a 95% confidence interval, and logistic regression was employed to identify mortality-related factors. Our national ethics board approved the study protocol developed for a national survey (approval number: 2024-06-169).

Results and discussion

A total of 155 patients were included in the study, with a mean age of 38.1 years (±16.4), and a male-to-female ratio of 1.4. The primary reasons for initiating dialysis were anuria lasting more than 72 hours, which affected 50 patients, and a combination of at least two complications requiring dialysis, observed in 36 patients. We recorded 28 deaths (17 men), resulting in an overall mortality rate of 18% (95% confidence interval: 12-25). Among the deceased patients, the main indications for dialysis were overload and a combination of multiple complications, reported in nine and ten cases, respectively. No factors were found to be significantly associated with mortality in either univariate or multivariate analyses.

Conclusion

We observed a high mortality rate in young patients without significant comorbidities; however, the sample size was insufficient to determine associated factors. A nationwide study will reveal the actual mortality rate and its related factors.

P250

THE EVALUATION OF KIDNEY FUNCTION BEFORE, DURING AND AFTER FASTING RAMADAN

Hajar Tchich, Kharrat Assia, El Ghali Fatima Ezzahra, El Khayat Salma, Mtioui Naoufal, Zamd Mohamed, Medkouri Ghislaine, Benghanem Mohamed

Department of Nephrology, Ibn Rochd University Hospital, Casablanca - Morocco

Introduction

Fasting during the month of Ramadan is one of the five pillars of Islam, that involves abstinence from food, drink and medication from dawn to dusk. This study aims to synthesise the evidence of the effect of Ramadan fasting on changes on kidney function, risk factors, episodes of acute kidney injury and impact on the quality of life in patients with CKD

Methods

This prospective, observational, and longitudinal study was conducted at the Nephrology department of Ibn Rochd's University Hospital, between February -July 2022/Patients were recruited using convenient sampling. Demographic data along with renal function were recorded before Ramadan. Patients who had a medical contra-indication for fasting were excluded from the study [severe or resistant arterial hypertension, insulin-requiring diabetes, acute renal failure (ARF), active renal disease, repetitive urolithiasis or terminal chronic renal failure]. Kidney functions were assessed in those who came for follow up1 week after fasting, at the end of Ramdan and 3 months afterwards.

Results and discussion

A total of 105 patients participated in this study with the mean age of 34.11 years. A Minor decline in eGFR was noted post Ramadan with a significant improvement of eGFR at 3 months follow-up The risk of developing ARF was significantly higher for patients with baseline creatinine clearance of <60 mL/min/1.73 m 2.

Conclusion

The major limitation of the existing studies in the literature is their small number of studied participants. More studies with a larger number of patients are warranted to investigate the pros and cons of Ramadan fasting for patients with different renal diseases.

P251

CARDIO-RENAL SYNDROME : A TEN-YEARS OVERVIEW

Mohamed Amine Ktata[1], Toumi Salma[1] ,Ellouze Tarek[2], Abid Hanen[1], Agrebi Ikram[1], Chaker Hanen[1], Fendri Beya[1], Yaich Soumaya[1], Ben Hmida Mohamed[1], Kammoun Khawla[1]

1 Department of Nephrology, Dialysis, and Renal Transplantation, 2 Department of Cardiology,

Hedi Chaker Hospital, Sfax - Tunisia

Introduction

Cardio-renal syndrome (CRS) describes a complex interplay between the heart and kidneys. This study aimed to assess the prevalence of CRS and its clinical and biological features, types, and causes through a 10-year-monocentric experience.

Methods

A retrospective study was conducted at the Nephrology Department of Hedi Chaker Hospital in Sfax, analyzing data from 141 CRS patients Hospitalized between 2014 and 2024.

Results and discussion

This study included a total of 141 patients diagnosed with CRS, with a mean age of 70.2 years (from 13 to 96 years) and 55.3% being female. Hypertension and diabetes were present, respectively, in 75.9% and 52.5% of patients. Chronic heart failure was reported in 83% of cases, categorized as preserved ejection fraction (>50%) in 40.4%, moderately reduced (40–49%) in 17.7%, and severely reduced (<40%) in 27.7% of cases. Ischemic heart disease and rhythm disorders were the predominant types of cardiopathy with 58.9% and 11.3% of cases, respectively. Chronic kidney disease (CKD) was diagnosed in 70.9% of patients, with stage 3 observed in 31.9%, stage 4 in 33.3%, and stage 5 in 4.3% of cases. Clinico-biological findings revealed volume overload in 83%, with signs of left heart failure observed in 45.4% and right heart failure in 64.5%. Diuresis was preserved in 67.4%. Biological abnormalities included anemia in 91.5%, mean creatinine at admission was 447.3 umol/l (GFR 8.99 ml/min/1.73 m2), elevated troponin in 19.9%, and elevated Pro-BNP in 7.8% of tested patients. Echocardiography findings showed left ventricular diastolic dysfunction in 70.9%, elevated left ventricular filling pressure in 75.2%, and pulmonary hypertension in 90.8%. Valvulopathies were present in 70.2%, and pericardial effusion was noted in 5.0%. CRS was categorized into type 1 (acute cardiorenal), type 2 (chronic cardiorenal), type 3 (acute renocardiac), type 4 (chronic renocardiac), and type 5 (secondary to sepsis, amyloidosis, and autoimmune disease) in 51.8%, 17.0%, 15.6%, 5.0%, and 10.6% of cases, respectively. Acute heart failure was documented in 77.3%, attributed to infections in 36.9%, acute kidney injury in 14.9%, and acute coronary syndrome in 12.8%

Conclusion

CRS is a prevalent condition with diverse clinical manifestations and significant comorbidities.

P252

CARDIO-RENAL SYNDROME : MANAGEMENT AND EVOLUTION

Mohamed Amine Ktata[1], Toumi Salma[1], Ellouze Tarek[2], Abid Hanen[1], Agrebi Ikram[1], Chaker Hanen[1], Fendri Beya[1], Yaich Soumaya[1], Ben Hmida Mohamed[1], Kammoun Khawla[1]

1 Department of Nephrology, Dialysis and Renal Transplantation, 2 Department of Cardiology, Hedi Chaker Hospital, Sfax - Tunisia

Introduction

Cardio-renal syndrome (CRS) involves a complex interaction between the heart and kidneys, significantly impacting morbidity and mortality. This study aimed to assess treat-

ment patterns, renal function progression, mortality, and transthoracic echocardiographic evolution in CRS patients.

Methods

A retrospective study was conducted at the Nephrology Department of Hedi Chaker Hospital in Sfax. Data from 141 medical report CRS patients Hospitalized between 2014 and 2024 were reviewed.

Results and discussion

This study analysed 141 patients with a mean age of 70.2 years (ranged from 13 to 96), including 55.3% women. Hypertension, diabetes, and chronic kidney disease (CKD) were present, respectively, in 75.9%, 52.5%, and 70.9% of patients, . Diuretics were administered to 88.7% of patients, primarily furosemide, with a mean dose of 374.5 mg (ranged from 40 to 1500 mg/day) and a mean treatment duration of 7.6 days, doses were administrated in intravenous bolus, no other types of diuretics were precribed. Vasoactive drugs were used in 21.3%, including norepinephrine in 16.3% and dobutamine in 5.0% of cases. Hemodialysis was performed in 41.8% of cases, with a mean of 3.5 sessions (ranged from 1 to 17). The duration of Hospitalization was less than 15 days, between 15 and 30 days, and over 30 days in, respectively, 63.8%, 29.1%, and 7.1% of cases. Death occurred in 23.4% of patients, primarily due to cardiovascular distress (12.8%) and respiratory distress (9.2%). Monotarization by transthoracic echocardiography was assessed in 16.3% of patients. Preserved left ventricular ejection fraction (LVEF >50%) was present in 9.2% of patients, moderately reduced LVEF (40–49%) in 4.3% of patients, and severely reduced LVEF (<40%) in 2.8% of patients. Valvulopathies were noted in 16 cases (11.3%), and pericardial effusion in 2 cases (1.4%). Progression to CKD was observed in 89.4% of patients. End-stage kidney disease occurred in 45.4%, of which 34.0% of cases evolved immediately and 11.4% within 6 months to 5 years.

Conclusion

CRS is associated with significant comorbidities, high diuretic and vasoactive drug use, and notable progression to CKD and end-stage kidney disease. Echocardiographic monitoring and targeted management strategies are essential to improving outcomes.

P253

RENAL SURVIVAL AFTER AN ACUTE KIDNEY INJURY

Mohamed Amine Ktata, Toumi Salma, Abid Hanen, Agrebi Ikram, Chaker Hanen, Dammak Najla, Fendri Beya, Yaich Soumaya, Ben Hmida Mohamed, Kammoun Khawla

Department of Nephrology, Dialysis and Renal Transplantation, Hedi Chaker Hospital, Sfax - Tunisia

Introduction

Acute kidney injury (AKI) is a critical condition that often leads to severe long-term complications, including progression to chronic kidney disease (CKD) and end-stage renal disease (ESRD). These outcomes significantly increase the risk of cardiovascular disease and mortality. This study aims to assess recovery rates, the necessity for dialysis, survival, and renal failure progression in AKI patients over a five-year study.

Methods

This retrospective study included 503 AKI patients Hospitalized in the nephrology department of Hedi Chaker Hospital in Sfax between 2015 and 2019. Data collection focused on demographic characteristics, treatments, dialysis requirements, renal function progression, and survival outcomes over five years.

Results and discussion

The mean age of the patients was 67.81 years (from 12 to 96), with 52.09% being female. Hypertension, diabetes, and CKD were the most frequent comorbidities: 71.37%, 49.50%, and 55.86%, respectively. Hydration was used in 61.55% of cases. Diuretics, mainly furosemide, were administered to 34% of patients, with an average dose of 276.80 mg and a mean duration of 6.83 days. Corticosteroids were prescribed in 9.94% of cases, with a mean dose of 52.25 mg over 73.37 days. Immunosuppressive therapy with cyclophosphamide was used in 1.59% of cases. Hemodialysis was required in 29.82% of patients, with an average of 3.13 sessions per individual (from 1 to 25). The mortality rate was 11.1% of cases, primarily due to cardiovascular complications. Renal recovery occurred in 72.8% of cases, 31.4% achieved full recovery, and 68.6% achieved partial recovery. CKD developed in 83.9% of patients, with 36.8% progressing to ESRD within five years. Mean creatinine levels improved from 271.6 µmol/L (35.4 ml/min/1.73 m2) at discharge to 231.5 µmol/L (43.3 ml/min/1.73 m2) at six months but worsened to 299.6 µmol/L (34.4 ml/min/1.73 m2) at five years.

Conclusion

This study highlights the complex outcomes of AKI, where significant recovery was achieved in some patients, yet a high progression rate to CKD and ESRD underscores the need for comprehensive long-term management.

P254

ACUTE KIDNEY INJURY : A FIVE-YEARS STUDY

Mohamed Amine Ktata, Toumi Salma, Abid Hanen, Agrebi Ikram, Chaker Hanen, Dammak Najla, Fendri Beya, Yaich Soumaya, Ben Hmida Mohamed, Kammoun Khawla

Department of Nephrology, Dialysis and Renal Transplantation,, Hedi Chaker Hospital, Sfax - Tunisia

Introduction

Acute kidney injury (AKI) is always associated with a higher morbidity and mortality and a risk of progression to chronic kidney disease (CKD). This study aims to describe the demographic and clinico-biological aspects and the types and etiologies of AKI.

Methods

It is a retrospective study conducted in the Nephrology Department of Hedi Chaker Hospital, including 503 patients Hospitalized with AKI between 2015 and 2019. Data were collected from medical records and analysed to determine demographic, clinical, biological, and histological features, as well as types and severity of AKI.

Results and discussion

The mean age of our population was 67.92±16.58 years, and 52.09% of patients were female. The most common comorbidities were hypertension, diabetes, and CKD: 71.37%, 49.50%, and 55.86% of cases, respectively. Hypotension was observed in 33.8%, oliguria in 15.11%, and anuria in 7.75% of patients, while diuresis was preserved in 77.14% of cases. Fluid overload and dehydration were noted in 35.79% and 47.51% of cases, respectively.Biologically, anemia was present in 80.52% of cases, hyperkalemia in 21.47%, metabolic acidosis in 46.52%, and hypocalcemia in 55.67%. Stage 3 of AKI was the most prevalent, affecting 57.1% of patients, followed by stage 2 in 34.2% and stage 1 in 8.7% of cases. Renal biopsy was performed in 9.3% of cases, revealing interstitial nephritis, tubular necrosis, and glomerulonephritis in 0.6%, 1.8%, and 6.7%, respectively. Histological features were membranous glomerulonephritis, lupus nephritis, IgA nephropathy, amyloidosis, diabetic nephropathy, minimal change disease, and extra capillary glomerulonephritis in 6.4%, 8.5%, 6.4%, 12.8% (with 8.5% AL and 4.3% AA), 8.5%, 2.13%, and 17% of cases, respectively. Thrombotic microangiopathy and malignant hypertension were present in 1% of patients. AKI was mostly functional in 51.1% of patients, followed by multifactorial, organic, and obstructive in 25.8%, 22.1%, and 0.6%, respectively. Organic causes included interstitial nephritis in 32.8%, predominantly due to infections, drug-induced cases, tubular necrosis, glomerulonephritis, and vascular nephropathies in 79.39%, 7.87%, 6.8%, 6.4% and 1% of cases, respectively.

Conclusion

AKI in this cohort mostly affected elderly patients with significant comorbidities. Functional and organic causes were prevalent, with stage 3 AKI being the most common severity.

P255

INCIDENCE OF ACUTE KIDNEY INJURY AND ASSOCIATED MORTALITY AMONG INDIVIDUALS WITH DRUG-SUSCEPTIBLE TUBERCULOSIS IN UGANDA

Grace Kansiime[1], Aklilu Abinet. M[2], Baluku Joseph. Baruch[3], Yasmin Farah[2], Kanyesigye Michael[4], Muzoora Conrad. K[1], Wilson F. Perry[2], Bajunirwe Francis[5], Brewster Ursula[2], Kalyesubula Robert[6]

1 Department of Internal Medicine, Mbarara University of Science and Technology, Uganda2 Department of Nephrology Section, Yale School of Medicine, United States,

3 Department of Pulmonology, Kiruddu National Referral Hospital, Uganda,

4 Department of Global Health Collaborative, Mbarara University of Science and Technology, Uganda,

5 Department of Community Health, Mbarara University of Science and Technology, Uganda,

6 Department of Physiology and Department of Internal Medicine, Makerere University College of Health Sciences, Kampala - Uganda

Introduction

Although tuberculosis (TB) is associated with significant mortality and morbidity, its impact on kidney function is not well understood and is often attributed to anti-TB drugs. We aimed to assess the incidence of acute kidney injury (AKI) in the immediate post-TB diagnosis period in Uganda, a TB/HIV-endemic country in sub-Saharan Africa.

Methods

We included patients enrolled in an observational cohort study of adults diagnosed with drug-susceptible TB followed longitudinally. Adults (at least 18 years of age) without known kidney disease were enrolled between 8/2022-7/2023 at three regional Hospitals serving 12.5% of the Ugandan population. Our primary outcome was incidence of KDIGO-defined AKI within two weeks of TB diagnosis.

Other outcomes included predictors of AKI and its association with 30-day survival.

Results and discussion

A total of 156 adults were included. The median (IQR) age was 39 (28-53) years, most were male (68.6%) and 49.4% had HIV. People with HIV had a shorter time to TB diagnosis from symptom onset (21[7-30] days) compared to HIV-negative participants (60[23-90] days), p<0.001. The incidence of AKI was 33.3% (52/156), and was similar between people with and without HIV. Proteinuria or hematuria at enrollment was associated with higher odds of AKI (OR—2.68, 95%CI 1.09-6.70, p~0.033). AKI was associated with a significant risk of mortality (aHR—8.22, 95% CI, 1.94—34.72, p ~0.004) independent of HIV status.

Conclusion

The overall incidence of AKI in the immediate post-TB diagnosis period is high and associated with increased mortality risk. Our findings suggest monitoring kidney function should be routine for patients with TB, including prior to treatment initiation.

P256

ACUTE KIDNEY INJURY: EVOLUTIONARY ASPECTS IN THE NEPHROLOGY AND HEMODIALYSIS DEPARTMENT OF THE YALGADO OUEDRAOGO UNIVERSITY HOSPITAL CENTER

Phostina Wèmiyé Edith Bognana, Sonde Ousmane, Bonzi Juste, Coulibaly Gérard

Department of Nephrology and Hemodialysis, Yalgado Ouedraogo University Hospital Center, Ouagadougou, Burkina Faso

Introduction

Although several studies suggest that acute kidney injury (AKI) is a complication of severe global disease, it is evident that it significantly increases on its own independently. In addition to the high mortality rate, there is a risk of progressive deterioration of renal function in survivors, even with complete recovery. Our study aimed to assess the renal prognosis of patients with acute kidney injury (AKI) in the nephrology and hemodialysis department of the Yalgado Ouédraogo University Hospital Center.

Methods

It was a descriptive cross-sectional study conducted from January 1, 2013, to December 31, 2022, in the nephrology and hemodialysis department of the Yalgado Ouédraogo University Hospital Center. The study population consisted of all Hospitalized patients. All patients, aged at least 15 years and of both sexes, who were diagnosed with AKI were included. An increase in serum creatinine ≥ 26.5 µmol/L over a period of 48 hours, or an increase in serum creatinine ≥ 1.5 times the baseline value. In the absence of baseline serum creatinine, the diagnosis of AKI was retained based on normalization of serum creatinine within less than three months of evolution; or a reduction in serum creatinine by half within less than one week of evolution. The variables of interest were collected using the KoboCollect software version 2024.1.3, from clinical records, and supplemented, when necessary, through direct interviews. The data were analyzed using STATA software version 16.0.

Results and discussion

We enrolled 476 patients, with a male-to-female sex ratio of 1.2, and the average age of the patients was 44.17 ± 19.15 years. AKI was classified as stage 3 in 80.2% of the patients upon admission, and renal function recovery was observed in 63.2% of patients at discharge. In-Hospital lethality was high at 11.1%. The incidence of chronic kidney disease (CKD) without a history of chronic kidney disease after Hospitalization was 25.8%. There was variability based on age, residence, and the association with hypertension.

Conclusion

The progression of AKI varies according to several factors. However, a prospective cohort study would be more appropriate to determine the short-term, medium-term, and long-term prognosis of patients Hospitalized for acute kidney injury

P257

ACUTE POSTPARTUM RENAL FAILURE: EXPERIENCE OF THE NEPHROLOGY DEPARTMENT OF THE IBN ROCHD UNIVERSITY HOSPITAL IN CASABLANCA

Najat Adnane, Triek Fatima Ezzahra, Rostum Soukaina, Medkouri Ghizlane, Elkhayat Salma Siham,Mtioui Naoufal, Zamd Mohamed, Gharbi Benghanem Mohamed

Department of Nephrology, CHU Ibn Rochd, Casablanca, Morocco

Introduction

Acute renal failure (ARF) is a diagnostic and therapeutic emergency. It corresponds to a sudden and reversible decrease in the glomerular filtration rate. It is a major public health problem, especially in developing countries. Pre-eclampsia and HELLP syndrome are the main aetiologies in

our context. It is a serious entity with severe consequences, jeopardising the renal and vital prognosis of the mother.

Methods

This is a retrospective descriptive and analytical study from January 2022 to August 2024 on patients treated for postpartum ARF in the nephrological intensive care unit of the haemodialysis and renal transplant unit of the maternity Hospital and the maternal intensive care unit of the CHU-Ibn Rochd in Casablanca. The number of patients was determined by random sampling and included all patients treated for ARF-PP during this period.

Results and discussion

During the period of our study, 97 patients presented with postpartum acute respiratory failure (ARF), with a mean age of 31 years. 25% of patients were known to have hypertension. The mean parity was 2.7, with multiparous women predominating in 67% of cases. The term of pregnancy was known for 89% of patients, with a mean gestational age of 29 weeks' amenorrhoea. Delivery was by caesarean section in 67% of patients and at the University Hospital maternity unit in 58%. The average time to delivery was four and a half days. Generally speaking, oligo-anuria was the dominant symptom in our study, with a percentage of 83%, followed by consciousness disorders ranging from obnubilation to coma in 65% of patients and oedema of the lower limbs (OMI) in 71%. Pre-eclampsia was the most common aetiology in our series, accounting for 45%, followed by post-partum haemorrhage.

Conclusion

Early identification of high-risk patients and situations, such as pre-eclampsia and post-partum haemorrhage, is the key to effective prevention of this complication. Monitoring patients in the nephrology department helps to improve their renal prognosis. Additional analyses are required to complete the results.

P258

EPIDEMIOLOGICAL CHARACTERISTICS OF AKI WITH FULL RECOVERY IN A NEPHROLOGY DEPARTMENT

Najlaa Taie, Ilham Benramdane, Zineb Chanani , Naoufal Mtioui, Mohamed Zamd, Elkhayat Selma Siham, Ghislaine Medkouri, Benghanem Mohamed

Department of Nephrology, Ibn Rochd University Hospital, Casablanca - Morocco

Introduction

Acute kidney injury (AKI) is a significant global health concern. While its epidemiology and clinical presentation in intensive care units are well described, limited data exist on AKI cases managed in nephrology departments, particularly those with complete recovery of renal function.

Methods

This study aimed to analyze the demographic and clinical characteristics of patients Hospitalized in a nephrology department who experienced AKI episodes with subsequent recovery of normal kidney function between January 2019 and December 2024.

Results and discussion

We reviewed the medical records of 82 patients, collecting data on age, gender, medical history (including diabetes, hypertension, and cardiovascular diseases), and the clinical context of AKI occurrence. The severity of AKI was classified according to KDIGO criteria, and we documented the underlying causes as well as the need for renal replacement therapy (RRT). A total of 82 patients were included, with a median age of 61 years; older adults represented 43.45% of cases. The male-to-female ratio was 1.86. Hypertension was the most frequent comorbidity, present in 37.4% of patients, followed by diabetes in 32.2% and cardiovascular diseases in 7.9%. The main clinical presentations of AKI included routine detection during systematic evaluations (24 cases), oliguria (45 cases), anuria (5 cases), hematuria (3 cases), lumbar pain (5 cases), and acute uremic symptoms in one patient. Based on KDIGO staging, 43 patients were classified as stage 3, 26 as stage 2, and 13 as stage 1. The most common etiology was functional AKI, accounting for 54 cases. RRT was required in 15 patients.

Conclusion

This study highlights the importance of recognizing the epidemiological and clinical profiles of AKI patients who achieve full recovery of renal function. This knowledge can contribute to better prevention and management strategies to reduce the risk of future episodes.

P259

FACTORS ASSOCIATED WITH THE PEJORATIVE COURSE OF ACUTE KIDNEY INJURY: A CROSS-SECTIONAL STUDY IN TWO NEPHROLOGY DEPARTMENTS IN BURKINA FASO

Kawane Ulrich Kevin[1], Bonzi Y. Juste[2], Hien Siebou[3], Tambi Sam[2], Sanou Gaoussou[2],Dianda Alassane[2], Coulibaly Gerard[2]

1 Joseph Kiizerbo University, Bogodogo University Hospital, Ouagadougou

2 Joseph Kiizerbo University, Yalagado Ouedraogo University Hospital, Ouagadougou

3 Ouahigouya University Hospital - Burkina Faso

Introduction

The frequency of acute kidney injury (AKI) is increasing and constitutes a major public health problem. The aim of the study was to identify the factors associated with the pejorative evolution of AKI in the departments in charge of nephrology at the Yalgado Ouédraogo University Hospital Center (CHU-YO) and Ouahigouya Regional Hospital Center (CHUR-OHG) from January 1, 2018 to December 31, 2022

Methods

cross-sectional study with retrospective data collection. It covered the period from January 1, 2018 to December 31, 2022.All patients aged at least 15 years, Hospitalized and followed for acute renal failure in both departments, were included in the study. Patients whose records could not be used were not included. The KDIGO definition of AKI was used. An exhaustive sampling of all patients meeting the inclusion criteria was carried out. Inpatient and follow-up medical records were used as data sources. pejorative evolution defined by delayed recovery and/or non-recovery .Data entry and analysis were performed on a microcomputer using Microsoft software, Word and Excel 2016, Epi info 7.2.2.6. Chi-square and Fischer's exact tests were used for qualitative variables, and Student's t-test for quantitative variables. Patient confidentiality was respected

Results and discussion

A total of 203 patients were suffering from acute renal failure. Patients were young (39.41% aged between 20 and 39), predominantly male (56%) and most often living in rural areas (54.60%). Factors associated with the poor outcome of ARF were: presence of fever (p=0.031), elevated systolic blood pressure (p=0.0055), use of herbal medicine (p=0.016

Conclusion

Acute renal failure poses a real public health problem, due to its increasing frequency and the difficulty of managing it in our context. Fever, hypertension and phytotherapy are factors linked to the negative evolution of the disease.

P260

ACUTE RENAL FAILURE DURING SEPSIS IN MULTI-VALENT RESUSCITATION AT TREICHVILLE UNIVERSITY HOSPITAL

Aka Astrid Affi Jean[1], Kouadio Modjaha Marie-Dominique[1], Ouakoube Azéré J.P[2], Kouraogo Benjamin[2], Kouamé Isidore[2], Boua Narcisse[2]

1 Department of Internal Medicine Nephrology,

2 Department of Anesthesia and Intensive Care, Treichville University Hospital, Abidjan - Ivory Coast

Introduction

Acute renal failure (ARF) is a complication commonly found during severe infections and increases morbidity and mortality in intensive care units. To determine the prevalence and identify factors associated with ARF during sepsis.

Methods

This was a cross-sectional study carried out in the multipurpose intensive care unit of Treichville University Hospital from January to December 2022

Results and discussion

During the study period, we recorded 58 patients admitted for sepsis or septic shock. Among them, 32 patients had ARF, i.e. a prevalence of 55.17%. The mean age of patients with ARF was 38.03 with a standard deviation of 20.98. There was a male predominance with a sex ratio of 0.73. On admission, the majority of patients had impaired consciousness and 41.9% had anuria lasting more than 12 hours. The mean systolic blood pressure was 115.74 with a standard deviation of 28.9 mmHg and 28.1% were in shock. During the course of the disease, 71.9% of patients died. The mean age and proportion of patients with a history of hypertension were significantly elevated in patients with AKI.The high prevalence and mortality of AKI during sepsis were similar in African studies. This demonstrates the significant morbidity and mortality of this condition. In several studies, age and comorbidities were associated with the occurrence of AKI during sepsis, as in our study. It has been proven that advanced age is associated with the

occurrence of comorbidities and underlying lesions. But in Africa, populations with kidney disease are relatively young.

Conclusion

Sepsis-associated AKI is a public health problem with high mortality. Large-scale studies could help identify factors associated with its occurrence for preventive purposes.

P261

EXPLORING RISK FACTORS ASSOCIATED WITH ACUTE KIDNEY INJURY AND THE IMPUTABILITY OF NEPHROTOXIC DRUGS

Zina Haj Belgacem, Dorra Bougrine, Rabeb Lajnef, Dorra Jarraya, Dalila Ghlila

Department of Pharmacy, Abderrahmen Mami Hospital, Ariana, Tunisia

Introduction

Acute kidney injury (AKI) is characterized by a rapid decline in renal function, diagnosed through changes in serum creatinine or urine output over a specific timeframe. Although often reversible, AKI remains a serious complication due to its potential to lead to significant morbidity and mortality with increased risk of developing chronic kidney disease. The aim of this study was to describe the prevalence, risk factors, and imputability of nephrotoxic drugs in relation to acute kidney injury (AKI) in our department.

Methods

A prospective study was conducted between July and August 2024, including patients Hospitalized in the cardiology department. Data were collected from the patients' electronic medical records. AKI was defined by an abnormal increase in serum creatinine. The assessment of imputability was performed using the French method.

Results and discussion

A total of 97 patients were enrolled, with a male predominance (Sex ratio of 1.8). The average age was 63±13 years, ranging from 29 to 87 years. The prevalence of AKI in the studied population was 34.7% when defined by any decrease in creatinine clearance <60 mL/min (27.5% according to KDIGO criteria). The main identified risk factors for nephrotoxicity included hypertension (31.6%), diabetes (25.5%), and combinations of nephrotoxic medications found in 74% of patients.These drugs were associated with a causality rating ranging from probable (A1) to highly probable (A2), with plausible intrinsic causality (I2) due to the lack of discontinuation of nephrotoxic drugs in 96% of cases (C2). Other predisposing factors were present in 89% of patients (S2), and extrinsic causality was certain (B3). The most frequently implicated medications were furosemide (68%), bisoprolol (54%), and acetylsalicylic acid (43%), primarily acting through prerenal or functional injury mechanisms.The clinical progression was favorable in most cases, with complete recovery of renal function in 89% of patients, despite persistent exposure to nephrotoxic drugs without dosage adjustment in 45% of cases.

Conclusion

The prevalence of AKI was high in the cardiology department but without major severity in most cases. However, increased vigilance is necessary, particularly to manage modifiable risk factors such as combinations of nephrotoxic medications.

P262

UNVEILING THE NEXUS: A CASE REPORT OF RENAL INFARCTION IN ATRIAL FIBRILLATION

Hafi Khouloud, Nouha Ben Mahmoud, Manel Ben Salah, Mariem Ben Salem, Sirine Bchir, Ahmed Letaief, Mouna Hammouda, Sabra Aloui, Habib Skhiri

Department of Nephrology, Fattouma Bourguiba Hospital, Monastir - Tunisia

Introduction

Atrial Fibrillation (AF) is a well-recognized cause of thromboembolic events, with ischemic stroke being the most common complication. However, renal infarction due to embolization is a rare but critical manifestation. Given the overlap of clinical symptoms with more common conditions such as renal calculi and pyelonephritis, this can result in misdiagnosis or delayed diagnosis.

Methods

This case report describes a 38-year-old man with AF and non-adherence to anticoagulation therapy who presented with bilateral flank pain, hematuria, and anuria.

Results and discussion

We report a case of renal infarction in a 38 year- old man with AF, not on anticoagulation due to the patient non-adherence. The patient was transferred to the Nephrology department for bilateral flank pain persisting for seven days, hematuria and subsequent anuria developing over the past two days. Laboratory data showed high values of lactate dehydrogenase and severe acute renal failure with serum creatinine of 1400 µmol/l. Magnetic Resonance Angiography showed a bilateral renal artery thrombosis with total renal infarction. Electrocardiogram showed AF and Transthoracic echocardiogram revealed a thrombus in the left

ventricle. Considering the long delay in diagnosis and total infarction, it was decided to perform conservative treatment with heparin and Acenocoumarol. The patient underwent definitive hemodialysis since he remained anuric.

Conclusion

Renal infarction, although uncommon, is a serious complication of AF that nephrologists should consider in cases of acute kidney injury with hematuria and flank pain. Clinicians should consider this diagnosis since early detection and proper endovascular treatment are the keys to recovery and prevention of renal function loss.

P263

ACUTE RENAL FAILURE AND POSTPARTUM HEMORRHAGE

Haïthem Aloui, Selma Dhaoui, Rami Hammami, Feriel Slama

Department C of Maternity, Center of Maternity and Neonatology, Tunis - Tunisia

Introduction

Acute renal failure (ARF) and postpartum hemorrhage (PPH) are severe complications that may occur during or after childbirth, presenting substantial risks to maternal health. PPH remains a major contributor to maternal morbidity and mortality globally. Severe hemorrhage can lead to profound hypovolemia and ischemia, which may trigger ARF, marked by a rapid decline in kidney function.. This study investigates the incidence, risk factors, and outcomes of AKI in women experiencing severe PPH.

Methods

A retrospective observational study was carried out on 90 women with severe postpartum hemorrhage (PPH) admitted to the intensive care unit of a tertiary maternity center in Tunisia from 2021 to 2023. Acute kidney injury (AKI) was diagnosed using the KDIGO criteria. The study aimed to determine the incidence of AKI, identify contributing factors, and evaluate maternal outcomes.

Results and discussion

Acute kidney injury (AKI) affected 35% of the cohort, with 12% requiring temporary renal replacement therapy. The primary risk factors for AKI included hemorrhagic shock (78%), transfusion of more than 4 units of packed red blood cells (62%), and delayed surgical intervention (54%). Early detection and aggressive fluid resuscitation significantly reduced the duration of renal impairment. Maternal mortality was notably higher in the AKI group (18%) compared to the non-AKI group (3%). Renal function recovery occurred in 86% of survivors within three months postpartum.

Conclusion

AKI is a frequent and severe complication of PPH, underscoring the need for prompt hemodynamic stabilization and renal monitoring. Protocolized management of severe PPH, including early surgical intervention and fluid therapy, is crucial to improving outcomes.

P264

GLYOXYLIC ACID INDUCE CRYSTALLINE NEPHROPATHY AND HAIR-STRAIGHTENING PRODUCTS : A CASE REPORT

Ameni Slimeni, Sirine Bchir, Mouna Hammouda, Manel Zakhama, Nouha Ben Mahmoud, Manel Ben Salah, Mariem Ben Salem, Ahmed Letaief, Habib Skhiri

Department of Nephrology, Fattouma Bourguiba University Hospital, Monastir - Tunisia

Introduction

Hair-straightening products containing glyoxylic acid have emerged as a potential cause of calcium oxalate nephropathy, a condition rarely reported in medical literature.

Methods

We present a clinical case of acute kidney injury (AKI) linked to hair smoothing treatment in a young female patient, highlighting its diagnostic challenges.

Results and discussion

A 27-year-old woman with no prior medical history presented with symptoms of asthenia, nausea, epigastric pain, and bilateral lumbar pain. She reported reduced urine output . Physical examination was unremarkable, with stable hemodynamics and no peripheral edema. Laboratory tests showed severe AKI with serum creatinine at 456 µmol/L and urea at 9.6 mmol/L. Urinalysis revealed leukocyturia without proteinuria or hematuria. Serum electrolytes were within normal ranges, except for mild metabolic acidosis (bicarbonate 14.5 mmol/L). Abdominal ultrasound was unremarkable, ruling out obstructive causes. Given the absence of systemic autoimmune markers (negative ANA, ANCA, and normal complement levels) and the lack of infectious signs, nephrotoxic exposure was suspected. The patient reported recent use of a hair straightening product containing "Brazilian Cacao Protein," causing scalp irritation. Renal biopsy demonstrated interstitial edema with inflammatory lymphocytic infiltrates and intratubular calcium oxalate crystals under polarized light microscopy. Skin biopsy of the scalp confirmed epidermal necrosis consistent with chemical irritation.

Conclusion

Histopathological and urine sediment findings support the hypothesis that the pathophysiological mechanism involves dermal absorption of glyoxylic acid, subsequently metabolized into oxalate, inducing calcium oxalate crystallization. Similar cases was reported in Switzerland and France and this hypothesis was also confirmed in experimental murine models exposed to glyoxylic acid-based hair products. Hair smoothing products containing glyoxylic acid represent an underrecognized cause of oxalate nephropathy, warranting regulatory review and public health intervention. Early recognition and prompt discontinuation of exposure are essential to prevent irreversible renal damage.

P265

RISK FACTORS FOR ACUTE KIDNEY INJURY IN DECOMPENSATED CIRRHOTIC PATIENTS

Hajer Hassine, Nesrine Krifa, Imene Kaffela, Habiba Dabbebi, Haithem Yaacoub, Dhouha Cherif, Hela Kchir, Nadia Maamouri

Department of Gastroenterology 'B', La Rabta Hospital, Tunis - Tunisia

Introduction

Acute kidney injury (AKI) is a common and serious complication in patients with cirrhosis, associated with a significantly increased mortality, including a 300% higher risk of death. Its mechanisms are often multifactorial and sometimes interrelated. The objective of our study is to identify the risk factors associated with the onset of AKI in decompensated cirrhotic patients and to evaluate its impact on their prognosis.

Methods

We conducted a retrospective study over five years, including patients admitted for decompensated cirrhosis with or without AKI. AKI was defined based on the International Ascites Club criteria*. We collected clinical data (gender, age) and biochemical parameters (liver and kidney function tests) along with the underlying causes of AKI.

Results and discussion

A total of 134 patients were included in the study, with a mean age of 57.8 years (range: 17–86) and a male-to-female ratio of 1.39. AKI was identified in 65 patients (48.5%). The most common etiology of AKI was infections, accounting for 49.2% of cases (n=32), followed by adverse effects of diuretics (spironolactone or furosemide) in 26.1% (n=17), hepatorenal syndrome (HRS-AKI) in 13.8% (n=9), gastrointestinal bleeding due to ruptured esophageal varices in 6.1% (n=4), and enteral dehydration in 4.6% (n=3). The presence of AKI was associated with a significantly reduced survival rate compared to patients without AKI (49% vs. 86%, p=0.0021). Multivariate analysis revealed the following independent risk factors for AKI: elevated baseline serum creatinine (OR=10.34; p=0.001), high bilirubin levels (OR=2; p=0.05), INR >1.4 (OR=2.47; p=0.028), and hyponatremia (<130 mmol/L, OR=4.57; p=0.009).

Conclusion

The development of AKI in cirrhosis represents a critical turning point in the natural history of the disease, significantly increasing morbidity and mortality. Elevated baseline creatinine, increased bilirubin and INR levels, and hyponatremia are predictive factors for AKI occurrence in these patients. *Reference: Acute kidney injury in patients with cirrhosis: Acute Disease Quality Initiative (ADQI) and International Club of Ascites (ICA) joint multidisciplinary consensus meeting. Journal of Hepatology. 2024.

P266

FIRST-TIME DIAGNOSED KIDNEY FAILURE IN ADULTS: EVALUATION OF PHYSICIAN'S PROFESSIONAL PRACTICE

Rania Kandil[1], Mariem Boukhtioua[1], Syrine Tlili[1], Hiba Ghabi[1], Ikram Mami[1], Lamia Rais[1], Mohamed Karim Zouaghi[1], Fethi Ben Hmida[2]

1 Department of Nephrology, Dialysis and Transplantation, La Rabta University Hospital, Tunis

2 Research LaboratoryLR00SP01, Charles Nicolle University Hospital, Tunis - Tunisia

Introduction

The diagnosis of acute kidney insufficiency(AKI) or chronic one requires timely and effective management to mitigate complications and slow disease progression. Physicians play a key role in its early diagnosis and severity assessment and specialist referral. This study aims to analyze the approaches adopted by physicians in managing newly diagnosed kidney failure.

Methods

We conducted a cross-sectional and descriptive study where 50 physicians participated by responding to an online questionnaire developed using Google Forms. The physicians could to select multiple answers on the form questions

Results and discussion

The average age of participants was 26.3 years. Most were residents (66%), while the remaining were interns (33%). Once first faced with an eGFR <15ml/min/1.73m², 80% of physicians reported requesting a renal ultrasound, 88% a blood gas analysis, 86% a complete blood count, and 76% a phosphor-calcic workup. When managing acute pulmonary edema (APE), 6% recommended immediate hemodialysis, 29% recommended hemodialysis in cases of anuria due to obstructive AKI, 41% after no response to 1g/24hours of Furosemide and/or 47% after no response to a bolus dose between 40–200 mg. The maximum daily IV doses of Furosemide prescribed for fluid overload were 500–600 mg (47%), 1g (40%), and 1.5 g (16%). In cases of anuria, 80% recommended hemodialysis for severe metabolic acidosis, 61% for associated hyperkalemia, 73% for APE, 20% for anuria duration>12hours, 31% for anuria duration >24hours and/or 24% for anuria duration >48hours. In cases of hyperkalemia, 88% recommended emergency hemodialysis if there were EKG changes, 33% if potassium >7 mmol/L without EKG changes, 35% if potassium >6 mmol/L without EKG changes, 40% if potassium >6 mmol/L with anuria and/or 51% if potassium >6 mmol/L resistant to twice-conducted medical treatment .Regarding metabolic acidosis, physicians recommended urgent hemodialysis if pH is <7.1 (49%), 40% if pH is <7.2, and/or bicarbonate is <10mmol/L (86%). Concerninghyperuremia, 12% suggested hemodialysis if urea is>30mmol/L, 47% if urea is >40mmol/L, 35% for neurologic symptoms and 73% for gastrointestinal symptoms. Otherwise, 73% prescribed gastrointestinal binders for urea >30mmol/L.

Conclusion

Physicians demonstrate divergence in managing advanced kidney failure, particularly regarding hemodialysis indications. Standardized protocols and training sessions are essential to ensure effective care.

P267

ACUTE KIDNEY INJURY IN CIRRHOTIC PATIENTS WITH SPONTANEOUS BACTERIAL PERITONITIS: PREVALENCE AND IMPACT ON MORTALITY

Hajer Hassine, Nesrine Krifa, Rahma Chaouachi, Imene Kaffela, Habiba Dabbebi, Haitham Yaacoub, Dhouha Cherif, Hela Kchir, Nadia Maamouri

Department Of Gastroenterology 'B', La Rabta Hospital, Tunis, Tunisia

Introduction

Spontaneous bacterial peritonitis (SBP) is the most common infection in cirrhotic patients. The objective of this study was to determine the prevalence of acute kidney injury (AKI) in cirrhotic patients with SBP and to evaluate their short- and long-term prognosis.

Methods

We conducted a retrospective study over a 10-year period, including 47 Hospitalized cirrhotic patients who experienced an episode of SBP. SBP was defined as a neutrophil count in ascitic fluid >250 cells/mm³. AKI was diagnosed according to the International Club of Ascites criteria*. Patients were divided into two groups based on the presence or absence of AKI.

Results and discussion

A total of 42 patients with SBP were included, with a mean age of 62.4 years (range: 42–86) and a male predominance (sex ratio = 1.3). AKI was observed in 29 patients (69%). All patients received empirical antibiotic therapy and albumin infusions on day 0 (D0) and day 3 (D3). Cirrhosis was classified as Child-Pugh C in 24 cases (82.7%). Persistent kidney injury following treatment was observed in 7 cases (24.1%), meeting the criteria for hepatorenal syndrome-associated AKI (HRS-AKI). The mean Hospital stay was 22 days, and in-Hospital mortality was 4.7% (n=3). During follow-up, 11.9% of patients (n=5) were readmitted for a recurrence of SBP, and 42.8% (n=18) died. Univariate analysis showed that the occurrence of AKI was significantly associated with an increased risk of SBP recurrence and higher mortality. Multivariate analysis confirmed AKI as an independent risk factor for mortality.

Conclusion

The development of AKI in cirrhotic patients with SBP further worsens their prognosis by increasing the risk of SBP recurrence and significantly reducing survival. *Reference : Acute kidney injury in patients with cirrhosis: Acute Disease Quality Initiative (ADQI) and International Club of Ascites (ICA) joint multidisciplinary consensus meeting. Journal of Hepatology. 2024.

P268

ACUTE KIDNEY INJURY PRESENTATION IN MULTIPLE MYELOMA: A REPORT FROM EASTERN MOROCCO

Oumaima Kallach

Department Of Nephrology, CHU Mohamed VI University Hospital, Oujda -Morocco

Introduction

Multiple myeloma (MM) is a common malignant hemopathy responsible for 15 to 20% of deaths from hematological cancer. Acute kidney injury (AKI) is a serious complication, occurring frequently , worsening the prognosis. Our study aims to describe the particularities of acute kidney injury in multiple myeloma.

Methods

A retrospective study spread over a period of 5 years spanning from 2016 to 2021, conducted in the nephrology department of a reference center in Eastern Morocco, including all cases of multiple myeloma with AKI.Clinical and therapeutic parameters as well as outcomes were explored.

Results and discussion

A total of 64 patients were Included.The mean age was 65 +/- 38 years, with a sex ratio M/F of 1.25. In 44% of cases, renal involvement was indicative of myeloma.The clinical and biological manifestations were represented by deterioration of the general state in 92% of cases, bone damage in 84.4% of cases, 55.5% of our patients were represented with an infectious syndrome, dehydration (49%), hypercalcemia in 38.8%, anemic syndrome (36%), and oligoanuria (17.5%).AKI was noted in al cases, kidney impairment due to a light chain cast nephropathy in was found in 87% of casesand renal amyloidosis in 5% of cases, and Randall's disease in 8% of cases. chemotherapy was administered in 82% of patients, the most used protocol was CD/CDT (cyclophosphamide-dexamethasone-thalidomide) and allograft in 9% of the cases.The outcome was marked by requirement of hemodialysis in 37% of cases, recovery of renal function in 20.6% of our patients, and progression towards end stage kidney disease in 63% of the cases.On a mean follow-up of 13 +/- 4 months, the median overall survival was 8 to 13 months, death was linked to infectious complications in 31% of cases.

Conclusion

Acute kidney injury can be indicative of MM or a complication occurring during its development, it results in several aspects making the renal and vital prognosis worse despite current therapeutic progress.

P269

ACUTE RENAL FAILURE IN HIV INFECTION

Inass Alfirdaous, Ilham Berramdane, Najlaa Taie, Selma Siham Elkhayat, Naoufal Mtioui Chkairi, Ghizlaine Medkouri, Mohammed Gharbi Benghanem, Mohammed Zamd

Department of Nephrology, Faculty of Medicine and Pharmacy, Casablanca -Morocco

Introduction

Acute renale failure in HIV infection

Methods

To describe the profile of acute renal failure (ARF) in HIV-infected patients. This is a descriptive cross-sectional study which took place between December 2022 and January 2024 in the nephrology and infectious diseases departments of the CHU ibn rochd. ARF was diagnosed when creatinine levels > 141 mol/L were found recently (< 12 weeks). Patients were followed up for an average of 3 months.

Results and discussion

Our study involved 40 patients with a mean age of 45.9 ± 10.6 years, with a sex ratio of 0.6. Retroviral-positive status was known on admission in most cases (96%). These patients were mainly admitted for digestive disorders (56%), fever (28%) and dyspnoea (24%). Clinical examination mainly revealed the use of nephrotoxic drugs (40%), an infectious syndrome (40%) and gastroenteritis (28%). Infectious diarrhoea, pyelonephritis and pleuropneumonia were the main infectious aetiologies found. The mean plasma urea level was 25.4 ± 1.3 mmol/L and the mean creatinine level 561 ± 339 mol/L. All patients were infected with HIV type 1 and 50% had a CD4 lymphocyte count of less than 200 cells/mm3. The outcome was favourable in 100% of cases. The onset of ARF was associated with factors such as fever ($p = 0.02$), a CD4 count of less than 200 cells/mm3 ($p = 0.0001$) and digestive disorders ($p = 0.0001$).

Conclusion

Prevention of ARF in HIV patients requires correct antiretroviral treatment and management of all other co-morbidities.

P270

ACUTE KIDNEY INJURY AND COVID-19 INFECTION: AN EPIDEMIOLOGICAL STUDY

Salma Toumi[1], Mouna Riguen[1], Zaineb Hamdi[1], Walid Feki[2], Baya Fendri[1], Ikram Agrebi[3], Soumaya Yaich[1], Mohamed Ben Hmida[1], Sami Kammoun[2], Khawla Kammoun[1]

1 Department of Nephrology,

2 Department of Pneumology, Hedi Chaker University Hospital, Sfax - Tunisia,

3 Research Laboratory of Renal Pathology LR19ES11, Faculty of Medicine, Sfax - Tunisia

Introduction

The COVID-19 pandemic has highlighted acute kidney injury (AKI) as a significant complication among Hospitalized patients. AKI frequently exacerbates disease severity and contributes to poor clinical outcomes. This study investigates the epidemiological characteristics, clinical features, and outcomes of AKI in patients with COVID-19.

Methods

This retrospective study was conducted at the Pneumology Department of Hedi Chaker Hospital, Sfax, Tunisia, between January 2020 and December 2021. Ninety-three COVID-19 patients with AKI were included. Data on patient demographics, clinical presentations, laboratory parameters, radiological findings, and management approaches were analyzed.

Results and discussion

The median age was 76 years (range: 17–94), with a male-to-female ratio of 1.32. Chronic kidney disease (CKD) was a common comorbidity (22.6%), with stages 2–4 predominating. AKI stages were distributed as 33% in stage 1, 37% in stage 2, and 30% in stage 3. Thoracic CT imaging revealed severe COVID-19 pneumonia (>50% parenchymal involvement) in 38% of patients, while renal imaging indicated reduced kidney size in 24%, irregular contours in 3%, and multicyclic kidneys in 5%. Laboratory findings showed elevated creatinine (mean: 315.36 µmol/L), hyperkalemia (46%), anemia (72%), and lymphopenia (75%). Complications included infectious pneumonia (29%), septic shock (10%), pulmonary embolism (5%), and acute heart failure (10%). Respiratory outcomes revealed 33 patients successfully weaned off oxygen, 11 discharged on oxygen, and 5 transferred to intensive care. Among therapeutic interventions, 14% of patients required acute dialysis, but no significant difference in mortality was observed between patients receiving hemodialysis and those who did not. Overall mortality was 49.5%, with advanced age, anemia, septic shock, and severe pneumonia identified as independent predictors. Among survivors, 30% achieved complete renal recovery, 57% partial recovery, and 13% required long-term dialysis.

Conclusion

AKI is a common and multifactorial complication in COVID-19, with significant renal and systemic impacts. This study highlights the importance of early identification, appropriate management, and comprehensive care to improve outcomes in this high-risk population.

P271

MORTALITY AMONG PATIENTS WITH COVID-19 INFECTION AND ACUTE KIDNEY INJURY

Salma Toumi[1], Mouna Riguen[1], Zaineb Hamdi[1], Walid Feki[2], Baya Fendri[1], Ikram Agrebi[3], Soumaya Yaich[1], Mohamed Ben Hmida[1], Sami Kammoun[2], Khawla Kammoun[1]

1 Department of Nephrology,

2 Department of Pneumology, Hedi Chaker University Hospital, ,

3 Research Laboratory of Renal Pathology LR19ES11, Faculty of Medicine, Sfax - Tunisia

Introduction

Acute kidney injury (AKI) is a frequent and severe complication in COVID-19 patients, significantly contributing to poor outcomes. This study evaluates mortality and its associated factors in COVID-19 patients with AKI.

Methods

A retrospective, descriptive, and analytical study was conducted in the Pneumology Department of Hédi Chaker Hospital, Sfax, Tunisia, over 24 months (January 2020–December 2021). Ninety-three patients with COVID-19 and AKI at admission were included. Clinical, biological, and radiological data were analyzed to identify mortality predictors through univariate and multivariate analyses.

Results and discussion

The median age was 76 years (range: 17–94), with a male-to-female ratio of 1.32. Chronic kidney disease (CKD) was present in 22.6% of patients. AKI stages were distributed as 33% stage 1, 37% stage 2, and 30% stage 3. The mean creatinine level at admission was 315.36 µmol/L (range: 112–1165). Severe lung involvement (>50% parenchymal lesion) was observed in 38% of thoracic CT scans. Management included oxygen therapy (56%), intravenous corticosteroids

(73%), anticoagulation (18%), and dialysis (14%). Overall mortality was 49.5% (46 patients). Among survivors, 30% experienced complete renal recovery, 57% partial recovery, and 13% required long-term dialysis. Multivariate analysis identified advanced age (p=0.047), anemia (p=0.033), septic shock (p=0.036), and severe COVID-19 pneumonia (p=0.048) as independent mortality predictors. Univariate analysis highlighted additional risk factors, including urea levels >21.75 mmol/L (p=0.002) and creatinine >165 µmol/L (p=0.046).

Conclusion

In COVID-19 patients with AKI, mortality is high. Early identification of high-risk patients and comprehensive management are crucial to improving survival outcomes in this vulnerable population.

P272

ACUTE KIDNEY FAILURE DURING SEPSIS: WHAT ARE THE RISK FACTORS?

Ines Sdiri, Ines Sedghiani, Ghada Zaghdoud, Mariem Knaz, Amal Letaief, Ahmed Smiri, Youssef Zied Elhechmi, Nebiha Falfoul Borsali

Department of Emergency and Resuscitation, Habib Thameur Hospital, Tunis - Tunisia

Introduction

Sepsis is a complex entity that involves organ dysfunction life-threatening cause, caused by a disordered response of the host to infection, and which remains associated with a high mortality rate. Several factors have been implicated in this prognosis, to be cited, acute kidney failure (AKI). The objective was to identify the factors associated with the development of AKI in septic patients in intensive care.

Methods

It was a retrospective, single-centre descriptive study conducted at the intensive care unit over a period of two years from January 2022 to December 2023 including patients Hospitalized for at least 48 hours for sepsis. We have compared the epidemiological, clinical, paraclinical and evolutary characteristic's patients with AKI and without AKI selected according to KDIGO criteria.

Results and discussion

We collected 225 patients. The mean age was 64±17.4. Gender ratio (M/F) was 1.39. Comorbidities were dominated by diabetes (44%), hypertension (42.7%) and cardiovascular diseases (32.4%). The score average SOFA was 3.56±2.78 points. The main gateways were pulmonary (50.6%), urinary (30.6%) and cutaneous (7.1%). The use of the invasive mechanical ventilation was noted in 15.5%. The development of a acute renal failure in 20% of cases. The mortality rate was 33.3% with an average length of stay of 5.8±6 days. Factors associated with the development of AKI were: cardiovascular diseases (p<10-3), systolic blood pressure less than 100 mmHg (p<10-3), a SOFA score greater than 3 points (p=0.001),septic shock (p<10-3) and ventilator-associated pneumonitis (p=0.05). In multivariate analysis, the independent factors related with the occurrence of AKI were SOFA score > 3 and systolic blood pressurean admission less than 100 mmHg.

Conclusion

AKI is a common complication of sepsis. It is related to the cardiovascular history and the severity of the initial presentation.

P273

ACUTE KIDNEY FAILURE IN A NEPHROLOGY DEPARTMENT: EPIDEMIOLOGICAL,CLINICAL, AND EVOLUTIONARY PROFILE

Wafa Homrani, Hanen Gaied, Mouna Jerbi, Asma Bettaieb, Mariem Khadhar, Raja Trabelsi, Rym Goucha

Department of Nephrology, Mongi Slim Hospital, Faculty of Medicine, University of Tunis El Manar,

Renal Pathology Research Laboratory LR00SP01, Tunis - Tunisia

Introduction

Acute kidney injury is an abrupt impairment of the kidney function. Its incidence is increasing worldwide causing higher mortality rate, longer admission days, and high healthcare costs. Acute kidney failure (AKI) is a common condition with multiple etiologies.It is interesting to conduct a study on AKI patients to develop new initiatives in therapeutic strategies to improve clinical outcomes, and most especially to prevent the occurrence of AKI.

Methods

We conducted a descriptive, monocentric and retrospective study that includes all the patients who were admitted to the nephrology department of Mongi Slim Hospitalfor acute kidney failure from Decembre 2023 to November 2024.

Results and discussion

We collected 31patients Hospitalized for AKI. The mean age of patients was 57 [23;80] years with a sex-ratio of 0.5. The mean length of stay is 19.4 [4;79] days, mean creati-

nine level is 624 [102;624]. Twelve patients are diabetics, seventeen have hypertension. Two patients had multiple Myeloma, 2 are diagnosed with erythematous systemic lupus. Two patients had a cancer (lung, bladder) and one of them had a single kidney (kidney donor). The main etiologies of acute kidney injury (AKI) were: acute tubular necrosis in 6 patients and ANCA-associated vasculitis in 5 patients. Among 31 patients, eighteen had hemodialysis sessions. Fourteen patients regained normal kidney function; ten developed chronic kidney disease. The terminal stage of kidney disease was reached in 5 patients.

Conclusion

Acute kidney injury (AKI) is a common reason for Hospitalization in the nephrology department. Its progression is unpredictable. The preventive treatment remains the cornerstone for the management of these patients.

P274

LONG-TERM RENAL OUTCOMES IN WOMEN WITH PREGNANCY-RELATED ACUTE KIDNEY INJURY (PRAKI)

Selma Dhaoui, Haithem Aloui, Hatem Frikha, Feriel Slama, Rami Hammami, M. Badis Chanoufi, Hassine Saber Abouda

Department C of Maternity, Center of Maternity and Neonatology,Tunis - Tunisia

Introduction

Pregnancy-related acute kidney injury (PRAKI) is a notable contributor to maternal morbidity and can have lasting effects on renal function. This study investigates the recovery of renal function and the likelihood of developing chronic kidney disease (CKD) in women affected by PRAKI.

Methods

A retrospective study was conducted on 63 women diagnosed with PRAKI during pregnancy between 2019 and 2023. Postpartum renal function was evaluated and monitored annually for up to five years. Factors associated with CKD progression were analyzed to identify predictors of incomplete renal recovery and to develop strategies for optimizing post-pregnancy renal care.

Results and discussion

Complete renal recovery occurred in 68% of cases, while 22% of women progressed to stage 2-3 chronic kidney disease (CKD) within five years. Risk factors for incomplete recovery included sepsis-related PRAKI (odds ratio [OR] 2.4), delayed initiation of treatment (OR 3.1), and pre-existing hypertension (OR 1.8). Timely referral to nephrology and consistent follow-up care significantly enhanced long-term outcomes.

Conclusion

Women who experience PRAKI face a heightened risk of developing CKD, underscoring the importance of long-term renal monitoring and early interventions. Preventive measures and timely management are essential to optimizing renal outcomes.

P275

RENOPROTECTIVE EFFECTS OF LOW-DOSE ASPIRIN IN HIGH-RISK PREGNANCIES

Selma Dhaoui, Haithem Aloui, Hatem Frikha, Feriel Slama, Rami Hammami, M. Badis Chanoufi, Hassine Saber Abouda

Department C of Maternity, Center of Maternity and Neonatology,Tunis - Tunisia

Introduction

Low-dose aspirin is recommended for the prevention of preeclampsia in high-risk pregnancies, particularly in women with chronic kidney disease (CKD). This study examines its potential renoprotective benefits and its effects on maternal and neonatal outcomes.

Methods

A retrospective review of 100 high-risk pregnancies treated with low-dose aspirin between 2020 and 2023 was conducted. Maternal renal function, incidence of hypertensive complications, and neonatal outcomes were analyzed. The objective was to assess the efficacy of aspirin in improving renal and obstetric outcomes.

Results and discussion

Low-dose aspirin reduced the incidence of preeclampsia by 40% and helped maintain stable renal function in 72% of women with CKD. Neonatal complications, such as preterm birth and low birth weight, were less common in the aspirin group. Additionally, no significant maternal bleeding complications were reported.

Conclusion

Low-dose aspirin provides significant renoprotective and antihypertensive benefits in high-risk pregnancies. Its inclusion in prenatal care should be strongly recommended for women with CKD or at risk of developing preeclampsia.

P276

ASSOCIATED FACTORS WITH ACUTE KIDNEY INJURY DURING PREECLAMPSIA IN THE NORTH OF TOGO

Eyram Makafui Yoan Yawo Amekoudi[1], Dédé Régine Diane Ajavon[2], Akoété Simon Gbessena[1], Essohanam Tabana Mouzou[3]

1 Department of Nephrology,

2 Department of Gynecology and Obstetrics,

3 Department of Intensive Care, University Hospital, University of Kara - Togo

Introduction

Acute kidney injury is a complication of preeclampsia. It increases length of Hospitalization, fees of treatment and death. The aim of this study was to determine the factors associated with the occurrence of acute kidney injury (AKI) in preeclamptic women in Kara.

Methods

It was a case-control study with retrospective data collection conducted from January 1, 2019, to December 31, 2023, in the maternity wards of the CHU and CHR Kara. A comparative study between cases (preeclamptic women with AKI) and controls (preeclamptic women without AKI) was performed, and the associated factors were determined using univariate and multivariate logistic regression.

Results and discussion

The Hospital frequency of AKI during preeclampsia was 6.42%. The mean age of AKI cases was 29.72 ± 6.39 years. Preeclampsia occurred mainly in the 3rd trimester of pregnancy (81.48%) and before 34 weeks of amenorrhea.Hypertension was severe in 90.74% of cases. Albuminuria was 2+ in 66.67% of cases. The mean creatinine level was 21.43 ± 16.72 mg/L. Factors associated with AKI were: history of gestational hypertension (OR=0.18; p<0.001) and infection during pregnancy (OR=0.12; p=0.0176), severe hypertension (OR=4.39; p<0.001), and the occurrence of preeclampsia before 34 weeks of amenorrhea (OR=5.01; p<0.0001).

Conclusion

AKI is frequent in preeclampsia and was associated with several factors. These relate to women's access to healthcare, particularly in northern Togo.

P277

EPIDEMIOLOGICAL STUDY OF NEPHROLOGY CONSULTATION SERVICES IN ALEXANDRIA MAIN UNIVERSITY HOSPITAL

Shaymaa Hawash

Department of Nephrology, Alexandria University, Alexandria - Egypt

Introduction

Hospitalization of renal patients is a major burden of health care in Egypt. Early identification of chronic kidney disease and determination of factors associated with increased morbidity may lead to appropiate interventions to decrease rate of complication and possibly reduce resource utilization.

Methods

Retrospective study by assessing discharge reports of patients admitted to Alexandria Main University Hospital during 6 months' duration

Results and discussion

Study included 1198 admitted renal patients who presented 1.65% of Hospitalized patients. Mean age was 57.7.(59.9%) were females. 62% were admitted in internal medicine units, 30% were in ICU and 8% in other different departments.759 patients had hypertension, 499 had diabetes while 357 patients were known to have CKD.12.5% of patients had Hospital acquired infections during Hospital stay.466 patients were finally diagnosed to have AKI in whom 91 patients needed hemodialysis. 21% of patients died. Multivariate regression analysis it showed that mortality was significantly associated with increasing age, lower serum albumin, thrombocytopenia, elevated CRP level and Hospital acquired infections.

Conclusion

There is a significant burden of kidney disease in our country affecting mainly middle-aged population. The mortality rates among these patients remain a significant concern, driven by factors such as comorbidities, delayed diagnosis, and insufficient access to treatment. Ultimately, a more holistic and equitable approach to the admission, treatment, and ongoing care of renal patients could significantly reduce mortality rates and enhance the overall effectiveness of hemodialysis in improving patient outcomes.

P278

OUTCOME OF ACUTE KIDNEY INJURY IN PREGNANCY IN N'DJAMENA, CHAD

[1]Charfadine Senoussi Abdelkerim, Guillaume Mahamat Abderraman[1], Hissein Adanao[2]

1 Department of Nephrology and Dialysis

2 Department of Gynecology-Obstetrics, Mother and Child; La Renaissance University Hospital, Ndjamena - Tchad

Introduction

Acute kidney injury (AKI) is a relatively rare but serious complication during pregnancy. It is often the consequence of a delay or poor management of a given complication that constitutes as a public health problem in developing countries. Our objective was to determine the epidemiological, diagnostic, therapeutic and evolutionary aspects of obstetric AKI in Chad.

Methods

This was a cross-sectional study with descriptive and analytical aims over a period of 6 months (June 1, 2020 to November 30, 2020) and conducted in the Gyneco-Obstetric Emergency Department of the Mother and Child University Hospital in N'Djamena. All patients admitted for obstetric AKI and requiring hemodialysis were referred to the Nephrology Department of the Renaissance University Hospital. AKI was defined according to the KDIGO 2012 classification. All pregnant women with more than 20 weeks of gestation until immediately postpartum who were admitted for acute kidney injury were included in the study.

Results and discussion

During our work, 1238 patients were collected. Among them, 56 cases of obstetric AKI were included, representing a Hospital prevalence of 4.5%. The average age was 26.1 ± 5.8 years (16 and 37 years). The majority of our patients were primigravidas which was 42%, rural women represented 35.7% of our sample and nearly 67.8% of pregnancies did not benefit from regular prenatal consultation. AKI during the 3rd trimester was found in 42.9% of cases. Oligo-anuria was present in 28.6% of cases. Acute tubular necrosis was found in 52 cases. It was secondary to preeclampsia in 60.7%, to HELLP syndrome in 17.9% and to a hemorrhagic delivery complicating a retroplacental hematoma in 7.1%. According to the KDIGO 2012 classification, Stages 1, 2 and 3 represented 32%, 23% and 25% of cases, respectively. Hemodialysis was initiated in 1/4 of cases. Recovery of renal function was complete in 78.6% of cases and partial in 7.1%. We recorded eight (14.3%) maternal deaths and twenty-four cases of in-utero fetal death. The average length of Hospital stay was 9.21 ± 5 days (2and 20 days).

Conclusion

Obstetric AKI remains a serious complication of pregnancy and postpartum. Despite the good renal prognosis, severe preeclampsia is the main cause. Prevention through monitoring pregnancies would be the most effective measure.

P279

ANATOMOPATHOLOGICAL PROFILE OF ACUTE KIDNEY FAILURE ACCORDING TO PATIENT AGE

Oumaima Tejari, Idrissi Kaitouni Kawtar, Soldi Chaimaa

Department of Nephrology, Ibn Rochd University Hospital, Casablanca - Morocco

Introduction

The mechanism of acute kidney failure (AKI) varies with patient age. The aim of our study was to describe the histological profile of AKI according to age.

Methods

This study focused on patients admitted to Ibn Rochd University Hospital between January 2024 and December 2024 who underwent renal biopsy for acute kidney injury (AKI). AKI was defined according to the criteria of the Acute Kidney Injury Network (AKIN) classification. Patients were divided into three groups: Group A (under 19 years of age), Group B (ages 19 to 64), and Group C (over 64 years of age

Results and discussion

We collected 210 cases of acute kidney injury (AKI), with a biopsy rate of 25% (52 cases). The mean age was 34 years, with a male-to-female ratio of 0.8. The average serum creatinine level was 87 mg/L. In Group A (10 patients), the most common lesions were: Extracapillary glomerulonephritis in 42%,, post-infectious acute glomerulonephritis in 21%,, lupus glomerulonephritis in 15%. In Group B (39 patients), the most frequent findings were: lupus glomerulonephritis (26%), Extracapillary glomerulonephritis (14%),Thrombotic microangiopathy (9%),Segmental and focal hyalinosis and interstitial nephritis (7% each). In Group C (3 patients), the predominant histological lesions were: Membranous glomerulonephritis and membranoproliferative glomerulonephritis.

Conclusion

In patients who underwent renal biopsy for AKI, lupus glomerulonephritis was the most frequently observed lesion, while GNEC was a common cause of parenchymal AKI regardless of patient age.

P280

INTOXICATION WITH PEGANUM : A CASE REPORT

Djazia Laghmara, Bouabdelli Asma, Zemmouchi Sohaila, Hammouche Mustapha

Department of Nephrology, Costantine Specialized Hospital - Algeria

Introduction

Peganum is a plant commonly called Harmal, belonging to the Zygophyllaceae family, and is used in traditional medicine. The nature of the toxic compound is an alkaloid derived from beta-carboline. The toxic part is mainly the seeds, and the toxic dose is 250 mg.

Methods

The patient H.H consulted the emergency department for neurological symptoms (memory loss and concentration issues) and visual disturbances (sudden decrease in visual acuity with intraretinal hemorrhage). A systematic evaluation upon her arrival revealed the presence of acute kidney injury (AKI) with preserved urine output. During the interview, a history of Peganum intoxication was noted, as it is used in traditional medicine for gynecological disorders (the patient had an ovarian cyst).

Results and discussion

Laboratory results: Urea: 2.90 g/l Creatinine: 261 mg/l Uric acid: 100 mg/l Na: 131 meq/l K: 3.1 meq/l Ca: 89.99 mg/l Phosphorus: 75.50 mg/l PTH: 10.89 ng/ml CRP: 19 mg/l 24-hour proteinuria: 0.32 g/l Viral serology: negative Immunology: negative Echocardiogram: no abnormalities Tumor markers: negative Renal ultrasound: no abnormalities. An associated ophthalmological condition, justifying the following exploration: Fundus examination: retinal hemorrhage with a pale optic disc. 24-hour blood pressure monitoring: no abnormalities. Brain MRI: no abnormalities. Fluorescein angiography: significant retinal hemorrhage. Visual evoked potential: bilateral pre-chiasmatic lesion of the axon-myelin type. Discussion : "The target organs in case of intoxication are primarily the CNS, heart, digestive system, and eyes . Our patient presented with renal symptoms in addition to the aforementioned issues: toxic acute tubular necrosis with preserved urine output. "Given this pathological presentation: young age, absence of medical history, use of medicinal herb (Peganum), multisystem involvement, and a negative etiological investigation, the diagnosis of Peganum intoxication was established. From a nephrological standpoint, our patient presented with a picture of toxic acute tubular necrosis with preserved urine output, which evolved favorably (after rehydration and vitamin supplementation, without the need for renal replacement therapy), with complete recovery of renal function: creatinine at 10 mg/l after one month. Ophthalmological and neurological recovery was more delayed, with lasting sequelae (cognitive disorders)

Conclusion

"Peganum harmala is a plant that has been used for a long time in traditional medicine. Despite its use in Morocco as an abortifacient, emmenagogue, oxytocic, sedative, antihelminthic, antimalarial, purgative, emetic, antiseptic, healing, diaphoretic, and diuretic agent, this plant is still underutilized in modern phytotherapy due to its potential for severe toxicity, particularly renal toxicity, which, although not previously described, is demonstrated by this case.

P281

A CASE OF IDIOPATHIC AUTOIMMUNE HEMOLYTIC ANEMIA DISCOVERED DURING AN ACUTE RENAL FAILURE, WITH THE RISK FACTOR BEING A COVID-19 INFECTION

Djazia Laghmara, Bouabdelli Asma, Zemmouchi Sohaila, Hammouche Mustapha

Department of Nephrology, Costantine Specialized Hospital - Algeria

Introduction

Idiopathic autoimmune hemolytic anemia is a relatively rare condition caused by antibodies directed against the patient's own unmodified red blood cell antigens, and is rarely associated with renal failure due to ischemic acute tubular necrosis (chronic renal hypoperfusion).

Methods

This is a 45-year-old patient G.H who has been diabetic for 10 years, well-controlled without diabetic nephropathy. She was Hospitalized in our facility for the management of acute renal failure (ARF) with severe anemia, requiring multiple transfusions at the medical emergencies prior to her admission, with a history of a COVID-19 infection one month before Hospitalization.

Results and discussion

Laboratory results: Urea: 30.90 mmol/l, Creatinine: 539

µmol/l, Uric acid: 100 mg/l Na: 131 mEq/l, K: 3.5 mEq/l, Ca: 2.29 mmol/l, Ph: 2.50 mmol/l Normochromic normocytic regenerative anemia at 6 g/dl, reticulocyte count 150,000 cells/mm² Direct Coombs test positive, Haptoglobin at 0.1 g/l Bilirubin 4 times the normal level, LDH 600 IU/l, CRP. 10 mg/l 24-hour proteinuria: 0.52 g/l, Urine test: trace protein, blood + Urine culture: negative Viral serology: negative, COVID-19 IgG serology positive Immunology: negative EPP. polyclonal increase of gammaglobulins in the gamma region (membranous antibody-antigen deposits) Tumor markers: negative Renal ultrasound: no abnormalities. Both kidneys are of normal size with GDMC Discussion : Based on all the aforementioned arguments supporting the diagnosis of IAHA (normochromic normocytic regenerative anemia, positive direct Coombs test, collapsed haptoglobin, elevated LDH and bilirubin, typical appearance of the disease on the EPP), the patient was started on corticosteroids at a dose of 1 mg/kg/day for 1 month, followed by a progressive tapering of 5 mg each week, along with adjunctive treatment with Epotin at a dose of 2000 IU for week. After 15 days, the Hb level increased to 8 g/dl with improvement in renal function. After 2 months of treatment, there was a complete recovery of renal function with an Hb level of 12 g/dl. A maintenance treatment with corticosteroids was continued at a dose of 5 mg/day.

Conclusion

Severe anemia can be a consequence of renal failure, and the opposite is also true: a severe anemia that is not explored and treated in time can lead to severe renal failure, for which the definitive treatment remains etiological.

P282

A CASE OF ACUTE RENAL FAILURE (ARF) DURING MULTIPLE MYELOMA ASSOCIATED WITH DIFFUSE LARGE B-CELLS NON-HODGKIN LYMPHOMA

Djazia Laghmara, Bouabdelli Asma, Zemmouchi Sohaila, Hammouche Mustapha

Department of Nephrology, Costantine Specialized Hospital - Algeria

Introduction

Acute and chronic kidney dysfunction is common in multiple myeloma, where myeloma cast nephropathy, caused by the intra-tubular precipitation of monoclonal free light chains with uromodulin, is the main cause. In contrast, this renal involvement is less frequent in other malignant hematological diseases, including lymphomas.

Methods

This is a 59-year-old patient M.E with no significant medical history, Hospitalized in our department for the management of acute renal failure (ARF) with a picture of anasarca.

Results and discussion

Laboratory results: Urea: 47.20 g/l Creatinine: 1321 µmol/l Uric acid: 100 mg/l Na: 131 meq/l K: 3.5 meq/lCalcium: 2.59 mmol/l Phosphate: 2.50 mmol/l Albumin: 32 g/l CRP. 10 mg/l ESR: 109 Normochromic normocytic non-regenerative anemia at 9 g/dl 24-hour proteinuria: 2.52 g/l Urine sediment: blood + / protein traces Urine culture negative Immunology: negative Serum protein electrophoresis: monoclonal peak at the level of gammaglobulins Immunofixation of plasma proteins: monoclonal light chains IgG Bence-Jones protein positive Tumor markers: negative Viral serology: negative Renal ultrasound: both kidneys of normal size with GDMCand large-volume ascites. Abdominal MRI: diffuse peritoneal thickening, diffuse infiltration of the mesenteric fat. Peritoneal biopsy: morphological and immunohistochemical findings consistent with diffuse large B-cell non-Hodgkin lymphoma. Lumbar spine MRI: progressive lumbar discopathy, marked at the L3-L4 level, in conflict with the dural sheath; staged dorsal somatic osteoarthritis; staged posterior lumbar interapophyseal osteoarthritis. Echocardiogram: good cardiac kinetics with an ejection fraction (EF) of 70%. Discussion : Given all the above-mentioned arguments (the presence of a monoclonal peak, the fixation of monoclonal light chains, the positivity of Bence-Jones protein, and the tubular syndrome), the diagnosis of myeloma-related tubulopathy was established, associated with the tubulo-interstitial involvement of diffuse large B-cells non-Hodgkin lymphoma.

Conclusion

The patient received 3 cycles of chemotherapy with supplementation of Epotin, analgesic treatment, and some sessions of hemodialysis. After one month, there was an improvement in renal function (creatinine at 36 mg/l), but unfortunately, the patient passed away after 3 months due to the fatal progression of his malignant hematological disease.

P283

FACTORS ASSOCIATED WITH POST-STROKE ACUTE KIDNEY INJURY IN THE NEUROLOGY DEPARTMENT OF THE BORGOU ALIBORI TEACHING HOSPITAL (BENIN)

Seraphin Ahoui[1], Mendinatou Agbetou[1], Léocadie Bossikponon[1], Juliette Dansou[1], Jacques Vigan[2], Thierry Adoukonou[1]

1 Department of Nephrology, Faculty of Medicine, University of Parakou, Parakou - Bénin

2 Department of Nephrology, Faculty of Science of Health, University of Abomey Calavi, Cotonou - Bénin

Introduction

Post-stroke acute kidney injury is a frequent complication. The aim of this study was to investigate the various factors associated with post-stroke AKI in the neurology department ofBorgou and Alibori Departmental Teaching Hospital(CHUD-B/A) in Benin in 2024.

Methods

This was a descriptive and analytical cross-sectional study with prospective data collection in stroke patients in the neurology department from July 1 to September 30, 2024. Acute kidney injury was the dependent variable and was retained and ranked according to theKDIGO 2012criteria. Sampling was exhaustive The data was collected, entered and analyzed with a significance threshold p< 0.05

Results and discussion

A total of 33 out of 70 stroke patients had AKI, i.e. a frequency of 47.1%. The mean age of the patients was 60.09 ± 3.97 years and the sex ratio was 1.3. Stages I and II were found in 66.7% and 21.2% respectively. Altered consciousness was present in 21 patients (63.6%), three of whom (9.1%) were in a coma; with regard to motor skills, 30 patients (90.9%) had hemiplegia; facial paralysis. The associated factors were: speech disorders, urinary catheterisation and hypochloremia.The associated factors were speech impairment (p=0.028, IC95% [1.24; 47.25]), urinary catheterisation (p=0.018, IC95% [1.74; 329.92])and hypochloremia (p=0.004, IC95% [3.68; 785.39])

Conclusion

AKI is more frequently encountered during stroke. It is necessary to prevent AKI while acting on the associated factors.

P284

KERATIN-BASED HAIR SMOOTHING TREATMENT AND ACUTE RENAL FAILURE: A CASE REPORT

Fatma Bellaaj[1], Sahar Agrebi[1], Imen Gorsane[1], Mariem Hajji[1], Soumaya Chargui[1], Safa Fatoum[1], Samia Barbouch[1], Fethi Ben Hamida[2], Ezzedine Abderahim[1]

1Department of Nephrology, Charles Nicolle Hospital, Tunis, Tunisia,

2 Research Laboratory (LR00SP01),Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Keratin-based hair smoothing treatments are a popular hairstyling method. The majority of keratin smoothing products contain derivatives of glycolic acid. The systemic absorption of these products is associated with a risk of acute renal failure due to the accumulation of calcium oxalate crystals in the kidneys.

Methods

We report a case of severe acute renal failure (ARF) following the use of a hair smoothing product in Tunisia.

Results and discussion

The patient was a 16-year-old female, with no prior medical history, who suddenly developed asthenia, vomiting, abdominal pain, and oliguria. Her lab results showed renal failure with a creatinine level of 647 µmol/L and urea at 17.9 g/L, without ionic disturbances. She had a biological inflammatory syndrome with a CRP of 300, white blood cells (WBC) of 9,650, and no signs of infection. Additionally, there was no anemia or thrombocytopenia, and the urine dipstick test showed negative proteinuria and hematuria. An abdominal ultrasound was performed and showed no abnormalities, particularly no obstruction in the urinary tract. In the immunological workup, antinuclear antibodies were negative, and the complement levels for both C3 and C4 were not consumed. Upon further questioning, the patient reported no use of diuretics, herbal products, or over-the-counter supplements that could potentially cause renal injury. Additionally, there was no family history of renal disease. However, she mentioned that two days prior, she had undergone a hair smoothing treatment containing glycolic acid, during which she experienced a burning sensation and scalp irritation. The patient's condition gradually improved, with a progressive recovery of renal function and the return of diuresis. Given this presentation, the diagnosis of acute tubular necrosis due to the accumulation of calcium oxalate crystals in the renal tubules was made.

Conclusion

This case suggests a potentially under-recognized cause of acute renal failure in young, otherwise healthy individuals, which can sometimes be silent and underdiagnosed. Further studies are necessary to confirm this association, evaluate the extent of the phenomenon, and understand its pathogenesis.

P285

PARACETAMOL ADMINISTRATION AND ITS ASSOCIATION WITH A DECREASED INCIDENCE OF ACUTE KIDNEY INJURY IN PATIENTS WITH RHABDOMYOLYSIS

Zeinebou Dede, Raja Boukadida, Awatef Azabi, Wissal Sahtout, Asma Fradi, Nerjs Ben Aïcha, Senda Mrabet, Youssra Guedri, Dorsaf Zellama

Department of Nephrology, Dialysis and Renal Transplantation, Sahloul University Hospital, Sousse - Tunisia

Introduction

Rhabdomyolysis is a common and potentially life-threatening condition, with acute kidney injury (AKI) being its most significant complication, occurring in 10–50% of cases. The prevalence of AKI may correlate with the level of serum creatine phosphokinase (CK). Experimental data from mouse models of rhabdomyolysis suggest that paracetamol may reduce the expected rise in serum creatinine levels.

Methods

We aimed to assess the association between paracetamol use and the reduced risk of AKI in two patients with severe rhabdomyolysis.

Results and discussion

Case 1: A 41-year-old man presented with macrohematuria following intense physical exertion, accompanied by muscle soreness. Laboratory findings revealed severe rhabdomyolysis, with a CPK of 1,115,230 IU/L, LDH of 2,507 IU/L, and no evidence of renal failure (urea 4.6 µmol/L, creatinine 83 µmol/L). The patient was treated with intensive rehydration, paracetamol, and antioxidants. His outcome was favorable, with no development of renal failure.Case 2: A 35-year-old man with no significant medical history presented with dark urine after unusual physical activity, followed by the onset of myalgias. Laboratory results showed a CPK of 56,200 IU/L, LDH of 3,731 IU/L, and no renal insufficiency (urea 4.9 µmol/L, creatinine 88 µmol/L). Further investigation revealed a concurrent COVID-19 infection. The patient was treated with vitamin E and paracetamol, and his condition also improved, with no development of AKI.

Conclusion

Acute kidney injury (AKI) is a common and serious complication of rhabdomyolysis. A deeper understanding of the mechanisms underlying this syndrome may help identify novel therapeutic targets, as there is currently no specific treatment. The development of new antioxidant therapies with intrinsic kidney-targeting properties holds promise for improving the treatment of AKI.

P286

ACUTE KIDNEY DAMAGE DURING DENGUE FEVER IN THE NEPHROLOGY-DIALYSIS DEPARTMENT OF THE SOURÔ SANOU UNIVERSITY HOSPITAL CENTER (CHUSS) OF BOBO-DIOULASSO

Aoua Semde[1], Amidou Sawadogo[1], Madina Ouattara[1], Jacques Zoungrana[2]

1 Department of Nephrology-Dialysis, 2 Department of Medicine, Souro Sanou University Hospital Nazi BONI University, Bobo-Dioulasso -Burkina Faso

Introduction

Dengue fever is a re-emerging arbovirus disease with acute kidney injury (AKI) as one of the complications. The aim of the study was to evaluate the prognosis of AKI during dengue fever in patients Hospitalized in Nephrology Dialysis at the Sourou Sanou University Hospital in Bobo-Dioulasso

Methods

We conducted a cross-sectional study from August 1 to December 31, 2023

Results and discussion

Our study included 157 patients with an average age of 37.87 years ± 17.68 years and mostly men (85.35%). Phytotherapy notion was found in 72.61%. Acute tubular necrosis was the presumed mechanism of AKI (70.06%). Other complications of dengue fever were hemorrhagic (55.41%), pulmonary (43.31%), digestive (34.40%) and neurological (15.57%). Anaemia and hepatic cytolysis were found in 59.24% and 70% of patients. The mean serum creatinine was 1144.77 µmol/L ± 538 µmol/L. Haemodialysis was performed in 57.32% of cases. Renal function was fully recovered in 95 patients (60.51%) and another 45 (28.55%) died. The short duration of Hospitalization and the presence of other visceral disorders were the factors of poor renal function and vital prognosis.

Conclusion

AKI is a common complication in dengue fever. It is life-threatening in the absence of early treatment.

P287

MORTALITY IN PATIENTS WITH ACUTE KIDNEY INJURY EXPERIENCE OF RN UNIVERSITY HOSPITAL - N'DJAMENA, TCHAD

Mahamat Djibrine Djibrine, Ibrahim Hamat, Haoua Youssouf Seid

Department of Nephrology, N'Djamena University Hospital - Tchad

Introduction

The aim of our study was to determine the prevalence and mortality of AKI in the nephrology department of the CHU-RN.

Methods

This was a descriptive study conducted over a period of nine (9) months, from 1st June 2023 to 1st March 2024. All patients presenting with ARF, regardless of sex or age at the time of Hospitalisation in the nephrology department, and meeting the criteria of the KDIGO definition of ARF were included. Sampling was exhaustive, and data were collected from pre-established forms

Results and discussion

We identified 249 patients, representing a prevalence of 19.27%. The most common age group was 41-60, i.e. 43.76%, with an average of 39 years and extremes of 16 and 70 years. The patients were predominantly male (71%), with a M/F sex ratio of 3.38. The most frequent reasons for admission were hyper-creatininaemia (72.91%), anuria (25%) and asthenia (18.75%). The most common clinical signs were conjunctival pallor (45.8%) followed by anuria (37.5%). The mean creatinemia was 217.2 mg/l, with extremes of 36 and 375.8 mg/l. 33.3% of patients had a uraemia greater than 3 g/l, with extremes ranging from 0.36 to 3.62 g/l and a mean of 2.20. Depending on the topography of the ARF, organic (52%), functional (35%) and obstructive (13%). Haemodialysis was initiated in 54.1% of patients; the indication for emergency dialysis was anuria (37.5%), followed by hyper-creatinemia (35.4%) and acute lung oedema (31.2%). The course was marked by recovery of renal function in 42%, CKD (19%) and mortality in 39% of patients.

Conclusion

Acute renal failure is common in our department and mortality is still increasing, hence the importance of early appropriate management to reduce mortality.

P288

THE IMPACT OF ACUTE KIDNEY INJURY IN RHABDOMYOLYSIS: RENAL OUTCOMES AND MORTALITY IN A PROSPECTIVE STUDY

Smiai Amani[1], Hiba Ghabi[1], Syrine Tlili[1], Ikram Mami[1], Mariem Boukhtiwa[1], Ines Bounaouas[2], Yosri Massoudi[2], Fethi Ben Hamida[3], Lamia Rais[1], Mohamed Karim Zouaghi[1]

1 Department of Nephrology,

2 Department of Intensive Care, La Rabta University Hospital, Tunis - Tunisia

3 Renal Pathology Laboratory LR00SP01, Charles Nicole Hospital, Tunis - Tunisia

Introduction

Acute kidney injury (AKI) is a common and serious complication of rhabdomyolysis. Despite advances in its early detection and management, the full impact of AKI related to rhabdomyolysis on long-term renal outcomes and survival remains unclear. This study aimed to evaluate the renal outcomes and mortality rates in patients with AKI secondary to rhabdomyolysis

Methods

We performed a prospective study over 6 months on patients Hospitalized in the intensive care unit of Rabta University Hospital Center and presenting rhabdomyolysis. We aimed to determine the impact of AKI on patient mortality and renal prognosis.

Results and discussion

A total of 54 patients were included in the study. The mean age was 46.19 years and the gender ratio (M/F) was 4.4. Diabetes affected 18.5% of patients. The other most commonly reported comorbidities were arterial hypertension (25.9%), dyslipidemia (25.9%) and coronary artery disease (18.5%).The incidence of AKI was 51.9% after 0.96 days of rhabdomyolysis diagnosis. The mean follow-up duration was 24.65 days. Among these patients, 64.3% regained baseline renal function and 28.6% advanced to end-stage kidney disease, 50% of whom were previously diagnosed with CKD. Maximum creatinine (p=0.002), initial bilirubinemia (p=0.033), the presence of shock (p= 0.022), KDIGO-defined stage 3 (p=0.001), severe metabolic acidosis (p=0.031), renal replacement therapy (p=0.007) and duration of diuretic treatment initiated during Hospitalization (p = 0.03) were identified as factors significantly associated withthe non-recovery of kidney function.

The Kaplan-Meier survival analysis showed a mean survival time of 66.234 days [95% CI: 44.63; 87.84]. The overall mortality rate was 46.3, while patients with AKI tended to have higher mortality rates of 85.71%. Survival analysis stratified by AKI status revealed a significant association between AKI and reduced survival (p=0.001). Multivariate analysis identified AKI (odds ratio = 0.053) and presence of shock (odds ratio = 0.12) as independent risk factors for mortality.

Conclusion

AKI represents a poor prognostic factor in rhabdomyolysis, as it increases mortality rates, raises the risk of progression to CKD, and leads to prolonged Hospital stays and increased healthcare resource utilization. Further research is needed to define potential therapeutic strategies to improve survival rates in this population.

P289

ELDERLY PATIENTS WITH ACUTE KIDNEY INJURY : WHAT PREDICTS MORTALITY ?

Ben Othman Ilhem[1], Amel Harzallah[1], Sahar Agrebi[1], Mariem Hajji[1], Hayet Kaaroud[1], Fethi Ben Hamida[2], Soumaya Chargui[1], Abderrahim Ezzedine[1]

1 Department of Internal Medicine A,

2 Laboratory of Renal Pathology LR00SP01, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Acute kidney injury (AKI) is a common and severe condition within elderly patients, often associated with high mortality rates due to their vulnerability and frequent comorbidities. This study aimed to identify mortality risk factors in a cohort of elderly patients Hospitalized for AKI.

Methods

A retrospective study including patients aged 65 years or older admitted for AKI in a nephrology department between 2012 and 2023. Demographic, clinical, and laboratory data were collected. Mortality at one year was the primary outcome. Univariate and multivariate logistic regression analyses were conducted to identify independent risk factors of mortality.

Results and discussion

Study included 75 patients aged meanly 72.9 ± 5.7 years, with a predominance of females (62.7%). Most patients (65%) presented with stage 3 AKI according to KDIGO classification. The one-year mortality rate was 25.3%. Univariate analysis identified low systolic blood pressure (p=0.031), dehydration (p=0.049), low hemoglobin levels (p=0.049), high creatinine at discharge (p=0.043), high potassium levels (p=0.032), and hypoalbuminemia (p=0.002) as significant predictors of mortality. Multivariate analysis confirmed dehydration (Odds Ratio [OR]=1.12; 95% Confidence Interval [CI]: 1.02 1.80; p=0.029), low hemoglobin (OR=1.49; 95% CI: 1.30–1.81; p=0.006), hyperkalemia (OR=2.00; 95% CI: 1.06–3.58; p=0.032), and hypoalbuminemia (OR=1.83; 95% CI: 1.71–1.96; p=0.013) as independent risk factors for mortality.

Conclusion

This study highlights the significant impact of dehydration, anemia, electrolyte imbalances, and nutritional status on the survival of elderly patients Hospitalized for AKI. Early recognition and management of these modifiable risk factors may improve outcomes in this high-risk population. Further prospective studies are necessary to validate these findings and guide clinical interventions.

P290

THE ACUTE KIDNEY INJURY IN INTENSIVE CARE

Insaf Trabelsi, Leila Kanoun, Hana Ben Ali, Jihene Guissouma, Hend Allouche, Habib Brahmi, Neila Ben Khelil, Hatem Ghadhoune

Department of Intensive Care, Habib Bougatfa University Hospital, Bizerte - Tunisia

Introduction

Acute kidney injury (AKI) is a common condition in intensive care units. It is associated with a heavy morbidity and mortality. This complication remains a subject of study and research. Its risk factors are numerous.The aim of this study was to identify the particularities of ARF occurring during Hospitalization in the intensive care unit.

Methods

We conducted a retrospective and descriptive study conducted over a period of 32 months (November 2020 to July 2023). We included patients who developed ARF during their Hospitalization in the intensive care unit. Exclusion criteria were an age < 18 years or a history of chronic kidney disease.

Results and discussion

We included 45 patients with a mean age of63 years anda gender ratio of 2.46. The most common antecedents were hypertension (53%), diabetes (40%), and heart failure (11%). During Hospitalization, 82% of patients required fluid resuscitation, and vasoactive drugs were used in 73% of cases.

Additionally, sepsis was identified in 78% of patients. Sixteen patients (36%) had received an iodine contrast agents for a radiological examination, and 62% had received nephrotoxic antibiotics. The highest median seum creatinine value was 307 µmol/L [106-1106] at the onset of ARF compared to an initial value upon admission of 79 µmol/L [35-105]. ARF was classified as KDIGO 1, 2, and 3 in 22%, 27%, and 51% of patients, respectively. The median time to the onset of ARF from admission was 9 days [5; 16]. The cause of this acute kidney injury was purely functional in 45% of cases and tubulo-interstitial in 38% of cases. The evolution was marked by total or partial recovery of renal function in 18% and 26% of patients, respectively. The median length of Hospitalization was 3 days [1; 6], with a mortality rate of 73%. The prognostic factor identified in our sample was the occurrence of shock during Hospitalization (p=0.02).

Conclusion

ARF is common during Hospitalization in the intensive care unit. It primarily occurs in adult patients with cardiovascular antecedents who have received nephrotoxic agents. Progression to chronic kidney disease is not rare, and the vital prognosis is often reserved.

P291

INCIDENCE AND RISK FACTORS OF ACUTE KIDNEY INJURY IN DIABETIC KETOACIDOSIS IN INTENSIVE CARE UNIT

Hana Ben Ali, Amani Smiai, Jihene Guissouma, Wiem Ben Maria, Habib Brahmi, Hatem Ghadhoune

Department of Intensive Care, Habib Bougatfa University Hospital, Bizerte - Tunisia

Introduction

Acute kidney injury (AKI) is a common metabolic complication during diabetic ketoacidosis (DKA). Besides hypovolemia due to glucose-induced osmotic polyuria and emesis, AKI in intensive care unit (ICU) remains multifactorial. However, few studies addressed this topic. We aimed to determine the incidence of AKI during DKA in ICU and to assess its risk factors.

Methods

We performed a ten-year retrospective (2014-2023), descriptive and single-center study including patients admitted to ICU for DKA. Patients with chronic kidney disease requiring renal replacement therapy (RRT) were excluded. Patients were divided into two groups:-Group1: who developed AKI during their ICU stay.-Group2: who didn't have any deterioration in their renal function. AKI was defined and stratified according to KDIGO classification.

Results and discussion

We included 83 patients. Almost half (46%) of the total cohort developed AKI (39 cases in group1 and 44 in group2). The mean age was 42±17 years with female predominance. The most common type of diabetes was type1, followed by type2 and inaugural diabetes. The median duration of diabetes was 8 years. The most common comorbidity was hypertension (31%). The median duration of symptoms before Hospitalization was 24 hours. The mean IGS II and APACH II were 32±17 and 16±9 respectively. DKA was mild in 23%, moderate in 31% and severe in 46%.The mean blood glucose, mean pH and mean bicarbonatemia were respectively 32±14, 7.13±0.15 and 7,2±4,3 in group1 and respectively 20±8, 7.13±0.14 and 6.8±3,8 in group2. The mean baseline creatinine level was 69±22 umol/l.Among these patients,15.4% were in KDIGO-defined stage I, 5% in stage II and 79.6% in stage III. The mean creatinine level was 154 umol/l. Only 6 patients required RRT. Sepsis was the main precipitating factor for AKI (69%). Other risk factors were shock and nephrotoxic treatments. The mortality rate was 18%. Univariate analysis identified age (p=0.001), duration of diabetes (p=0.027), hypertension (p=0.005), admission gravity scores (p<0.001), and blood glucose level (p<0.001) as risk factors for AKI during DKA.Multivariate analysis was inconclusive.

Conclusion

The incidence of AKI among patients with DKA in ICU remains high. Early and targeted management ofrisk factors could reduce the occurence of this complication.

P292

ACUTE RENAL FAILURE IN A UROLOGY DEPARTMENT: WHAT ARE THE ETIOLOGIES?

Seif Mokadem, Mahmoud Hamza, Marouane Chakroun, Bilel Saïdeni, Amine Hermi, Haroun Ayed, Ahmed Saadi, Riadh Ben Slema

Department of Urology, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Acute renal failure (ARF) is defined as a rapid decline in renal function occurring over several hours or days, accompanied by metabolic disturbances that can be life-threatening. ARF is a major public health issue with an increasing incidence and significant morbidity and mortality rates.

Methods

This descriptive, retrospective study included patients diagnosed with ARF and Hospitalized in the urology department of Charles Nicolle Hospital between January 1, 2015, and December 31, 2022. Data were collected from electronic medical records.

Results and discussion

A total of 301 patients were treated for acute renal failure during the study period, including 82 women and 219 men. The mean age was 64.29 years [range: 14–96]. Twenty-eight different etiologies were identified.The most common etiology of acute renal failure is obstructive lithiasis (32%). In men urinary retention upstream of prostatic hypertrophy, accounting for 35% of cases. In women, obstructive ureteral stones in a solitary kidney were the most frequent cause, occurring in 30.5% of cases.The type of urinary drainage employed varied according to the etiology.

Conclusion

Acute renal failure is a common condition in urology departments, predominantly affecting an elderly population. The etiologies are diverse, but prostatic and lithiasic pathologies are the most frequently implicated.

P293

CLINICAL, BIOLOGICAL, AND EVOLUTIONARY PROFILE OF ACUTE KIDNEY INJURY IN ELDERLY PATIENTS

Feryel Abid[1], Hiba Ghabi[1], Syrine Tlili[1], Ikram Mami[1], Mariem Boukhtiwa[1], Nour Driss[1], Fethi Ben Hamida[2], Lamia Raies[1], Mohamed Karim Zouaghi[1]

La Rabta University Hospital, Tunis - Tunisia

3 Renal Pathology Laboratory LR00SP01, Charles Nicole Hospital, Tunis - Tunisia

Introduction

Acute kidney injury (AKI) in elderly patients is often associated with multiple comorbidities and presents a variable prognosis. Understanding its causes, clinical and biological profile, as well as its progression, is crucial for improving management and long-term outcomes in this vulnerable population.

Methods

This retrospective and observational study was conducted on patients aged 75 years and older, admitted for AKI between 2014 and 2024.

Results and discussion

Among the 34 patients (mean age 78.9 years, male-to-female ratio 1.6), 41.8% were smokers, 11.8% were alcoholics, 52.9% had chronic kidney disease (with a mean baseline creatinine of 181.9 µmol/L), 26.5% were diabetic, 70.6% were hypertensive, and 11% had coronary artery disease. Prerenal causes were identified in 52.8% of cases, including drug-induced causes (2.9%), type 1 hepatorenal syndrome (2.9%), type 1 cardiorenal syndrome (14.7%), extracellular dehydration (14.7%), and infectious causes (17.6%). Renal etiologies represented 38.4%, including membranous glomerulonephritis (2.9%), acute glomerulonephritis (2.9%), myelomatous tubulopathy (2.9%), acute tubular necrosis (14.7%), and ANCA-associated vasculitis (14.7%). Postrenal causes accounted for 8.8% of cases. Three patients underwent a renal biopsy. At admission, the median serum creatinine was 656 µmol/L, and 70.6% of patients required hemodialysis, with an average of 3.7 sessions during Hospitalization. Treatment was symptomatic and etiopathogenic in all cases. Clinical outcomes were favorable in 73.5% of cases, with partial recovery observed in 44.1% of patients and complete recovery in 29.4%. In contrast, 26.5% of patients developed end-stage chronic kidney disease, of whom 5.8% required chronic hemodialysis. Short-term mortality was 17.6%, and long-term mortality was 14.7%.

Conclusion

AKI in elderly patients, frequently associated with comorbidities, appears to evolve favorably, but is also associated with increased mortality in a significant proportion of cases.

P294

PHOSPHOCALCIC DISORDERS IN ACUTE RENAL FAILURE

Rania Dridi, Syrine Tlili, Hiba Ghabi, Mariem Boukhtiwa, Ikram Mami, Wided Smaoui, Madiha Krid, Lamia Rais, Karim Zouaghi

Department of Nephrology, Rabta Hospital, Tunis, Tunisia

Introduction

Acute kidney injury (AKI) represents a sudden and reversible impairment of renal function, often associated with significant metabolic imbalances.Disorders of phosphocalcic metabolism hold a central place due to their systemic impact and prognostic implications. However, in the context of AKI, their occurrence appears to be less common, and their implications are often overlooked.

Methods

This is a retrospective study including 62 patients Hospitalized between 2020 and 2024 for the management of acute kidney injury in the nephrology department of La Rabta Hospital.

Results and discussion

Among the 62 patients included, 38 presented with isolated acute kidney injury (AKI), while 24 had AKI superimposed on chronic kidney disease (CKD), of whom only 5 patients were classified as stage 3B. The primary etiologies of AKI were distributed as follows: 29 patients had prerenal AKI secondary to renal hypoperfusion, 31 patients had intrinsic AKI, and 2 patients had obstructive causes. A phosphocalcic workup was performed for all 62 Hospitalized patients. Serum calcium levels were normal in 17 patients with acute kidney injury out of a total of 41 patients with hypocalcemia. Among these, 8 patients had hypoalbuminemia, and 7 of them exhibited corrected calcium levels within the normal range. Only 4 patients presented with hypercalcemia. Phosphate testing revealed hyperphosphatemia and hypophosphatemia in 13 and 9 patients, respectively, while 41 patients had normal phosphate levels. Parathyroid hormone (PTH) levels were normal in 48 patients, with elevated PTH levels exceeding twice the upper limit of normal in 14 patients. The evolution of phosphocalcic disturbances following the resolution of AKI was characterized by a progressive normalization of calcium and phosphate levels, although the time required for normalization varied depending on the severity of AKI and the underlying renal condition. The clinical consequences of these imbalances included neuromuscular disturbances reported in 24 patients. Additionally, 2 patients experienced arrhythmias secondary to electrical cardiac disturbances, and premature vascular calcifications were identified on radiological examinations in 2 patients. These complications increase the morbidity and mortality associated with AKI.

Conclusion

Phosphocalcic disturbances represent a crucial aspect of AKI, requiring increased clinical attention. Further research is needed to optimize management strategies and improve patient outcomes.

P295

MALIGNANT HYPERCALCEMIA : EMERGENCE OF A NEW INDICATION FOR EMERGENCY DIALYSIS

Ahmed Bougueddima, Safoine Khalfaoui, Maher Beji, Rania Khalil, Anis Baffoun

Department of Blood Epuration and Metabolic Resuscitation Unit, Military Hospital, Tunis - Tunisia

Introduction

Malignant hypercalcemia (MHC) is a rare but serious metabolic disturbance. Indeed, it puts the patient's vital prognosis at stake due to these cardiac, neurological and kidney complications. It requires urgent, multidisciplinary care, first therapeutic and then etiological.

Methods

This is a retrospective study, from January 1, 2023 to november 30, 2024, conducted at the Blood Purification and Metabolic Resuscitation Unit (BPMRU) ofMain Military Instruction Hospital of Tunis. All emergency dialysis sessions for malignant hypercalcemia associated with acute kidney injury (AKI) were included. This MHC is defined as a corrected serum calcium level greater than or equal to 3.50 mmol/l (140 mg/l). The objective of this work is to determine the prevalence, etiologies, complications and therapeutic means in patients admitted for MHC associated with AKI.

Results and discussion

During the study period, Twenty-six emergency dialysis sessions were performed for MHC. The mean age of patients was 53 years (30 to 73 years) and 57% were women. The total serum calcium level was greater than 4.50 mmol/l in three cases, between 3.51 and 4.50 mmol/l in 18 cases (69% of cases) and less than 3.51 mmol/l in 4 cases. The highest serum calcium was 4.55 mmol/l. Acute Kidney Injury was associated with all cases, hence the emergency use of hemodialysis with a low-calcium dialysate (1 or 1.25 mmol/l). The mean decrease in serum calcium after dialysis was 1.29 mmol. In addition to dialysis, the majority of patients had benefited from intravenous rehydration and biphosphate treatment.The dominant etiology in young subjects was primary hyperparathyroidism. However, in adults and the elderly patients, malignant tumors were dominated.This tumorswere pulmonary and colorectal adenocarcinomas and myelomas.

Conclusion

The use of hemodialysis with a low-calcium dialysate should be indicated immediately in the case of malignant hypercalcemia complicated by AKI and/or severe cardiac and/or neurological disorders.

P296

THE VALUE OF LACTATE DEHYDROGENASE IN PREDICTING ACUTE KIDNEY INJURY DURING RHABDOMYOLYSIS

Smiai Amani[1], Hiba Ghabi[1], Syrine Tlili[1], Ikram Mami[1], Mariem Boukhtiwa[1], Dekra Sebki[2], Yosri Massoudi[2], Fethi Ben Hamida[3], Lamia Rais[1], Mohamed Karim Zouaghi[1]

1 Department of Nephrology ,

2 Department of Intensive Care Medicine and Anesthesiology, La Rabta University Hospital, Tunis - Tunisia,

3 Renal Pathology Laboratory LR00SP01, Charles Nicole Hospital, Tunis - Tunisia

Introduction

Acute kidney injury (AKI) is a severe and frequent complication during rhabdomyolysis. It was also defined as a prognostic factor as it increases mortality rate and leads to chronic kidney disease. Determining the risk factors of AKI was the aim of multiple studies in order to improve medical care strategies. Our purpose was to assess the added value of lactate dehydrogenase (LDH) in AKI following rhabdomyolysis.

Methods

We conducted, over 6 months, a prospective study on patients admitted to intensive care unit of Rabta University Hospital Center and presenting rhabdomyolysis which is defined by a serum creatinine phosphokinase (CPK) level >1000 or more than five times the upper limit of normal.

Results and discussion

We included 54 patients. The mean age was 46.19 years and the gender ratio (M/F) was 4.4.Rhabdomyolysis occurred after 5.31 days of average duration of Hospitalization. The mean CPK value was 5744.1 U/L and the mean LDH value was 1022.4 U/L. The average duration of rhabdomyolysis was 5.62 days. The incidence of AKI was 51.9% after 0.96 days of rhabdomyolysis diagnosis: 7.4% were in KDIGO-defined stage 1, 16.7% in stage 2 and 27.8% in stage 3. The mean maximum creatinine level was 457.57 umol/l. Among these patients, 21.4% were admitted for trauma and 78.6% for non-traumatic diseases. The percentage of patients who required renal replacement therapy (RRT) was 39.9%. The overall mortality rate was 46.3%, while patients presented AKI had a higher mortality rate of 85.71%. Univariate analysis revealed a statistically significant correlation between the initial rate of LDH and AKI incidence (p=0.007) with a cutoff of 537.5 U/L (85.2% of sensibility and 80.8% of specificity). There was also a significant association between initial rate of LDH and KDIGO stage 3 occurrence (p=0.009), RRT necessity (p=0.008) and mortality rate in AKI group (p=0.0017). Multivariate analysis identified the initial LDH level as an independent risk factor of AKI occurrence with p=0.023 and Odds ratio=1.005 [1.001; 1.01].

Conclusion

Our work highlighted the predictive and prognostic value of LDH. As it's a valuable and cost-effective tool, multi-center and prospective studies are required to validate this result and improve rhabdomyolysis and AKI management.

P297

RISK FACTORS FOR HOSPITALIZATION FOR A MAJOR ACUTE CARDIOVASCULAR EVENT AFTER ACUTE KIDNEY INJURY WITH FULL RECOVERY: A SINGLE CENTER EXPERIENCE

Nouha Ben Mahmoud, Mouna Hamouda, Meriem Ben Salem, Manel Ben Salah, Sirine Bchir, Ahmed Letaief, Habib Skhiri

Department of Nephrology Dialysis and Renal Transplantation, Fattouma Bourguiba University Hospital, Monastir - Tunisia

Introduction

Acute kidney injury (AKI) was found to be associated with an increased risk of major adverse cardiovascular events (MACE) in the general population. We aim to evaluate the risk factors of patients having had an episode of AKI with full recovery exposing them to the risk of MACE

Methods

We conducted a retrospective single center study including all patients Hospitalized in the nephrology ward since 2002 to 2015, which experienced an AKI episode with full recovery. AKI was defined according to KDIGO criteria. Our primary outcome was to identify risk factors in our population exposing them to MACE after AKI.

Results and discussion

Our study included 107 men and 107 women with median age was 61 years. KDIGO stage 3 was the major stage (115 patients), 31 of whom required hemodialysis. Hypertension was found to be the major co morbidities in our population with 37.4% of patients followed by diabetes (32.2%). Median creatininewas 3.79 mg/l (1.26 –34.57 mg/l). Most patients had anemia (65.4%). Among 176 patients for whom we have followed up, in the short, mediumand long term: 19, 20 and 2 patients had respectively developed a MACE. The characteristics of patients according to the occurrence of MACE or not are illustrated by the table1. The risk factors found in our population were presence of comorbidities, vascular disease and anemia in univariate analysis and only anemia in multivariate analysis (table 2). Patients with anemia and vascular disease had 2.4 times moretherisk

it develop MACE after AKI with full recovery than patients without anemia and no past history of vascular disease.

Conclusion

Patients with anemia, past history of vascular disease are at risk of MACE after AKI with full recovery and those patients should be better monitored in the short, medium and long term. Our aim is to detect the MACE earlier so we decrease the cardiovascular mortality.

P298

RHABDOMYOLYSIS AND ACUTE RENAL FAILURE: FOCUS ON DRUG-RELATED CAUSES

Amira Sakay, Raja Boukadida, Nessrine Thabet, Narjes Ben Aicha, Wissal Sahtout, Awatef Azzabi, Asma Fradi, Yossra Guedri, Sanda Mrabet, Dorsaf Zellama

Department of Nephrology, CHU Sahloul, Sousse, Tunisia

Introduction

Rhabdomyolysis is a clinical and biological syndrome characterised by a marked rise in plasma creatine kinase (CPK) levels, exceeding 1,000 U/L. This condition can lead to acute renal failure (ARF), which worsens the patient's clinical picture and puts his or her vital prognosis at risk. Rhabdomyolysis can result from a variety of causes, including the adverse effects of certain drugs.

Methods

This is a retrospective descriptive study of a sample of patients Hospitalised in the nephrology department of Sahloul University Hospital in Sousse between 2018 and 2023 for ARF discovered in the setting of iatrogenic rhabdomyolysis secondary to the use of drugs.

Results and discussion

4 patients were included, 3 men and one woman. The mean age at diagnosis was 71.7 years. 3 patients were hypertensive with very high cardiovascular risk and on antihypertensive treatment with the recently introduced of statin. One patient one patient had prostatitistreated with levofloxacin for 4 days prior to admission. The main presenting symptoms were myalgias (4 cases), one case of uraemic syndrome, anuria in one patient and fever in an other. On physical examination,the urine sediment was poor, with haematuria present on urine dipstick in 3 patients. Mean creatinine at the time of diagnosis was 850umol/l ± 353umol/l. Mean plasma creatine kinase (CPK) was 22305 IU/l. Three patients had hepatic cytolysis. Hyperkalaemia was marked in 3 patients. The medicinal cause of rhabdomyolysis (statin intake, fluoroquinolone intake) was incriminated in our series after elimination of other causes. All patients were hydrated with isotonic saline. Extra renal replacement therapy (ERT) was indicated in 2 cases (50%). In addition to these symptomatic measures, discontinuation of the causative drug was indicated. The average length of Hospitalisation was 07 days. Renal function improved and muscle enzymes returned to normal after an average of 05 days. All living patients recovered normal renal function and no mortality was noted.

Conclusion

ARF associated with rhabdomyolysis secondary to certain drugs was classified as severe, which improves after stopping the causal treatment. This suggests the need for clinical and biological monitoring after the introduction of any treatment that may lead to rhabdomyolysis.

P299

ACUTE KIDNEY INJURY DUE TO SENNA ALEXANDRINACONSUMPTION: A CASE REPORT

Wafa Homrani, Asma Bettaieb, Raja Aoudia, Sarra Hadded, Mariem Khadhar, Hanene Gaied, Mouna Jerbi, Rym Goucha

Department of Nephrology, Mongi Slim Hospital, & Laboratory of Kidney Disease (LR00SP01) Charles Nicolle Hospital, Faculty of Medicine,

University of Tunis El Manar, Tunis, Tunisia

Introduction

Senna Alexandrina, commonly known as Senna, is a plant widely used for its potent laxative properties, often in the management of constipation. While its hepatic, neurological, and digestive toxicities are well-documented in the literature, its potential nephrotoxic effects remain underexplored.

Methods

we report a case of acute kidney failure due to the consumption of Senna Alexandrina.

Results and discussion

A 60-year-old man with no prior medical history was admitted for the management of newly discovered advanced renal failure. The illness began 37days prior to admission, marked by constipation, for which the patient consumed a single dose of the herb Senna. This was followed by severe diarrhea, with up to 30stools per day for three days, described as black and foul-smelling. A gastroscopy revealed a Forest III ulcer, and a hemostasis procedure was performed. The patient was subsequently Hospitalized for

further management. On admission, he had high blood pressure (BP: 190/110mmHg) without extrarenal manifestations. Diuresis was initially preserved. Urinary sediment analysis showed 3+ proteinuria and hematuria. Laboratory findings included advanced renal failure with a creatinine level of 1824µmol/L, nephrotic syndrome characterized by 24-hour proteinuria of 5.2g, hypoalbuminemia at 22g/L and hypoproteinemia at 50g/L, and anemia (hemoglobin: 8g/dL). The clinical course was complicated by anuria and the necessity of nine sessions of hemodialysis. Subsequently, the patient developed a catheter-related infection with methicillin-sensitive Staphylococcus aureus bacteremia. Antibiotic therapy was initiated. Immunological workup showed negative antineutrophil cytoplasmic antibodies (ANCA), anti-glomerular basement membrane (anti-GBM) antibodies, and antinuclear antibodies (ANA). Given the strong suspicion of rapidly progressive glomerulonephritis, corticosteroid therapy was initiated at 1mg/kg/day under antibiotic coverage. After stabilization of blood pressure, the patient underwent renal biopsy, which revealed acute tubular necrosis lesions, nephroangiosclerosis lesions, and the presence of intratubular deposits of indeterminate nature. The glomeruli appeared normal. The clinical course was favorable, marked by the spontaneous recovery of diuresis, normalization of renal function, and resolution of urinary sediment abnormalities. The patient was discharged on day 30 of Hospitalization.

Conclusion

In this case, the consumption of senna Alexandrina induced severe acute tubular necrosis. However, certain aspects remain unexplained, particularly the nephrotic syndrome without glomerular lesions on renal histology, which resolved completely.

P300

EVALUATING THE MCMAHON SCORE FOR PREDICTING ACUTE KIDNEY INJURY AND MORTALITY DURING RHABDOMYOLYSIS: A TUNISIAN PROSPECTIVE STUDY

Smiai Amani[1], Hiba Ghabi[1], Ikram Mami[1], Syrine Tlili[1], Mariem Boukhtiwa[1], Ines Bounaouas[2], Yosri Massoudi[2], Fathi Ben Hamida[3], Lamia Rais[1], Mohamed Karim Zouaghi[1]

1 Department of Nephrology,

2 Department of Intensive Care Medicine and Anesthesiology, La Rabta University Hospital, Tunis, Tunisia,

3 Renal Pathology Research Laboratory LR00SP01, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Rhabdomyolysis is a frequent pathology in intensive care units. It leads to different complications such as acute kidney injury (AKI), which increases mortality rate and worsens patients' prognosis. The purpose of elaborating practical scores has always been the early detection of severe disorders to improve medical care and survival. We aimed to determine the effectiveness of the McMahon score in predicting AKI and mortality following rhabdomyolysis in Tunisian population.

Methods

This is a prospective, single-center study, performed over 6 months including patients Hospitalized in intensive care unit of Rabta University Hospital Center and presenting rhabdomyolysis.

Results and discussion

We included 54 patients. The mean age was 46.2 years and the gender ratio (M/F) was 4.4. Diabetes affected 18.5% of patients. The other most commonly reported comorbidities were arterial hypertension (25.9%), dyslipidemia (25.9%) and coronary artery disease (18.5%). Rhabdomyolysis occurred after a mean duration of Hospitalization of 5.31 days and lasted on average 5.62 days.The incidence of AKI was 51.9%: 7.4% were in KDIGO-defined stage 1, 16.7% in stage 2 and 27.8% in stage 3. AKI was complicated of hyperkalemia in 39.3% and severe metabolic acidosis in 14.3%. Renal replacement therapy (RRT) was conducted in 39.9% of patients. The overall mortality rate was 46.3%, while patients presented AKI had a higher mortality rate of 85.71%. The mean McMahon score for all included patients was 5.78, for patients presenting AKI was 7.28, and for those who died was 7.13. Univariate analysis revealed that the McMahon score was statistically correlated to the occurrence of AKI during rhabdomyolysis (p=3.13E-4), RRT necessity (p=0.002), overall mortality (p=0.027) and mortality rate after AKI (p=0.012). Receiver operator characteristic curve was established for AKI prediction based on McMahon score showing a sensitivity of 78.6% and specificity of 76.9% for a cut-off≥ 4.75 with an area under the curve (AUC) of 0.791 [CI 0.662; 0.919]. Similarly, we identified a cut-off≥5.75 associated to a sensitivity of 77.8% and a specificity of 72.2% for predicting mortality.

Conclusion

The McMahon score is an effective tool for predicting AKI and mortality in rhabdomyolysis. Therefore, multicenter studies are essential to determine precise and accurate cut-off thresholds for our population.

P301

ACUTE KIDNEY INJURY (AKI) AMONG COVID-19 POSITIVE PATIENTS INCREASES THE RISK OF MORTALITY: SINGLE CENTER EXPERIENCE

Osama Gheith [1], Alotaibi Torki[1], Maher najib Ayman[1], Elserwy Nabil[1], Abbas Ahmed[1], Elsawy Eslam[1], Khalid Mahmoud[1], Abdulhameed Mohamed[1], Fayaad Zohiar[1], Fathy Ahmed[2]

1 Department of Nephrology, Organ Transplant Center - Kuwait

Introduction

Despite the lungs being the major targets of COVID-19, other organs as the kidneys are affected.

Aim: We aimed to study the prevalence of acute kidney injury (AKI) among positive COVID-19 cases that were managed in the intensive care unit (ICU) in a single isolation hospital during the pandemic, and to explore its impact on patient outcome.

Methods

This retrospective study included 616 patients with COVID-19 who were managed, from February toDecember 2020. Of the 616 patients, 40.2% developed AKI (group 1, n=248) and were compared with the patients without AKI (group 2, n=368).

Results and discussion

Most of the cases in the 2 groups were males, aged (60.8± 14 vs. 51.7± 16 years) respectively. Some factors were significantly predominating among group 1 as diabetes mellitus (63.7 vs. 40.5%), hypertension (74.2% vs. 40.5%), ischemic heart disease (26.2% vs. 12.5%) (p

Conclusion

The prevalence of AKI in patients with COVID-19 was 40.2%, and it was associated with poor prognosis among ICU covid-19 positive cases.

P302

PREVALENCE OF ACUTE KIDNEY INJURY, ASSOCIATED FACTORS AND OUTCOMES IN ADULT INTENSIVE CARE UNIT PATIENTS

Denis Georges Teuwafeu, Fufi Nfor Claudia, Gobina Ronald Mbua, Siysi Verla Vincent

Department ofInternal Medicine and Paediatrics, Faculty of Heah Sciences, University of Buea – Cameroon

Introduction

Acute Kidney Injury is associated with a great health burden with over 13.3 million cases and 1.7 million deaths annually most especially in Sub-Saharan Africa. This burden is even higher in the critically ill population. There is little data on the prevalence and outcomes of acute kidney injury amongst the critically ill patient population in our setting.

Methods

A Hospital based retrospective cohort study was conducted. Acute Kidney Injury was defined as increase in creatinine >0.3mg/dl from the baseline or >50% from the known reference value [KDIGO 2021] or a recorded urine output less than 400cc in 24 complete hours or as diagnosed by a nephrologist. Files from March 2020 to march 2023 were reviewed. Collected data was analyzed using SPSS version 25 to attain the objectives.

Results_discussion

The study included 358 patients with a female predominance (54.5%). The median age of participants was 45 years. The mean duration of Intensive Care Unit admission was 4.28days. Hypertension 154(43.0%), Diabetes mellitus103(28.8%), Stroke 65(18.2%) and Heart failure 43(12.0%) were the most common comorbidities. The prevalence of Acute Kidney Injury in the Intensive Care Unit was 64.3%. Acute Kidney Injury was community acquired in 165(71.7%). Sepsis (47.4%), hypovolemia (28.1%) and hypertensive crisis (21.5%) were independently associated with Acute Kidney Injury ($p<0.05$). The patients in stage 3 were 112(48.7%). Of the 40.4% with indications for renal replacement therapy, only 16.1% had access to. Complete and no/Unknown renal recovery on discharge were 36.4% and 41.8% respectively.Patients with Acute Kidney Injury showed high mortality (52.2% vs. 19.5%, $p<0.001$) and prolonged Intensive Care Unit stay (14.9% vs. 1.6%, $p<0.001$)

Conclusion

About 2 out of 3 patients admitted to the Intensive Care Unit have Acute Kidney Injury and 1 in 2 cases is severe and require kidney replacement therapy. Sepsis, shock and hypertensive crisis are risk factors of Acute Kidney Injury among Intensive Care Unit patients. Intensive Care Unit mortality is high in patients with Acute Kidney Injury and stay in the Intensive Care Unit is longer in patients with

acute kidney injury.

P303

CLINICAL, BIOLOGICAL CHARACTERISTICS AND EVOLVING PROFILE OF ACUTE KIDNEY INJURY A MONOCENTRIC STUDY

Amel Ayed, Lazhar Jaballah, Meriem Guizani, Asma Hadhri, Souha Mahroug, Mayssa Hadj Brahim, Zohra Elati.

Department of Nephrology, Taher Sfar Hospital, Mahdia - Tunisia

Introduction

Acute kidney injury (AKI) is a real public health problem. The incidence of AKI worldwide is estimated between 10% and 20%. The lack of data in the literature of African studies made the status ambivalent in terms of real incidence. Our objective was to identify the clinical and paraclinical epidemiological characteristics of patients with AKI as well as the evolving profile.

Methods

We conducted a retrospective study including patients who had AKI hospitalized in the nephrology department at Taher Sfar Mahdia Hospital over twelve months.

Results_discussion

Our population consisted of 88 patients with a mean age of 58.4 Â± 19 years and a sex ratio M ,F 1.73. The patients had diabetes mellitus, hypertension and cardiac insufficiency in 58.2%, 77.5% and 33.3% of cases respectively. Functional AKI represented the predominant mechanism of AKI included (46.4%) with dehydration as the main etiology (81%). Organic cause was retained in 35.7% of patients, with acute tubular necrosis as the most frequent etiology (46.7%) mostly related to toxics (78.5%). Acute interstitial nephritis was noted in 20% of cases implicating immunological mechanism in 66.6% of cases. Rapid progressive glomerulonephritis was the presented form in 8.3% of cases mostly due to vasculitis. Kidney disease improving global outcomes (KDIGO) stage 3 was the stage retained for 20.7% of patients included in our study, 36.5% of whom required extra renal epuration during their hospitalization. The indications of hemodialysis sessions were intrigated mostly as metabolic acidosis in 11.4%, overload in 21.6%, hyperkaliemia in 12.5% and uremic syndrome in 15.9% of cases. The mean peak creatinine level was 459 µmol/l with extremes ranging from 108 to 1195. At discharge, 41.3% of patients had full recovery while, 26.7% passed to chronic renal failure and persist to require hemodialysis sessions in 32% of cases. The mortality rate was 3.6% during hospitalization and 13.2% at home with a median period of survival of 3 months [1,8] after the stay.

Conclusion

Given the epidemiological and clinical characteristics as well the evolving profile of the patients who have had acute renal failure, it is better to recognize those at risk in order to avoid such complications.

P304

EMERGENCY HEMODIALYSIS FOR ACUTE KIDNEY INJURY OUTCOMES AND PROGNOSIS

Bochra Chahed[1], Safa Fattoum[1], Tasnim Ben Ayed[1], Samarra Badrouchi[1], Nada Sallemi[1], Sahar Agerbi[1], Fathi Ben Hmida[2], Soumaya Chargui[1], Ezzeedine Abderrahim[1]

1 Department of Internal Medecine,

2 Research Laboratory LR00SP01, Charles Nicolles Hospital, Tunis - Tunisia

Introduction

Acute kidney injury (AKI) requiring dialysis is strongly associated with significant morbidity and a high mortality rate. This study aims to evaluate the outcomes of patients requiring emergency hemodialysis (HD) for AKI.

Methods

We conducted a retrospective study of 50 patients who underwent their first emergency HD session for AKI at the Dialysis Unit of the Internal Medicine Department A, Charles Nicolle Hospital, from January 1 to December 31, 2023.

Results

The mean age was 60.5 ± 14.3 years (range 17–87 years). Male predominance was noted (male-to-female ratio 1.3). Comorbidities included hypertension (44%), diabetes (42%), heart failure (8%) and malignancy (34%). Clinical outcomes were favorable in 24 patients (48%), with complete recovery of renalfunction in 9 patients (18%) and partial improvement in 15 patients (30%).

The median glomerular filtration rate after renal function improvement was 35.1 ml/min/1.73 m² (range 15.1 - 87.5 ml/min/1.73 m²). Acute tubular necrosis was the most common cause of AKI, observed in 15 patients (62.5%) who experienced partial or complete recovery, followed by obstructive AKI in 6 patients (25%). Two patients progressed to stage 5 chronic kidney disease, requiring chronic hemodialysis. The underlying causes of AKI in these patients were rapidly progressive glomerulonephritis and obstructive nephropathy. Nineteen patients died (38%). Among

these patients, 10 deaths (52.6%) occurred during the first month after the dialysis session. The median time to death was 30.5 days (range 1 – 180 days). Thirteen deaths occurred in hospitalized patients, while six patients died after being discharged. Three cases were attributed to septic shock, two to cardiogenic shock, and one to hemorrhagic shock. For the remaining patients, the cause of death was undetermined. Five patients were lost to follow-up.

Conclusion

Emergency hemodialysis is essential in managing complications of severe acute kidney injury. Immediate initiation of appropriate treatment is crucial for optimizing patient outcomes and minimizing associated morbidity and mortality.

P305

IMPACT OF ACUTE KIDNEY INJURY ASSOCIATED WITH RHABDOMYOLYSIS ON RENAL OUTCOMES AND MORTALITY RATE: A PROSPECTIVE STUDY

Amani Smiai[1], Ghabi Hiba[1], Mami Ikram[1], Boukhtiwa Mariem[1], Tlili Syrine[1], Sebki Dhekra[2], Massoudi Yosri[2], Ben Hamida Fathi[3], Rais Lamia[1], Zouaghi Mohamed Karim[1]

Department: Nephrology, 2- Department of Intensive Care and Anesthesiology La Rabta University Hospital, Tunis – Tunisia

Renal Pathology Laboratory LR00SP01, Charles Nicole Hospital,Tunis – Tunisia

Introduction

Rhabdomyolysis is frequently observed in intensive care units due to multiple etiologies. It is complicated by acute kidney injury (AKI) in 13 to 50% of cases. Assessing the progression from AKI to chronic kidney disease (CKD) is an important element of long-term prognosis.

Methods

We performed a prospective study over 6 months on patients hospitalized in the intensive care unit of Rabta University Hospital Center and presenting rhabdomyolysis. We aimed to determine the impact of AKI on patient mortality and renal prognosis.

Results

We included 54 patients. The incidence of AKI was 51.9% after 0.96 days of rhabdomyolysis diagnosis: 7.4% were in KDIGO stage 1, 16.7% in stage 2, and 27.8% in stage 3. The mean follow-up duration was 24.65 days. Among patients who developed AKI, 64.3% regained their baseline renal function, 7.14% progressed to CKD, and 28.6% advanced to end-stage kidney disease (ESKD), 50% of whom were previously diagnosed with CKD. The Kaplan-Meier study of survival showed a mean survival time of 66.234 days [44.63; 87.84]. The overall mortality rate was 46.3%, while patients with AKI tended to have higher mortality rates of 85.71%. Survival analysis stratified by AKI status revealed a significant association between AKI and reduced survival rates (p=0.001). Maximum creatinine (p=0.002), initial bilirubinemia (p=0.033), shock (p= 0.022), KDIGO stage 3 (p=0.001), severe metabolic acidosis (p=0.031), renal replacement therapy (p=0.007) and duration of diuretic treatment initiated during hospitalization (p = 0.03) were identified as factors associated withnon-recovery of kidney function. In contrast, the maximum dose of diuretic treatment showed no statistically significant association (p = 0.211). Albuminemia (p=0.031) and HDL cholesterol (p=0.016) were identified as factors of good prognosis. Multivariate analysis revealed that AKI (Odds-ratio=0.053) and shock states (Odds-ratio=0.12) were independent risk factors for mortality.

Conclusion

AKI represents a poor prognostic factor in rhabdomyolysis, as it increases mortality rates, raises the risk of progression to CKD, and leads to prolonged hospital stays and increased healthcare resource utilization.

P306

CAN (PRAKIAS) PREGNANCY RELATED ACUTE KIDNEY INJURY ALLOCATION SYSTEMPREVENT MORBIDITY ANDMORTALITY IN LADIES SUFFERING FROM PREECLAMPSIA, SEPSIS OR HEMORRHAGE IN AFRICA

Mohamed Alsaid

Tabouk Military Hospital, Saudi Arabia

Introduction

Acute kidney injury is recognized now as an important cause for morbidity and mortality worldwide. Pregnancy related acute kidney injury (PR-AKI) is a serious medical problem that occur during pregnancy and post-partum period causing significant maternal morbidity and mortality as well as fetal loss, every day 800 women die due to causes related to pregnancy and child birth â€“most of them preventable causes . The incidence of (PR-AKI) in the developed countries is 1-2.8% while in developing countries

the incidence is 4.2-20% . PR-AKI is considered among the most common causes of AKI in low and middle-income countries . The most common causes of PR-AKI in developing countries are sepsis and obstetric hemorrhage causing hypotension and hypoxic acute tubular necrosiswhile in developed countries the most common cause is hypertensive disorders and thrombotic microangiopathies .The difference in the etiology between developed and developing care as well as the higher percentage of PR-AKI in developing countries reflects the need for better combined obstetric and nephrology care in developing countries. PR-AKI carries a major challenge because AKI is first faced by obstetrician and referred later to nephrologists, late recognition of AKI or late referral to nephrologist will complicate the case more and more. Nephrology care in the setting of PR-AKI in developing countries still stands far away from standard one. Multiple reasons accounts for such defective care including Late diagnosis of PR-AKI as well as inability to do urgent hemodialysis session in ICU (no HD machine) or difficulties in transfer of the patient especially if she is on inotropes or mechanical ventilation , generally absence of critical care nephrology facilities , so came the idea of PRAKIAS to put an allocation system for early diagnosis of acute kidney injury and early referral to nephrologist who will decide management of the patient in same hospital or the referral to another hospital if more renal care is required.

Methods

PRAKIAS is allocation team for cooperation between obstetricians and nephrologists for early referral of patients suffering from pregnancy related acute kidney injury to prevent end stage kidney disease as well as related morbidity and mortality. Inclusion criteria 1. Obstetric catastrophes including eclampsia, antepartum hemorrhage and sepsis. 2. Obstetric catastrophes including eclampsia, antepartum hemorrhage and sepsis with acute kidney injury. 3. Post-partum acute kidney injury Exclusion criteria

1.Post arrest cases. Structure of PRAKIAS chain, Assigned obstetrician, Assigned nephrologist, PRAKIAS team

Results

Pregnancy related acute kidney injury (PRAKIAS) is ongoing to be implied in particular cities in Egypt

Conclusion

Pregnancy related acute kidney injury (PRAKIAS) is ongoing to be implied in particular cities in Egypt.

P307

PROGRESSION OF DRUG-INDUCED ACUTE KIDNEY INJURY IN THE ELDERLY

Mahmoud Bousakhria, Benjeddou Dahid, Chiad Mahmoud

Department of Nephrology, Constantine Military Hospita Faculty of Medicine, Constantine University – Algeria

Introduction

Drug-induced acute kidney injury (DAKI) is a frequent complication in the elderly. It occurs in predisposed patients, given the functional and structural alterations to the kidneys in the elderly. The aim of this study is to describe the nature and evolutionary profile of DAKI in this particular population.

Methods

Prospective study including 56 cases of AKI collected in the nephrology department over a 2-year period (2019 – 2020). All patients were over 65 years of age. We analysed the various clinical and biological parameters in order to describe the aetiological and evolutionary profile of this AKI.

Results

The mean age of our patients was 72.4 Â± 6.3 years, with a sex ratio=1.07. Hypertension was noted in 83.9% of patients and diabetes in 46.4%. All patients had AKI, with mean creatinine levels of 30.4 Â± 17.9 mg/l. Drugs altering renal autoregulation were responsible for 48.2% of ARRIs, followed by combinations of several nephrotoxic drugs (16.1%); contrast products were incriminated in 14.3% of cases; chemotherapy products and antibiotics in 12.5% and 3.6% of cases respectively. The route of administration of nephrotoxic drugs was per os in 50%, and IV in 39.3%. All patients received treatment adapted to the cause of the AKI: discontinuation of the suspect drug, rehydration and corticosteroid therapy. After an average follow-up of 6 months, 4% of our patients recovered a GFR â‰¥ 60ml/min/1,73m2, 68% developed stage 3 chronic kidney disease (CKD), 18% stage 4 CKD and 10% stage 5 CKD. Factors with a poor prognosis for progression to CKD include patient-related factors (diabetes, hypovolaemia, 24-hour proteinuria >1g), drug-related factors (IV+ per os route of administration) and patient- and drug-related factors (diabetic patients on drugs that alter renal autoregulation or chemotherapy).

Conclusion

DAKI in the elderly is a serious condition with a guarded renal prognosis. Prevention of AKI must be a priority and a constant concern in the elderly.

P308

CENTRAL DIABETES INSIPIDUS-INDUCED

MYOPATHY : A RARE ASSOCIATION CASE-REPORT

Rezzoug Nouh, Belhadj Nadjat, Hebri Sidtadj, Belkenadil Mahmoud Alaaeddine

Dpartment of Internal MedicineMédecine interne, University Hospital, Sidi Bel Abbes - Algeria

Introduction

Hypernatremic myopathies induced by diabetes insipidus have been exceptionally described in the literature; this case highlights the important role played by ion channel physiology in the normal functioning of the musculoskeletal system.

Methods

We report the case of a 19-year-old woman who complained of severe chronic myalgia with polyuria and polydipsia. Initial clinical symptoms resembled those of chronic neuromyopathy, with proximal muscle weakness, myalgia, and CK > 20,000 U/l. EMG found acute motor axonal neuropathy. She developed paraparesis with severe hypernatremia (162 mEq/L), without a specific nephrogenic cause. We ordered central pituitary hormones (prolactin, ACTH, and ADH tests), pituitary MRI, and muscle biopsy, as well as muscle-specific autoantibodies.

Results and discussion

Our patient remained refractory to treatment while all hormonal tests were in normal range except for undetectable ADH levels (patient = 0.2 pg/mL, normal levels = 1-5 pg/mL), MRI was normal. Administration of synthetic ADH, resulted in a sustancial reduction of myalgias, normal CK levels with complete recovery of muscle function. This presentation and Normonatremia are compatible with the diagnosis of central diabetes insipidus-induced myopathy.

Conclusion

Our case highlights the crucial role of collaborative work between specialists plays for the establishment of the wright diagnosis in rare challenging cases of myopathies. In the setting of chronic myopathy with polyuria and polydyspia, in the absence of diabetes mellitus, clinicians should consider testing for central or nephrogenic diabetes insipidus.

P309

HYDRO-ELECTROLYTIC DISORDERS OF THE ELDERLY IN THE NEPHROLOGY AND HEMODIALYSIS DEPARTMENT OF THE CHU DU POINT G, BAMAKO, MALI

Sy Seydou[1], Samaké Magara[2], Fofana Aboubacar sidiki[2], Maîga Djénéba[1], Sy Djibril[1], Sidibé Modi[1], Touré Alkaya[1], Tangara Moustapha[1], Yattara Hamadoun[1], Fongoro Saharé[1]

1 Faculty of Medicine, University of Technical Sciences and Technology and Technologies, Bamako – Mali,

2 National Center for Scientific and Technologial Research, Kayes – Mali

Introduction

Although frequent, hydroelectrolytic disorders are often elebration, with clinical polymorphism in the elderly. The aim was to study the epidemiological, clinical aspects of hydroelectrolytic disorders in elderly patients in the nephrology and haemodialysis department of the Point G University Hospital.

Methods

Descriptive cross-sectional study with prospective data collection from 1 January 2021 to 31 December 2022. It concerned patients aged 65 and over Hospitalised in our department during the study period, presenting with hydroelectrolytic disorders.

Results and Discussion

Among 1511 patients, 110 met the criteria, i.e. a frequency of 7.3%. The mean age was 75.30 years, with ex- tremes of 65 and 106 years. The sex ratio was 1.6. Impaired renal function was the main reason for elebrat- lisation (96.4%). Renal failure was chronic in 80% of cases and acute in 20%. Hypertension accounted for 71.8% of comorbidities, followed by diabetes (21%). Signs were vomiting 71.8%, headache 52.7%, tremor 34.5%, tachycardia 37.3%, arterial hypotension 20.9%, asthenia 70.9%, anorexia 66.4%, fever 53.6%, skin fold 51.8%.

Hydration disorders were extracellular dehydration 51.8%, extracellular hyperhydration 21.8%, global hyper- hydration 9.1%, global dehydration 8.2%. Electrolyte disorders were hyponatremia 47.3%, hypernatremia 0.9%, hypochloremia 10.4%, hyperchloremia 4.7%, hypokalemia 16.4%, hyperkalemia 40%, hypomagnese- mia 3.8%, hypermagnesemia 4.7%.

Conclusion

Fluid and electrolyte disorders in the elderly are common in the nephrology setting and should be systemati- cally detected.

P310

SPECTRUM OF KIDNEY DAMAGE DURING HEATWAVES

Fakhfakh Cyrine, Chaker Hanen, Agrebi Ikram, Masmoudi Mondher, Dammak Najla, Toumi Salma, Abid Hanen, Yaich Soumaya,Ben hmida Mohamed, Khawla Kammoun

Nephrology Department, Hedi Chaker University Hospital, Sfax – Tunisia

Introduction

Kidney damage during heatwaves is a major public health issue. A worldwide surge in Hospitalizations for kid- ney damage has been noted. Tunisia is one of the Mediterranean countries affected by global warming. The aim of this study was to identify the spectrum of kidney damage during heatwaves, as well as its evolution.

Methods

This is a retrospective study of patients with acute renal failure or other hydro electrolytic disorders admitted during the period from July to August 2023.

Results and discussion

We enrolled 49 patients with a median age of 64.22 years. The sex ratio was 1.13. A history of nephropathy was found in 44.8% of cases (including 22.4% diabetic, 8.2% tubulointerstitial, 6.1% vascular, 4.1% undetermined and 2% myelomatous tubulopathy). Diabetes, hypertension, dyslipidemia and heart failure were found in 69%, 65%, 30% and 18% of patients respectively. The reasons for consultation were vomiting in 26.5%, diarrhea in 14.3% of cases, fever in 10.2%, hyper sudation in 2% and other causes in 44% of cases. Reasons for admission were : 73% for Acute renal failure, 18% for hyponatremia, 8.2% for hypernatremia, 4.1% for acidosis and 2% for hypokalemia. Mean creatinine was 350 ± 221 µmol/l (50-950 µmol/l). Hospitalization exceeding 7 days was required in 40.8% of cases. Hemodialysis was indicated in 6.1% of cases. Evolution was marked by recovery of normal renal function in 35.7%, partial recovery in 31% and no recovery in 33.3% of cases.

Conclusion

Renal damage during heat waves requires special attention by the nephrologist, given the frequency and se- verity of such damage.

P311

REFRACTORY HYPERKALIEMIA DUE TO TACROLIMUS

Zerouali Sara, Colin mMichon Arthur, Snanoudj Renaud

Department of Nephrology, Bicetre Hopital, APHP, Paris – France

Introduction

Chronic renal failure is a frequent cause of hyperkalemia, but it can also be drug-induced. Following organ transplantation, the use of tacrolimus is often recommended to limit the risk of rejection. In our case, we are interested in a case of resistant hyperkalemia associated with the use of tacrolimus.

Methods

It's a case of a man 67 year old, liver transplant recipient since April 2022 treated with tacrolimus. The hyper- kalemia appeared post-transplant, up to a maximum of 7 mmol/l, with no electrocardiographic signs. Itpersisted despite elevated doses of kayexalate. The cause of the hyperkalemia was previously thought to be stage 3b chronic renal failure, which was already known before transplantation.

Results and discussion

We found moderate hyponatremia at 133mmol/L associated with this hyperkalemia. Kaliuresis was compatible with a renal origin. The bicarbonate level was 17 mmol/L, nevertheless under high-dose bicarbonate supple- mentation, with a normal blood anion gap and a urinary anion gap of 42. There was no hyperphosphatemia, no elevation of LDH and CPK, and no transfer-promoting treatment, particularly beta-blockers. We ruled out adrenal insufficiency by performing a synacthenes test, which was negative. The renin level was 12 pg/ml and the aldosterone level was 20 pg/ml. In this context, we have mentioned a type 4 tubular acidosis with hyporeninism/hypoaldosteronism- like syndrome induced by tacrolimus. Tacrolimus was replaced by cyclosporine. There was no clear improvement in kaliemia, revealing an effect of his chronic renal failure. We then tried fludrocortisone supplementation at a daily dose of 50 ug, kaliemia had improved within 8 days. Some studies had showed the potential effets of calcineurin inhibitors given after renal transplant on ionexchange.

Conclusion

Hypoaldosteronism hyporeninism-like syndrome can occur despite of normal level of tacrolimus.Fludrocortisone therapy should be considered when resistant hyperkaliemia is detected in renal transplant patients.

P312

HEATWAVE ALERT: BEWARE OF DYSNATREMIA!

Fakhfakh Cyrine, Agrebi Ikram, Chaker Hanen, Masmoudi Mondher, Dammak Najla, Toumi Salma, Abid Hanen, Yaich Soumaya, Ben hmida Mohamed, Fakhfakh Khawla Kammoun

Department of Nephrology, Hedi Chaker University Hospital, Sfax – Tunisia

Introduction

Dysnatremia is a major consequence of hot weather. Numerous Hospitalizations have been recorded for this disorder. The aim of the work is to identify the spectrum of dysnatremia during heatwaves and the riskfactors.

Methods

This was a retrospective study of patients admitted to the nephrology department of Sfax during July and Au- gust 2023. We studied the characteristics of patients with dysnatremia.

Results and discussion

49 patients were Hospitalized during the study period. 31 (63%) had dysnatremia. The median age was 61.3 years. The sex ratio was 1.5. A history of nephropathy was found in 26% of cases. Diabetes, hypertension and heart failure were present in 35.7%, 52.2% and 26.1% of patients respectively. Of these patients, 27 (87%) had hyponatremia and 4 (13%) had hypernatremia. The etiologies identified for hyponatremia were dehydration due to lack of intake (15.8%), diarrhea (10.5%), cardiorenal syndrome (10%), diuretics or BRSAA (5.3%), adrenal insufficiency (5%) and SIADH (5%). Hypernatremia was secondary to heat stroke with lack of intake. In an analytical study, we found that a history of nephropathy, hypertension and diabetes were risk factors for the occurrence of dysnatremia, with p values of 0.02, 0.05 and 0.01 respectively. On the other hand, thepresence of dysnatremia on admission was associated with longer Hospital stay (p 0.003).

Conclusion

Natraemia disturbances during heat waves require special attention by the nephrologist, particularly in subjects with chronic kidney disease, diabetics and hypertensives.

P313

SEVERE HYPERKALEMIA IN THE NEPHROLOGY DEPARTMENT: CARDIAC DISORDERS, ETIOLOGIES, TREATMENT AND MORTALITY

Guitone Oumayma, Maaroufi Imane, Elalj Wiam, Hamzaoui Mohammed, Machmachi Imane, Benabdelhak Mohammed, Haddiya Intissar, Bentata Yassamine

Department of Nephrology, Mohammed VI University Hospital, Oujda – Morocco

Introduction

Hyperkalemia is a relatively frequent electrolyte disorder, primarily associated with kidney failure, whether acute or chronic. Its severity stems from the potentially severe consequences, such as cardiac rhythmdisorders and sudden death.

The objective of this study was to determine the demographic and clinico-biological characteristics, etiologies, electrocardiographic changes, treatments, and mortality of patients admitted with hyperkalemia.

Methods

We carried out a retrospective study for four years, at Mohammed VI University Hospital center, includedpatients with hyperkalemia, defined as serum potassium >6 mmol/L. Patients underwent ECGs within one hour of potassium testing and were classified as Moderate (Potassium 6–6.4 mmol/L without ECG changes) and Severe (Potassium 6–6.4 mmol/L with ECG changes or ≥6.5 mmol/L with or without ECG changes) Potassium levels were retested at 4–12 hours and 18–36 hours after initiating treatment. Patients with serum potassium below 6 mmol /L or with a false hyperkalemia due to a hemolyzed blood specimen were excluded. Data on demographics, comorbidities, medications, etiologies, and outcomes were collected.

Analysis: Statistical analysis was performed using SPSS version 21.0. Comparisons between variables were made using chi-square, T-tests, or ANOVA. Logistic regression identified significant factors ($p < 0.05$). Graphs were generated with GraphPad Prism8.

Results and discussion

A total of 445 cases were analyzed. The mean age of patients was 59.1 ± 16.6 years. Chronic kidney disease was the most common comorbidity, present in 64.4% of cases, followed by arterial hypertension (48.8%). The mean serum potassium level was 6.85 ± 0.76 mmol/L. Electrocardiographic changes indicative of hyperkale- mia were observed in 38% of patients, with a statistically significant association between ECG changes and serum potassium

levels (p < 0.001). Chronic kidney disease was confirmed in 67.6% of patients. Potassium- lowering treatment was initiated in 52.4% of cases, and emergency hemodialysis was required in 68%. Factors significantly associated with hyperkalemia included oligo-anuria (p = 0.01), metabolic acidosis (p = 0.04), he- elebrati level (p = 0.001), and serum urea (p = 0.005). The overall mortality rate was 10.8%.

Conclusion

Hyperkalemia is a frequent and serious medical condition requiring rapid and appropriate diagnosis andtreatment to prevent life-threatening complications.

P314

ELECTROLYTE ABNORMALITIES DURING HEPATOCELLULAR INSUFFICIENCY IN THE HEPATO-GASTROENTEROLOGY DEPARTMENT OF THE YALGADO OUÉDRAOGO UNIVERSITY HOSPITAL

Dianda Alassane, Sanou Gaoussou, Bonzi Y. juste, Bance A. m. rachida, Pankolo Macaire, Kiénou Abdias, Somda K. sosthène, Coulibaly Gérard

Department of Nephrology and Hemodialysis, Yalgado Ouédraogo University Hospital, Ouagadougou – Burkina Faso

Introduction

Hepatocellular insufficiency (HCI) is one of the most widespread syndromes in the world. It can cause fluid and electrolyte disorders by various mechanisms. In order to identify the different types of ion-related disorders. We set out to study electrolyte abnormalities during hepatocellular failure in patients Hospitalised in the he- pato-gastroenterology (HE) department of the Yalgado Ouédraogo University Hospital (CHU-YO).

Methods

This was an analytical and cross-sectional study with retrospective data collection. Over a five-year period from June 1, 2017 to May 30, 2022 in the hepato gastroenterology (HE) department of the CHU-YO. Adult patients admitted to Hospital with HCI syndrome were included. The IHC was defined by arguments that a decrease in coagulation factors (factor V), a negative Koller's test and a prothrombin rate (PT) of less than 50%. The different variables, liver function, renal function and other biological blood, blood pressure, mor- phological data and the variable of interest was the blood ionogram with electrolyte abnormalities according to the reference values of the CHUYO lab. Quantitative variables were expressed as mean and standard de- viation and qualitative variables as percentages. For univariate analysis, we used the chi-square test; the Fi- sher test was used for numbers less than 5. The multivariate analysis used logistic regression to determine the factors (p≤0.05).

Results and discussion

Forty-four patients admitted to the HE department during the study period met our criteria. These patients included 32 men (72.7%). The mean age was 47.6 ±14 years. The main clinical signs were asthenia (86.3%), abdominal pain (77.2%), ascites, hepatic encephalopathy (68.1%) and oedema of the lower limbs. The mean SBP was 113.2 ± 18.7 mmHg and DBP 68.5 ± 13.4 mmHg for the diastolic in general. Hyponatremia 74.4%, hypokalemia 37.2%, hypomagnesemia 36.6%, hypocalcemia 83.7% and metabolic acidosis 70.8%. Abdominal pain and morphological abnormality of the liver were factors associated with electrolyte abnormalities (p=0.02 and 0.035). Mortality was 47.7%.

Conclusion

the high frequency of electrolyte abnormalities during HCI The prognosis for these patients remains poor, with high mortality in a predominantly young patient population. The use of laxatives and diuretics, hepaticencephalopathy, hepatomegaly and hypotension are factors significantly associated with the occurrence of electrolyte abnormalities.

P315

FROM POLYURIA TO DIAGNOSIS: NEPHROGENIC DIABETES INSIPIDUS IN NON-AA, NON-AL AMYLOIDOSIS

Abid Feryel, Hajji Mariem, Harzallah Amel, Hedri Hafedh, Abderahim Ezzdine

Department of Nephrology, Charles Nicolle Hospital, Tunis – Tunisia

Introduction

Nephrogenic diabetes insipidus (NDI) is a rare disorder characterized by the kidneys' inability to respond to antidiuretic hormone, resulting in polyuria and polydipsia. While acquired causes are often linked to tubuloin- terstitial nephropathy, NDI associated with amyloidosis is uncommon. This report presents a rare case of NDI secondary to non-AA and non-AL amyloidosis.

Results and discussion

A 21-year-old male presented with renal insufficiency (serum creatinine: 240 µmol/L) and a history of nocturnal enuresis until the age of 10. The patient reported polyuria, with daily urine output ranging from 6.4 to 8 liters. A 24-

hour proteinuria test showed 0.6 g/24h. Clinical examination revealed euvolemia without signs of dehy- dration. Initial investigations revealed normal urinalysis with a urine specific gravity of 1.005, a serum creatinine of 244 µmol/L, proteinuria of 0.26 g/24h, and elevated parathyroid hormone (PTH) levels at 224 pg/mL. There was no anemia or hypocalcemia. Urine osmolality was 138 mmol/L, with normal plasma osmolality. A water restriction test resulted in a modest increase in urine osmolality to 241 mmol/L, ruling out primary polydipsia. A desmopressin test could not be performed due to the unavailability of the injectable form. Further investigations identified mild hypokalemia and type 1 distal renal tubular acidosis, necessitating oral supplementation. Immunological testing showed decreased C3 and CH50 levels, negative antinuclear anti- bodies, and viral serologies. Serum protein electrophoresis and immunofixation demonstrated polyclonal hy- pergammaglobulinemia. Renal ultrasound showed normal kidney size, and urine culture was negative. Ophthalmologic and ENT examinations were unremarkable. Salivary gland biopsy showed no abnormalities. However, pituitary MRI revealed an intrasellar mass in the anterior pituitary without gadolinium enhancement. A renal biopsy confirmed interstitial amyloidosis, non-AA, non-AL type, associated with focal segmental glo- merulosclerosis.

Conclusion

This case underscores the importance of comprehensive evaluation in patients presenting with polyuria, par- ticularly when associated with rare underlying conditions such as amyloidosis. Timely diagnosis and mana- gement are critical to mitigating renal damage and associated complications.

P316

EUGLYCEMIC KETOACIDOSIS IN A POST-KIDNEY TRANSPLANT RECIPIENT: A CASE REPORT OF SGLT2 INHIBITOR ADVERSE EVENT

Lomatayo Ben

Medicine, Aga Khan Hospital, Kisumu – Kenya

Introduction

Euglycemic ketoacidosis (EKA) is a rare but serious SGLT2 inhibitor complication, presenting as high anion gap metabolic acidosis (HAGMA) with normal glucose. This case emphasizes the under-recognized risk of EKA and mixed acid-base disorders in post-kidney transplant patients.

Methods

The patient's clinical history, presentation, laboratory findings, and management were reviewed. Key laboratory parameters were analyzed to calculate the anion gap and delta ratio to elucidate the mixed acid-base distur- bance. Clinical interventions and outcomes were tracked to provide insights into the management of this rare condition.

Results and discussion

A 71-year-old man, post-kidney transplant 2016, diabetic and hypertensive since 2005, presented with gene- elebrat body weakness and persistent vomiting for 24 hours. He denied fever, diarrhea, or abdominal pain but reported inability to feed. His regular medications included tacrolimus, mycophenolate mofetil (MMF), prednisolone, empagliflozin, Lantus, and losartan. Clinical Examination: Vitals: BP 130/71 mmHg, RR 40/min, HR 126 bpm, GCS 14/15, SPO 85% on non-rebreather mask. Critically ill appearance, tachypnea, tachycardia, were noted. Abdomen was soft and non-tender. Laboratory results and Anion Gap Calculation: ABG: pH 7.36, PCO 26 mmHg, HCO 14 mmol/L, Lactate 6.8 mmol/L, glucose 8.9 mmol/L Anion Gap (AG): Na – (Cl + HCO) = 140 – (93 + 14) = 33 mmol/L (indicating high anion gap metabolicacidosis, HAGMA). Delta Ratio: (AG – 12) / (24 – HCO) = (33 – 12) / (24 – 14) = 2.1, consistent with HAGMA and coexistingmetabolic alkalosis. Creatinine: 150µmol/L. Urine: glucose ++++, Ketone + CXR: suggestive of pneumonia Management and Progress: The patient was admitted to the ICU. Treatment included: Fluids: Ringer's Lactate bolus followed by maintenance at 125 mL/hr. Insulin therapy: Actrapid 6 units/hour infusion. Antibiotics: Meropenem 1 g IV TDS and clarithromycin 500 mg IV BD. Supportive measures: Enoxaparin and discontinuation of empagliflozin, MMF, and losartan. Progress: The patient's condition deteriorated, necessitating mechanical ventilation and inotropic support with norepi- nephrine and vasopressin. Hemodynamic stability was eventually achieved; however, the patient remained ventilator dependent.

Conclusion

Euglycemic ketoacidosis, a rare but serious SGLT2 inhibitor complication, poses heightened risks for post- kidney transplant patients, especially under stress. Prompt recognition, drug discontinuation, and timely treat- ment are essential for improved outcomes.

P317

THE UTILITY OF RENAL ARTERY DOPPLER

ULTRASOUND IN ACUTE CARDIORENAL SYNDROME TYPE1

Fayed Ahmed1, Abu-naeima Eslam1, Abu-Sheaishaa Mahmoud Amin[2]

1 Nephrology Unit, Internal Medicine Department,

2 Cardiology Department Kasr Al Ainy School of Medicine, Cairo University – Egypt

Introduction

The bidirectional relationship between the heart and the kidney is called cardiorenal syndrome (CRS). Many studies revealed an association between renal artery Doppler parameters and acute kidney injury (AKI) oc- curring in these patients. In this study we investigated the changes of renal artery Doppler parameters with fluid removal.

Methods

We enrolled patients with CRS type1 admitted in the intensive care unit in Kasr Al Ainy Hospital, Cairo Uni- versity. Renal artery duplex was done on admission and after 72 hours, to calculate resistivity index (RI), ac- elebration time (AT) and velocity-time integral (VTI).

Results and discussion

A total of 51 patients met eligibility criteria during the study period. Serum creatinine improved in 38 patients and didn't improve in 13 patients. The renal artery RI, AT, or VTI on day1 and day3 were (0.7 vs 0.7), (48 msec vs 50 msec), (13.3 vs 13) respectively. There was no significant correlation between AKI response on day3 (resolving or not resolving) with the change in renal artery RI, AT, or VTI (p value 0.457, 0.791 and 0.261 respectively).

Conclusion

The change of renal artery Doppler parameters between day1 and day3 didn't show any correlation with the change of the serum creatinine in patients with CRS type1.

P318

HYPERKALEMIA IN DIABETIC PATIENTS WITH CHRONIC KIDNEY DISEASE : PREVALENCE AND RISK FACTORS

Bellaaj Fatma[1], Ghabi Hiba[1], Tlili Sirine[1], Mami Ikram[1], Driss Nour[1], Mariem Boukthioua[1], Ben Hamida Fethi[2], Rais Lamia[1], Zouaghi Mohamed Karim[1]

1 Department of Nephrology, La Rabta Hospital, Tunis – Tunisia

2 Laboratory of Renal Pathology LR00SP01, Tunis – Tunisia

Introduction

Hyperkalemia, a potentially life-threatening electrolyte disturbance, is particularly common in patients with type 2 diabetes mellitus. This study explores the risk factors for hyperkalemia in these patients, especially those with chronic kidney disease, in order to improve its clinical management.

Methods

This was a retrospective, descriptive, and analytical study that included diabetic patients with stage 3 chronic kidney disease who were referred to the Outpatient Nephrology Department at La Rabta University Hospital between January 1, 2022, and January 31, 2023.

Hyperkalemia was defined as potassium >5 mEq/l .

Results and discussion

A total of 88 patients were included, with an average age of 70.56 years and a male-to-female ratio of 1.35. The prevalence of hyperkalemia in this study population was found to be 53%. Ninety-two percent of thepatients had poorly controlled diabetes.

The mean Glomerular Filtration rate was (GFR)=44.7 ml/mn/1.73m². No patient received sodium polystyrene sulfonate.

The prevalence of hyperkalemia did not show a significant increase with age (p=0.918) or rising creatinine le- vels. Our study showed that hyperkalemia was more frequent in patients using renin-angiotensin systeminhibitors (63% vs 37%), although this was not statistically significant (p=0.08). However, there was a statistically significant association between decreased GFR and elevated potassium levels (p=0.035), as well as between poorly controlled diabetes and hyperkalemia (p=0.031). The use of platelet aggregation inhibitors (p=0.199), statins (p=2.6), and SGLT-2 inhibitors (p=1.44) did not appear to increase the frequency of hyperkalemia. Ho- wever, the use of beta-blockers was identified as a significant risk factor for hyperkalemia (p=0.04).

Conclusion

In conclusion, this study shows that hyperkalemia is common among patients with type 2 diabetes. Although many factors may contribute to the onset of this metabolic disorder, hyporeninism hypoaldosteronism is an overlooked cause that can lead to hyperkalemia out of proportion to renal failure.

P319

CLINICAL AND BIOLOGICAL IMPACT OF

FLUID INTAKE BEHAVIOR IN PATIENTS WITH CHRONIC KIDNEY DISEASE (CKD)

Zakhama Manel, Ben Salah Manel, Ben Mahmoud Nouha, Bchir Sirine, Ben Salem Meriem, Hamouda Mouna, Letaief Ahmed, Skhiri Habib

Department of Nephrology, Fattouma Bourguiba University Hospital, Monastir – Tunisia

Introduction

Managing fluid balance is crucial in CKD patients, as fluid overload or dehydration can have adverse impact, particularly on cardiac function and progression of kidney disease. This study aimed to evaluate the estimated adhesion of our CKD patients to their fluid intake regimen and then assess their clinico-biological hydration status.

Methods

This is a prospective observational study involving 50 CKD patient collected from the outpatient nephrology clinics. Participants were divided into three groups: hyper hydration (>3 L/day), free intake water (1-3 L/day), and fluid restriction Clinico-biological parameters were evaluated over a 6-month period for each group.

Results and discussion

A total of 50 patients were included in the study. Among them, 60% were diabetic, and 10% had heart failure. Regarding CKD stages, 22% were at stage 5 non-dialyzed, 14% at stage 4, 42% at stage 3, 10% at stage 2 and 12% at stage 1. Among the included patients, 8% were on fluid restriction, 48% had free intake water, and 44% were on hyper hydration. Only 60% of patients adhered to their nephrologists' recommendations regarding water intake. The percentage of patients with edema was 38%, of whom 47% were on hyper hydration, 42% had free intake, and 10% were on fluid restriction. 78% of patients with edema did not follow medical recommendations. Four patients showed poorly controlled blood pressure, among them 75% were non-adherent to the prescribed water intake regimen, and 50% were in the free intake group. Patients (10%) who experienced rapid progression of kidney disease were mainly (60%) in the free water in- take group; and 80% of them did not adhere to the recommended water regimen. Finally, 13(26%) patients had hyponatremia; 6 were in the hyper hydration and 5 in the free water intake groups. Univariate analysis showed that non-adherence to fluid intake recommendations is significantly associated with the development of edema (p = 0.001) and worsening renal function (p = 0.013).

Conclusion

Patients' adherence to fluid intake recommendations is challenging. Our study showed that patients compliant to the prescribed water regimen achieve better preservation of kidney function and improved fluid balance. Strict and individualized fluid management is therefore mandatory.

P320

HYPONATREMIA IN ACUTE HEART FAILURE: CLINICAL PROFILES AND INSIGHTS FROM A TUNISIAN COHORT

Bourguiba Rim[1], Ben Kaab Badreddine[1], Saied Saleh[2], Ghabara Racha[2], Boussabeh Ilheme[2], Saoussen[2], Zakhama Lilia[2]

1 Department of Internal Medicine,

2 Department of Cardiology, Security Forces Hospital, Tunis – Tunisia

Introduction

Hyponatremia, defined as a serum sodium concentration

Methods

This retrospective study included 90 patients admitted to the cardiac intensive care unit for AHF betweenJanuary 2020 and December 2022. Patients were stratified by initial sodium levels. Demographic, clinical, and biological data were compared between groups, and factors associated with hyponatremia were analyzed.

Results and discussion

The mean age was 65.5 ± 10.8 years, and 67.4 ± 11.7 years among hyponatremic patients. Chronic heart fai- lure (CHF) was present in 95% of cases, predominantly ischemic (58.9%), with reduced ejection fraction (EF) in 48.8%. Less than half (46.6%) of patients were on chronic diuretic therapy, primarily loop diuretics. Global heart failure was the most frequent presentation (48.9%). Systolic blood pressure was slightly lower in hyponatremic patients (122.5 vs. 126.9 mmHg, p=NS). Ischemic events were the leading trigger in patients with normal sodium levels (34.2%), while rhythm disorders were more frequent in hyponatremic patients (35.3%). The mean EF was lower in hyponatremic patients (37.2% vs. 39.8%, p=NS). Hyponatremic patients hadsignificantly lower chloride (92.7 vs. 101.5 mmol/L, p

Conclusion

Hyponatremia in AHF is associated with distinct clinical and biological profiles, including lower chloride and higher urea levels. Although limited by a small sample size, this study highlights the need for further multicenter prospective research to better understand hyponatremia's impact in Tunisian heart failure patients and guide tailored interventions.

AFRAN 2025 CONGRESS
Tunis, Tunisia - April 15 - 18, 2025

IV- KIDNEY REPLACEMENT THERAPY

1- PERITONEAL DIALYSIS

P321

A CASE OF REPEAT PERITONITIS DUE TO PASTEURELLA MULTOCIDA RELATED TO HOUSEHOLD CAT AND REVIEW OF THE LITERATURE

Sarr Moussa[1], Gursu Meltem[1], Elcioglu Omer Celal[1], Sumbul Bilge[2], Kazancioglu Rumeyza[1]

1 Department of Nephrology, 2 Department of Microbiology, Bezmialem Vakif University Medical Faculty, Istanbul - Turkey

Introduction

This article presents a case of recurrent peritonitis caused by Pasteurella multocida in a patient undergoing peritoneal dialysis (PD). It also reviews the literature on PD-related peritonitis due to Pasteurella multocida, a rare pathogen associated with peritoneal infections, often linked to interactions with household pets, parti- cularly cats.

Methods

Case description: The patient, a 62-year-old woman on PD for 66 months, experienced her first attack of pe- ritonitis in February 2023, with Pasteurella multocida cultured from the peritoneal effluent. Despite being war- ned about the risks of keeping her cat indoors, she chose not to change her living situation. Following successful treatment with intraperitoneal ceftazidime, she experienced another episode of peritonitis in Sep- tember 2023, this time due to Streptococcus sp. Eleven months later, she was admitted to the hospital for ab- dominal pain and cloudy effluent. Upon examination, her abdomen was diffusely tender, the exit site was normal, and her white blood cell count and C-reactive protein levels were normal. The cell count in the effluent was 1600/mm³. Empirical treatment with intraperitoneal cefazolin and ceftazidime was initiated until the effluent culture again revealed Pasteurella multocida. The cefazolin was discontinued, and treatment with ceftazidime was completed, resulting in a good clinical and laboratory response. Ultimately, she decided to change her cat's living situation.

Results and discussion

This case presentation, along with the literature review, indicates that peritonitis due to P. multocida appears to be on the rise, particularly among patients using cycler devices for PD. This underscores the importance of raising patient awareness regarding the potential risks associated with having pets in the context of PD. Additionally, it highlights the need for healthcare providers to inquire about household pets when educating patients about kidney replacement therapies.

Conclusion

The findings from this case emphasize the increasing incidence of P. multocida peritonitis in patients under- going peritoneal dialysis and the critical need for patient education regarding the risks posed by household pets. Enhanced awareness and thorough discussions about pet ownership should be integral components of patient education in the context of kidney replacement therapies.

P322

SELF-CARE AND SELF-EFFICACY IN PERITONEAL DIALYSIS PATIENTS

Mseddi Fatma, Chaker Hanen, Dammak Najla, Agrebi Ikram, Masmoudi Mondher, Yaich Soumaya, Ben Hmida Mohamed, Kammoun Khawla

Department of Nephrology, Hedi Chaker University Hospital, Research Laboratory Renal Pathology LR19ES11, Faculty of Medicine, Sfax - Tunisia

Introduction

Peritoneal dialysis (PD) is a recent renal replacement therapy (RRT) still in progression dedicated for patients reaching the end-stage renal disease (ESRD).

Carried out at home, it requires self-care skills based on the patient's self-efficacy and motivation, thus allowing him to integrate his dialysis into his daily life. We aimed to study the correlation between self-efficacy, self- care and the related factors in peritoneal dialysis patients.

Methods

It is a descriptive correlational study realized between 1st July 2023 to 31 October 2023. Data collection was carried out after obtaining patient consent. We used 3 questionnaires: General self-efficacy scale (GSES) to measure the self-efficacy feeling; General exercise of self-care agency scale (ESCAG) to measure general self-care capacity and the Chronic Kidney Disease Self-Care Instrument (CKD-SC). Demographic and clinical characteristics of the patients were also noted. Descriptive statistics and correlations are performed with SPSS version 25 software.

Results and discussion

Our cohort was composed of 43 patients. The mean age was 44 ± 15 years [19-75 years] with a male predo- minance (65%). Continuous ambulatory peritoneal dialysis (CAPD) was performed in 26 patients (60.5%). Seniority in

PD was over 5 years in 17 patients (39.5%).

We identified a strong positive correlation between the feeling of self-efficacy and the general self-care capacity of PD patients (r = 0.531, p = 0.0009). On the other hand, we observed that the feeling of self-efficacy is also linked to age (p =0.007).

Conclusion

Through this study, we emphasize the importance of developing new self-care education programs to improve self-efficacy and promote this RRT technique as a pillar of integrated ESRD treatment.

P323

CATHETER RELATED INFECTION IN PERITONEAL DIALYSIS

Mseddi Fatma[1], Chaker Hanen[1], Turki Imen[1], Dammak Najla[1], Ben Ayed Nour[2], Yaich Soumaya[1], Ben Hmida Mohamed[1], Hammami Adnane[2], Kammoun Khawla[1]

1 Department of nephrology, Hedi Chaker University Hospital, Research Laboratory of Renal Pathology LR19ES11, Faculty of Medicine, Sfax - Tunisia,

2 Bacteriology Laboratory, Habib Bourguiba University Hospital, Sfax - Tunisia

Introduction

Catheter site infection remains a major problem in peritoneal dialysis (PD). It is considered as an important parameter of SONG-PD (Standardized Outcomes in Nephrology-Peritoneal Dialysis). PD catheter-related in- fections are important risk factors for catheter ablation and peritonitis. We aimed to analyze the epidemiolo- gical, clinical, microbiological, therapeutic and evolutionary characteristics of catheter site infections.

Methods

It is a retrospective study that included patients undergoing PD from January 2013 to December 2019. The samples were obtained by swab from catheter exit site, systematically every 2 months or if clinical symptoms were present such as purulent discharge or skin erythema.

Results and discussion

We collected 43 infections episodes in 18 patients (10 women and 8 men) with a mean age of 50.9 years. The infection rate was 0.4 episodes/patient/year. The two modalities of automatic and ambulatory dialysis, diabetes, hypertension and gender were not risk factors for the occurrence of infection (p>0.05). Failure of daily care was the major cause of catheter exit site infection (69.8%) followed by nasal carriage of Staphylo- coccus aureus (25.5%).

Infections were complicated by tunnelitis and/or peritonitis in 11.6%. Gram-positive cocci dominated the cul- tures (46.6%), with Staphylococcus aureus in 37.2%. Pseudomonas aeruginosa was the most common gram- negative bacilli (41.1%). The sensitivity phenotype of the micro-organisms to betalactam showed 7 out of 16 strains of Staphylococcus aureus resistant to methicillin, all strains of Pseudomonas aeruginosa were wild type. The evolution was generally favourable (81.4%).

Conclusion

Our results were broadly consistent with those published in the literature. A new target for the overall exit site infection rate should not exceed 0.40 episodes per patient per year at risk. The high rate of infections and the resistance of mico-organisms requires the search for new strategies to improve management despite the pro- tocol followed.

P324

SUPPORT FOR CHILDREN WITH CHRONIC RENAL FAILURE ON PERITONEAL DIALYSIS IN AN ADULT DEPARTMENT: EXPERIENCE OF SINGLE CENTER

Khellaf Ghalia, Benziane Ali,

Department of Nephrology,Bab El Oued University Hospital Faculty of Medicine; Benyoucef Benkhedda University, Algiers - Algeria

Introduction

The renal failure is impairment of renal function. It may occur in the very young child. This is a very common problem in nephrology , however his diagnosis is important; its prognosis depends on the initial etiology and early life support . Actually it's possible in Algiersia to take care of these children in our department of adult ne- phrology, thanks to the progress made in the treatment of this affections, represented by the current methods of dialysis adapted to the child.

Methods

This is a retrospective study which started from January 2008 to March 2018 , from records of hospitalized patients in our department even in the paediatric wards of our hospital and nearly hospitals ,we have compiled 51 cases of incidents children supported in our peritoneal dialysis unit will be studied: age , sex , initial ne- phropathy , the average duration in dialysis ,and the evolution of these children in dialysis.

Results and discussion

50 children 19 boys and 31 girls extrême âge (14 days -16 years) the initial nephropathy was: primitive ne- phropathy 8 (16 %), secondary 3 (6%) ,vascular:7 (14%) ,hereditary: 9 (18%) , malformative uropathy:1 3 (26 %), indeterminate: 10 (20%) , the average duration in dialysis is 13months(extreme 20days- 04years) , PDA 20 (40 %) CAPD 30(60%)The evolution of our patients: recovery of renal function 10 (20 %) , kidney graffted 3 (6%), transferred to hemodialysis 5 (10%) ,died 16 (24%) , and 16(32%) are in PD now.

Conclusion

The support of children in dialysis in an adult department is a big challenge, while a technical platter (Hardware, nursing ..) were adapted to their support. Renal biopsy, PD,haemodialysis and renal transplantation for children are common as gestures and techniques in our department, would remain still the pediatric CVVHDF and plasmapheresis that it should be launched shortly to complete the rest of the treatment for these children.

P325

TERM OUTCOME OF PERITONEAL DIALYSIS PATIENTS: 3 YEAR EXPERIENCE FROM SHORT A SINGLE CENTRE

Khellaf Ghalia, Benziane Ali

Department of Nephrology, Bab El Oued University Hospital, Faculty of Medicine; Benyoucef Benkhedda University, Algiers - Algeria

Introduction

Peritoneal dialysis was introduced in our department since 1985 Aim: We present our 3-years experience of patients and survival technic in our peritoneal dialysis (PD) department . Input and output criteria of the patients in our PD department

Methods

161 patients, (85) males 52,8% , (76) females 47,2%, with more than 3 months of follow-up, starting home PD between November 2013 and July 2018, at a median age of 40 years (range: 14 days- 90years), with me- dian PD duration 20 months (range: 4-70), 140 (87%) on continuous ambulatory (CAPD) and 20 (13 %) on automated PD (APD). Patients were followed until death or transfer to hemodialysis (HD).

Results and discussion

The input criteria of our patients in PD are :patient choice 45(28%), no medical insurance 35(22%) , transfer in HD to PD for exhaustion of vascular capital 21(13%) , young age 29 (18%) , cardiovascular disease with LVFE low 30 (20%) , the output criteria of our patients in PD : There were 32 deaths, 23 patients were trans- ferred to hemodialysis, 6 recovery of renal function, 6 received a kidney transplant. Ten patients survived on PD more than 50 months. The most common cause of transfer to HD was peritonitis 6, loss of UF 3 , 6 me- chanical problems of the catheter, 6 by choice,2 incurable hernia

Conclusion

PD in Algiersia isn't choose in the first by our patients in dialysis it is for : patients who have not medical insu- rance, with cardiovascular disesase, and children with low weight.

P326

PRESCRIPTION OF NATIVE VITD IN PATIENTS ON PERITONEAL DIALYSIS EXPERIENCE OF OUR CENTER

Khellaf Ghalia, Chelghoum Souad, Benziane Ali,

Department of Nephrology, Bab El Oued University Hospital, Faculty of Medicine; Benyoucef Benkhedda University, Algiers - Algeria

Introduction

The vitamin D deficiency is very common in dialysis patients, the aim of this work is to put patientsperitoneal dialysis (PD) in lives native oral D (cholecalciferol vitD3: 200,000 IU / month.

Methods

We conducted a single-center prospective study of patients treated in our peritoneal dialysis for more 01 months, we have analyzed the following clinical parameters: sex, age, initial nephropathy and settings 25 (OH) D3, calcium,: following before and 3 months after initiation of treatment with native biological VITD ,phos- phorus, intact PTH, bone-specific alkaline phosphatase, serum albumin.

Results and discussion

Our study included 32 patients with PD and 11men 15women , and 07 children. initial Nephropathy was glo- merular (3) 9.37%, diabetic nephropathy (6) 18.75%, interstitial (5) 15.62%, vascular (8) 25%, hereditary nephropathy (7) 21.87%, and indeterminate (3) 9.3%, dialysis method was 25 patients in CAPD (78%) and DPA 7 patients (21%), the average age in DP was 22 + / -16 months, the average rate of serum calcium, phospho- rus, and alkaline phosphatase ,PTH I was respectively: 86 + / -30 mg / l, 48.68 + / -30.17 mg / l, 171 + / - 120mmol / l, and 424 + / - 406 ng / ml. The average vitamin D was 12.16 + / -9.36 ng / ml, 57.14%

of patients had a deficit and 42.85% had a failure and no patient had correct rates despite administration of oral D active lives

Conclusion

vitamin D supplementation is well tolerated ,simple , economic the pediatric form 200000 ui is only present in Algiersia, Recently the 50 000 and 100000 ui are available.

P327

COMPARISON OF TWO INCENTIVES AGENTS ERYTHROPOIESIS: MANAGEMENT OF ANEMIA IN PERITONEAL DIALYSIS PATIENTS

Khellaf Ghalia, Chelghoum Souad, Benziane Ali,

Department of Nephrology, Bab El Oued University Hospital, Faculty of Medicine; Benyoucef Benkhedda University, Algiers - Algeria

Introduction

Anemia is common in terminal chronic renal failure; diagnosis and management are now well codified. The aim of this study is to evaluate the efficacy and safety of using the alpha Darbepoeitine(DA) in a population of 30 patients in peritoneal dialysis.

Methods

This is a prospective and a mono centric study of 30 patients have been supported on peritoneal dialysis since January 2013 and who have more than 06months in peritoneal dialysis. We have studied the following parameters: age, sex, initial nephropathy, was excluded from the study of patients who had infection or se- condary hyperparathyroidism • All patients have benefited from an iron status before the treatment with ery- thropoietin-stimulating agents. The 1st Step June 2013: all patients (30) were in alpha erythropoietin (A EPO) at a rate of 150U / kg / week for a period of 06 months, the 2nd step: (15) patients were switched at random to (DA) on January 2014 at(0.45 and 0.75µg/kg/week)= 30 µg/week

Results and discussion

The results after 08 weeks: (13)86.66 per cent of the patients have had an elevation of the hemoglobin to 1g/dl, (2) 13.33 per cent of the patients to more than 0.5 g/dl of Hb, we had to stop the treatment with the DA already at 1 month for 3 patients who have reached a rate of 13g/dl of Hb , and we have switched the rest of patients under DA in the end of the 8th month to do enjoy the patients

Conclusion

The Switch patients receiving (A EPO) in DA on peritoneal dialysis is simple, well tolerated, safe andeffective.

P328

SUPPORT FOR A LITTLE GIRL REACHES OF A GALLOWAY SYNDROME: 6 YEARS IN PERITONEAL DIALYSIS

Khellaf Ghalia[1], Chelghoum Souad[2], Benziane Ali[1],

1 Department of Nephrology, Bab El Oued University Hospital, Faculty of Medicine; Benyoucef Benkhedda University, Algiers

2 Department of Nephrology Nafissa Hamoud Hospital Algiers - Algeria

Introduction

GALLOWEY syndrome is an autosomal recessive disease which manifests itself renally as a syndromic cor- tico-resistant nephrotic syndrome combining severe weight and mental retardation, microcephaly and hiatal hernia.

Methods

The patient was G.H, aged 08 years, the offspring of a consanguineous 2nd degree marriage from a middle- class family in the north-south of Algiersia. Her parents were healthy, and she was the 7th of 8 siblings, two of whom died in infancy with hydrops. This little girl had microcephaly at birth and began to develop a cortico- resistant nephrotic syndrome at the age of 08 months. The picture was completed at the age of 12 months with confirmation of severe psychomotor and mental developmental delay. The anaemia is well managed with EPO2000U/week, calcium, oral vitamin D, free nutritional diet, with a dia- lysis protocol: 1500cc of 3X/day isotonic bags (glucose 15 g/L) and a 1500cc hypertonic bag (glucose 40 g/L) ultrafiltration is about 1500cc/24h .The parents, who have an average socio-economic level and live in the in- terior of the country, 150 km from a health care facility, have adopted the method and even intend to transplant the child. A genetic study has been launched to confirm GALLOWAY syndrome in the two affected children, the parents and the rest of the siblings.

Conclusion

The parents of children with hereditary nephropathy are becoming increasingly aware and even relentless with regard to the diagnostic and therapeutic management of their children. The National Register of Cortico- Resistant Nephrotic Syndrome, together with the genetic study and the cadaver kidney transplant at the Kidney Institute in Al-

giersia, will surely come to the aid of these parents, who are still waiting for a definitive solution.

P329

ASPERGILLUS PERITONITIS IN PERITONEAL DIALYSIS

Ben Younes Thana[1], Chaker Hanen[1], Dammak Najla[1], Agrebi Ikram[1], Mseddi Fatma[1], Trabelsi Houaida[2], Ben Hmida Mohamed[1], Ayadi Ali[1], Kammoun Khawla[1]

1 Department of Nephrology, Hedi Chaker University Hospital, Renal Pathology Research Laboratory LR19ES11, Faculty of Medicine, Sfax - Tunisia

2 Parasitology Laboratory, Habib Bourguiba University Hospital, Faculty Of Medicine, Sfax - Tunisia

Introduction

Aspergillus peritonitis is a rare but severe complication of peritoneal dialysis (PD). It's associated with a high mortality rate. We report a case of Aspergillus species peritonitis that was initially misidentified.

Methods

Case report : A 50-year-old Tailor with a history of hypertension, on automatized peritoneal dialysis since two years for end stage renal disease due to unknown nephropathy, was admitted because of peritonitis. On cli- nical examination, he presented acute abdominal pain, fever and cloudy PD effluent (PDE). The leukocyte count was 9720 cells/µl, C reactive protein = 87 mg/l and PDE leukocyte count was innumerable. Empirical antibiotics with intraperitoneal vancomycin and oral route ciprofloxacin for two weeks were admi- nistrated. The culture of PDE was negative. The evolution was marked by persistence of abdominal pain, cloudy PD effluent and biological inflammatory syndrome.

Results and discussion

A novel PDE sample was performed, and antibiotic was switched to ceftazidime and amikacin associated with fluconazole. An abdominal scan showed a sigmoid parietal thickening. The PDE leukocyte count = 170 cells/µl. The culture was also negative. Unfortunately, no bacterial organisms were isolated from the two specimens. A few days later, an aspergillus species was isolated from the parasitology laboratory. The patient was treated with intravenous voriconazole (400mg twice daily as loading dose than 200 mg twice daily) the first week. A removal of the catheter was in- dicated. The patient was switched to hemodialysis. Oral voriconazole antifungal treatment by oral was continued for 3 weeks. The evolution was favorable with regression of clinical symptoms and inflammation markers.

Conclusion

Through this case, we emphasize the importance of germ identification in patients with peritonitis in order to treat correctly the infectious episode. In the presence of negative culture in PDE with pejorative evolution, the clinician must think for atypical germ such as aspergillus. A close collaboration with the laboratory is crucial.

P330

PERITONEAL DIALYSIS COMPLICATIONS IN A NEWLY SET PROGRAM

Ouariach Kaouthar[1], Maaroufi Imane[1], Aissi Intissar[1], Lamcirdi Wijdane[2], Machmachi Imane[1], Benabdelhak Mohamed[1], Bentata Yasamine[1], Haddiya Intissar[1]

1 Department of Nephrology, Mohammed VI University Hospital, Oujda, Morocco,

2 Department of Pediatrics Mohammed VI University Hospital, Oujda - Morocco

Introduction

Complications of peritoneal dialysis (PD) indeed present significant challenges in the management of end- stage kidney disease (ESKD). While PD is a valuable alternative to hemodialysis (HD), it carries its own set of risks that can affect both the short-term and long-term outcomes for patients. Our study aimed to identify the characteristics of our PD patients that presented complications associated with this treatment modality.

Methods

A retrospective study conducted in a PD unit, including all patients followed in the unit during 8 years from July 2016 to September 2023 since the start of our unit.

Data collection was conducted using medical records, supplemented by interviews with patients. For each selected patient a form for collecting epidemiological, clinical and paraclinical data was established and PD related complications were assessed.

Results and discussion

Out of our 26 PD patients, 15 patients (58%) presented with complications. A rate of 7% peritonitis episodes per patient-year was observed. And Staphylococcus spp was the most common pathogen (13.3%). There were 0.2 catheter-related infection episodes per patient-year identified in 35% of cases. Mechanical compli- cations occurred in 26.7% of patients, and 40% transitioned to HD. Reasons for discontinuation included re- current peritonitis, death, and patient choice (29% each), followed by catheter exit

site infections (14%). Transfers to HD were primarily due to recurrent and refractory peritonitis (40%). Deaths occurred in 13.3% of cases, attributed to cardiogenic shock from arrhythmia in one patient and septic shock in another. One patient benefited a kidney transplant from a living donor.

Conclusion

Successful access to the peritoneal cavity by a trained operator is crucial for PD success. Complications must be addressed promptly to prevent technique failure, as peritonitis can lead to such outcomes. Therefore, the- rapeutic education for PD patients should be a primary prevention target.

P331

A RARE CASE OF PRIMARY ILIAC BONE TUBERCULOSIS IN A PERITONEAL DIALYSIS PATIENT

Aragon Imane, Bahadi Abdelaali, El Kabbaj Driss

Department of Nephrology, Military Hospital Mohammed V, Rabat - Morocco

Introduction

The incidence of tuberculosis is 6 to 16 times higher in patients with end-stage renal disease (ESRD). The difficulty lies in the non-specificity of the clinical manifestations of tuberculosis, especially in its extra-pulmonary localization, particularly in peritoneal dialysis patients.

Methods

This is the case of a 63-year-old patient treated for hypertension, type II diabetes initiated on peritoneal dialysis 3 years prior. The patient was admitted for the management of an infectious syndrome consisting of fever to 38.5°C, chills and vomiting. The patient reported a weight loss of 10 kg in one month, associated with inflam- matory polyarthralgia of the large joints and lumbar pain as well as impaired walking. Clinical examination revealed pain localized to the left iliac wing, with stable hemodynamic parameters. Bio- logical assessment revealed high inflammatory markers such as C-reactive protein and procalcitonin. Micro- biologically, cytobacteriological examinations of peritoneal dialysis fluid and blood cultures were sterile. With acute pyelonephritis and infectious peritonitis ruled out, radiological examinations were carried out: lum- bar computed tomography (CT) revealed nothing in particular, while magnetic resonance imaging (MRI) of the pelvis revealed a focus of osteomyelitis of the right femur and a focus of osteitis of the left ilium, with ex- tension to the adjacent muscular soft tissues and suspicion of intramuscular collections. A molecular biology test for Mycobacterium tuberculosis complex was performed on a sample obtained by ultrasound-guided puncture of one of the gluteal collections, which proved positive. The diagnosis of tuberculosis of the iliac bone was established on the basis of radiological (MRI) and micro- biological (PCR) findings. The patient was put on anti-tuberculosis treatment adapted to his renal function. The evolution was marked by significant clinical and biological improvement, with normalization of inflammatory parameters and good tolerance to antituberculosis treatment.

Conclusion

Primary tuberculosis of the iliac bone is rare and difficult to diagnose due to atypical symptoms. An etiology not to be ruled out in an immunocompromised population.

P332

OPTIMIZATION OF PERITONEAL DIALYSIS WITH THE PERITONEAL EQUILIBRATION TEST

Abou-Nouh Soumiya, Katalay Francine, Allata Yassine, Kabali Nadia, Squalli Houssaini Tarik

Nephrology,Department of Nephrology, Hassan II University Hospital, Fez - Morocco

Introduction

Peritoneal dialysis (PD) relies on the peritoneal membrane as a natural filter to remove toxins and excess fluid. Individual variations in the function of this membrane require a tailored prescription to optimize treatment outcomes. The Peritoneal Equilibration Test (PET) is a standardized and reproducible tool used to assess the function of the peritoneal membrane at the beginning of treatment and to monitor its evolution over time. This study explores the impact of PET test in optimizing PD for 14 patients followed in a specialized peritoneal dialysis center.

Methods

The average age of the patients was 47.5 ± 5.63 years, with a male-to-female ratio of 1.33. The average du- ration of PD treatment was 31 ± 2.8 months, and 14% of the patients were diabetic. The PET was performed using a 4-hour exchange with a 3.86% glucose solution, measuring sodium dip at 1 hour, the dialysate-to- plasma (D/P) ratio of creatinine at 4 hours, and ultrafiltration (UF) capacity.

Results and discussion

The results revealed 4 slow transporters, 4 rapid transporters, and 6 very rapid transporters. In patients with rapid or very rapid transport, insufficient UF

Conclusion

Following these PET-based adjustments, 70% of the patients saw their dialysis parameters optimized, de- monstrating the clinical utility of the test. This approach allows for personalized treatment, particularly in pa- tients at increased risk of complications related to rapid solute transport or membrane dysfunction.

P333

CANDIDA PERITONITIS IN PERITONEAL DIALYSIS: A RARE COMPLICATION NOT TO BE UNDERESTIMATED

Boumendjel Alia, Boukachabia Souad, Ounaceur Anis, Loucif Aymen, Frigaa Hichem, Rahmouni Khelifa

Department of Nephrology, Annaba University Hospital - Algeria

Introduction

Candida peritonitis (CP) is a rare but serious complication of peritoneal dialysis (PD), associated with signifi- cant morbidity and often catheter removal. Until now, the risk factors for candida peritonitis remain partially established. Our objective is to determine the clinical characteristics and risk factors (RF) of candida peritonitis in peritoneal dialysis (PD)

Methods

Retro-prospective study in patients treated with PD and who presented with CP at the nephrology department from January 1, 2018 to September 25, 2024. Patient information, including clinical information, bacteriological and mycological analysis and results, were recorded.

Results and discussion

CP occurred in 4 patients, 3 women and 1 man, pain and turbidity of the effluent were the first clinical signs, Albicans species was isolated in 3 patients aged 29, 63 and 70 years respectively, one of whom occurred after an episode of bacterial peritonitis (BP), Glabrata was isolated in a 29-years old patient who occurred after an episode of BP with pseudomonas treated and declared cured, 3 CP occurred in September, a period of heat and hyperhidrosis, no patient was diabetic. All patients required hospitalization, antifungal treatment, removal of the catheter (KT) and definitive transfer to hemodialysis. The evolution was fatal in men despite removal of the KT. The ISPD recommendations consider advanced age and diabetes as risk factors for PC. This does not agree with our results, but is consistent with the occurrence of PI and the use of antibiotics. Our patients presented other RFs such as hyperhidrosis and humidity.

Conclusion

Identifying risk factors such as antibiotic use and BP is crucial to target vulnerable patients, early diagnosis, prompt withdrawal and systemic antifungal treatment are measures to reduce patient morbidity and mortality.

P334

INTEREST OF MULTI-FREQUENCY SPECTROSCOPIC IMPEDANCEIN THE PREVENTION AND MANAGEMENT OF HYPERTENSION IN PERITONEAL DIALYSIS

Chelghoum Souad[1], Khellaf Ghalia[2], Seba Athmane[1]

1 Department of Nephrology, Hussein-Dey Hospital

2 Nephrology, Bab El Oued University Hospital centre, Algiers - Algieria

Introduction

Hypertension is a common complication of chronic kidney disease. Peritoneal Dialysis (PD) allows for better blood pressure control and thus an improvement in fluid overload. The aim of our work was to evaluate the fluid compartment in patients on PD using the clinical method based on the critical analysis of two simple objective measurements: weight and blood pressure; and by multifre- quency spectroscopic impedance. (Moniteur de composition corporelle : BCM).

Methods

We conducted a prospective study in our nephrology department, including 30 patients on Continuous Am- bulatory Peritoneal Dialysis (CAPD), over a period of 6 weeks. We determined the clinical characteristics: weight, blood pressure, diuresis, and peritoneal ultrafiltration (UF). Hypertension was defined according to WHO criteria. We assessed the body composition of these patients, particularly the water compartment by BCM, during the first week and the sixth week.

Results and discussion

The average age was 39 years, with a sex ratio of 0.9. At admission, the prevalence of hypertension was 45% (13/30), diuresis was preserved in 81% (24/30) with an average of 900 cc/24h ; angiotensin-converting enzyme (ACE) inhibitors were prescribed in 65% of cases. At admission, 72% (21/30) of patients were hyper- hydrated (OH) ; 4.5% (2/30) were in euvolemia, and 7/30 (23%) were dehydrated. (DH). At the 6th week, 16% of patients (5/30) were still hypertensive, the number of patients with OH was 12/30 (40%), this after optimi- zation of peritoneal UF, either by increas-

ing the number of peritoneal exchanges per 24 hours, or by modifying the concentration of the dialysate bags; or by increasing the prescription of diuretics.

Conclusion

Both for monitoring hydration status and for evaluating dialysis quality, estimating body composition using BCM can be a useful aid in the follow-up of PD patients. This technique has the advantage of being able to be done quickly and systematically at the time of the consultation. BCM is a complementary diagnostic tool that allows for the prevention of hyperhydration and associated hypertension, as well as malnutrition

P335

THE CAUSES OF DISCONTINUATION OF PERITONEAL DIALYSIS: A 11-YEAR RETROSPECTIVE STUDY

Salem Rihab, Touati Dalel, Mbarek Meriem, Selmi Yosra, Labidi Jannet

Department of Nephrology, The Main Training Military Hospital, Tunis - Tunisia

Introduction

Peritoneal dialysis (PD) is a renal replacement therapy that provides significant benefits, including enhanced hemodynamic stability, improved cardiovascular tolerance, and the convenience of home-based treatment, allowing patients to maintain their independence. However, its use is often limited by complications that restrict its applicability to short- and medium-term durations. This study aims to investigate the factors leading to PD discontinuation and assess the average duration of therapy.

Methods

We conducted a retrospective study of patients who initiated PD at the Nephrology Department of the Principal Military Teaching Hospital of Tunis between 2011 and 2022. Data were extracted from patient medical records and analyzed to identify the reasons for discontinuation and the duration of PD therapy.

Results and discussion

A total of 46 patients were included in the study. Among them, 32 patients (69%) discontinued PD after an average duration of 3 years and 3 months (3.25 years), with a range from one month to four years. The primary cause of discontinuation was peritonitis, which accounted for 37% of cases, followed by death in 19% of cases. Kidney transplantation was performed in 12% of patients. Additionally, 9% of patients discontinued PD due to insufficient ultrafiltration with fluid overload, and another 9% voluntarily transitioned to hemodialysis. Mechanical complications were observed in 9% of cases, and a single case of uremic pericarditis was documented.

Conclusion

Peritoneal dialysis remains a valuable and effective treatment option for patients with end-stage renal disease, providing significant quality-of-life benefits. However, its long-term use is often restricted by various complications, which frequently necessitate a transition to hemodialysis. These findings underscore the importance of developing preventive strategies to minimize complications and improve the long-term viability of PD as a therapeutic option.

P336

PERITONEAL DIALYSIS IN A LOW-INCOME COUNTRY: ARE KDIGO TARGETS APPLIED?

Bochra Jmaiel[1], Najla Dammak[2], Thana Ben Younes[1], Fatma Mssedi[2], Ikram Aguerbi[2], Salma Toumi[2], Soumaya Yaich[2], Mohamed Ben Hmida[2], Hanen Chaker[2], Khawla Kammoun[2]

1 Department of Nephrology, Hedi Chaker Hospital,
2 Renal Pathology Research Laboratory LR19ES11,
3 Faculty of Medicine, Sfax - Tunisia

Introduction

Adherence to the KDIGO targets is a key quality indicator in the management of patients undergoing peritoneal dialysis. This study aims to assess the achievement of KDIGO targets in our PD unit.

Methods

A cross-sectional analysis was conducted in the PD unit. Demographic, medical history, clinical, biological, and dialysis-related data were collected for each patient. Descriptive statistical analysis was performed using SPSS software. Key biochemical targets recommended by KDIGO guidelines were assessed, including hemoglobin, ferritin, calcium, phosphorus, and PTH levels.

Results and discussion

A total of 33 patients undergoing peritoneal dialysis were included in the analysis. The assessment of hemoglobin levels revealed that 57.57% of patients had values within the KDIGO target range. Among these patients, 73.7% were receiving erythropoietin therapy, highlighting the role of this treatment in achieving target hemoglobin levels. However, the remaining 42.43% of patients did not meet the recommended hemoglobin target. Ferritin levels met the KDIGO target in 39.39% of patients. Of those who achieved the target, 61.5% were receiving iron supplementation, reflecting

the importance of iron therapy in managing iron deficiency. Conversely, 60.61% of patients had ferritin levels below the recommended range, indicating possible gaps in iron replenishment strategies or treatment adherence. Regarding mineral and bone metabolism, 57.57% of patients had calcium levels within the recommended range. Among these patients, 94.7% were receiving calcium supplementation, emphasizing its role in maintaining calcium balance. Phosphorus targets were achieved in 48.48% of patients. This suggests that almost half of the patients had phosphorus levels outside the target range, which may require dietary modifications, phosphate binders, or other therapeutic strategies. In terms of parathyroid hormone (PTH) control, 51.51% of patients met the KDIGO-recommended range. Notably, 11.8% of those who met the PTH target were receiving treatment with alfacalcidol (Un alpha), underscoring the role of vitamin D analogs in PTH regulation. Overall, these findings demonstrate significant variability in the achievement of KDIGO targets for anemia, iron status, and bone mineral metabolism among PD patients. While some targets were met in over half of the patients, others revealed substantial room for improvement. This variability reflects the complexity of managing patients with chronic kidney disease on peritoneal dialysis, especially in resource-limited settings.

Conclusion

The study highlights the need for improved management strategies to optimize the achievement of KDIGO targets for anemia, iron status, and mineral metabolism in PD patients. Targeted interventions and closer follow-up could help address these gaps, ultimately improving patient outcomes.

P337

PERCEIVED BARRIERS TO PERITONEAL DIALYSIS AMONG MOROCCAN NEPHROLOGISTS

Maaroufi Imane

Department of Nephrology, Dialysis, and Transplantation, Mohammed VI University Hospital, Oujda - Morocco

Introduction

Peritoneal dialysis is a technique that offers significant benefits to patients. The objective of this study is to investigate the barriers hindering nephrologists of our region and nephrology residents Mohammed VI university Hospital. By analysing the results, the study aims to highlight the various obstacles that impede the adoption of this effective technique among participants.

Methods

Our research is a descriptive cross-sectional study, includinga sample of nephrologist and nephrology residents, conducted using an anonymous questionnaire.

Results and discussion

The study participants, with an average age of 31.7 years ± 2.25, were predominantly female (69.2%). Among them, 76.9% believe that at least 20% of patients should initiate PD, and 73.1% feel that the same percentage should be maintained on PD. However, 69.2% of respondents have not received any formal PD training in the last five years, and 76.9% reported no participation in continuous medical education over the past three years. The lack of adequate training has hindered the use of PD for 69.2% of respondents, while 61.5% feel that their personal experience limits its adoption. Concerns over technical failure (65.4%), peritonitis (73,1%)and long-term complications (61.5%) were also highlighted, along with the influence of late referrals (61.5%). Regarding external factors, 65.4% indicated that cost and reimbursement methods affect their choice of PD. Lastly, 69.2% acknowledged that patient preferences significantly influence their recommendations.

Conclusion

Our study revealed that the majority of nephrologists and nephrology residents believe a greater number of patients should utilize PD as a renal replacement therapy.

P338

INCIDENCE AND RISK FACTORS OF CATHETER-RELATED INFECTIONS IN PERITONEAL DIALYSIS PATIENTS

Nasri Ghada[1], Fandri Beya[2], Ben Hmida Mariem[1], Trabelsi Bouthaina[1], Toumi Salma[2], Ben Hmida Mohamed[2], Ben Ayed Houda[1], Yaich Sourour[3]

1 Department of Preventive Medicine and Hospital Hygiene, 2 Department of Nephrology

3 Department of Community Health and Epidemiology, Hedi Chaker University Hospital, Sfax - Tunisia

Introduction

Catheter-related infections (CRIs) are a common complication in peritoneal dialysis (PD) patients, often causing significant risks to patient health and treatment effectiveness. Assessing their incidence and identifying key risk factors is essential to improve clinical outcomes. In this context, we aimed to determine the incidence of the CRIs in PD patients and to identify their risk factors.

Methods

This was an exhaustive prospective study with descriptive and analytical aims, including patients in PD, who were not infected at baseline and were monitored daily. The study was spread over a 15-month period, from April 2023 to July 2024. The study was carried out in the PD unit of a university hospital.

Results and discussion

A total of 41 PD catheters were placed in 41 patients followed in the unit. The mean age was 43.4 ± 14.8 years. The sex-ratio (M/F) =2.1. The median seniority in PD was 1 year (IIQ = [1 - 8 years]). In 48.8% of cases (n=20), patients had been on PD for > 1 year. PD catheters were manipulated at least 2 times in 82% of cases (n=32). In total, 18 CRIs were noted on 14 PD catheters, giving an incidence of 43.9 infections/100 catheters. The incidence density was 0.6 infection/catheter-year. The infection was peritonitis in 61.1% of cases (n=11). No tunnelitis was observed. Staphylococcus aureus was the most common micro-organism (26.31%, n=5). Univariate analysis showed that the seniority of PD ≥ 1 year (p=0.03), the number of manipulations ≥ 2 (p=0.01) and the non-compliant use of sterile gloves (p=0.01) were significantly associated with the onset of CRIs.Multivariate analysis using binary logistic regression revealed that non-compliant use of sterile gloves was a factor independently associated with the onset of CRIs (p=0.01; RRB= 7.3; CI95%=[1.5 - 36.2]).

Conclusion

Our study revealed an alarming incidence of CRIs in PD patients. This finding highlights the urgent need to develop and implement targeted strategies to improve the prognosis of these patients, particularly by focusing on training both healthcare workers and patients about the hygiene practices to be followed when manipulating the catheter.

P339

SWITCH FROM HEMODIALYSIS TO PERITONEAL DIALYSIS: OUR EXPERIENCE AND REVIEW OF THE LITTERATURE

Ben Kmicha Arij[1], Gaied Hanene[2], Jerbi Mouna[2], Khadhar Mariam[2], Bettaeib Asma[1], Aoudia Raja[2], Goucha Rym[2]

[1]Department of Nephrology, Mongi Slim Hospital,Tunis - Tunisia

[2]Department of Nephrology, Mongi Slim Hospital, Research Laboratory of Renal Pathology LR01SP01, Tunis - Tunisia

Introduction

Peritoneal dialysis (PD) and hemodialysis (HD) are complementary ways of treating end-stage renal failure. Changing the dialysis modality from haemodialysis to peritoneal dialysis is a rare and poorly studied phenomenon. Compared with patients who start renal replacement therapy with PD, those who were transferred from HD to PD within the first year on dialysis experience higher rates of PD technique failure and death, with the highest risk being observed in the initial year after the switch to PD. We report 2 patients' cases who were transferred from hemodialysis to peritoneal dialysis.

Methods

Among 36 peritoneal dialysispatients in the unit of Mongi Slim Hospital from June 2022 to November 2024, two patients were transferred from hemodialysis to peritoneal dialysis because of exhaustion of venous access.

Results and discussion

Case 1: A 78-year-old female patient. She has hypertension, diabetes and obesity. She suffers from narrow lumbar canal and was in wheelchair. The underlying nephropathy was diabetic. The patient has been on hemodialysis for 2 years via a left humerobasilic graft complicated by a pseudoaneurysm, and four thrombosed tunneled catheters (jugular and femoral). Because of these problems of vascular access, she was transferred to peritoneal dialysis. She is on automatic peritoneal dialysis. The major problem in the management of this patient wasfluid overload .

Case 2: A 68-year-old female patient with an indeterminant nephropathy. She was on hemodialysis for 6 years.Multiple vascular accesses were thrombosed, including four arteriovenous fistulas, two tunneled jugular catheters, and six femoral catheters. confirming the exhaustion of venous access, leading to the transition to peritoneal dialysis. The first session of peritoneal dialysis was performed on the same day as the catheter insertion, initially with an extended duration of 18 hours and an estimated ultrafiltration of 900 cc. Over one year of follow up, no episodes of peritonitis were observed.

Conclusion

The Switch from HD to PD is rare. The problem that survival for these patients is depending on duration of hemodialysis. The choice of initial replacement method is crucial and depends on several factors related to the patient as well as the capabilitiesofthehealthsystem.

P340

EPIDEMIOLOGICAL PROFILE OF PATIENTS FOLLOWED IN THE PERITONEAL DIALYSIS UNIT OF A UNIVERSITY HOSPITAL OF SOUTHERN TUNISIA

Nasri Ghada[1], Fandri Beya[2], Ben Hmida Mariem[1], Trigui Ahmed[1], Toumi Salma[2], Ben Hmida Mohamed[2], Ben Ayed Houda[1], Yaich Sourour[3]

1 Department of Preventive Medicine and Hospital Hygiene Institution,

2 Department of Nephrology, Department of Community Health and Epidemiology, Hedi Chaker University Hospital, Sfax - Tunisia

Introduction

Peritoneal dialysis (PD) is a home-based treatment for patients with kidney failure. However, its accessibility varies significantly between low- and high-income countries. In Africa, PD remains unavailable in most countries. Tunisia is one of the few countries where it is provided. This study aims to describe the epidemiological profile of patients undergoing PD in a university hospital in southern Tunisia.

Methods

This was an exhaustive prospective study with descriptive aims, including all patients followed up in the PD unit of a university hospital in southern Tunisia. The study was spread over a 15-month period, from April 2023 to July 2024.

Results and discussion

A total of 41 patients were followed up, of whom 68.3% (n=28) were men. The mean age was 43.4 ± 14.8 years. The mean body mass index was 22.7±4.5. A normal weight was found in 64.1% of cases (n=25). The initial nephropathy was undetermined in 26.8% of patients (n=11). Diabetic nephropathy and chronic interstitial nephropathy were noted, in 19.5% of cases each (n=8). Regarding medical history, high blood pressure and peritonitis were reported in 51.2% (n=21) and 26.8% of patients (n=11), respectively. Hypoalbuminemia was noted among 24 patients (72.7%). The median seniority of the PD was 1 year (IIQ = [1 - 8 years]). In 68.3% of cases (n=28), patients were on continuous ambulatory peritoneal dialysis (CAPD).

Conclusion

Our study demonstrated that patients followed up in our PD unit constitute a relatively young population, with CAPD emerging as the preferred peritoneal dialysis modality. Gaining a deeper understanding of the epidemiological profile of PD patients could be instrumental in implementing this dialysis modality into several other countries across the African continent.

P341

PLACEMENT OF PERITONEAL DIALYSIS CATHETER BY THE NEPHROLOGIST: EXPERIENCE OF THE MOHAMMED V RABAT MILITARY HOSPITAL

Narjiss Labioui[1], Bahadi Abdelali[2], Lafrid Maria[2], Elkabbaj Driss[2]

[1]Departement of Nephrology Dialysis dnd Renal Transplantation, Mohammed V Military Training Hospital, Rabat, Morocco,

[2]Department of Nephrology Dialysis Kidney Transplantation, Mohamed V Militay Hopital, Rabat - Morocco

Introduction

End-stage renal disease (ESRD) is now a major public health problem Peritoneal dialysis (PD) is a first-line treatment for patients with end-stage renal disease. The success of peritoneal dialysis as a renal replacement therapy depends on the proper functioning of the peritoneal catheter. Knowledge of best practices in catheter insertion can minimize the risk of catheter-related complications leading to peritoneal dialysis failure.

Methods

This is a retrospective, descriptive, and analytical study involving 72 patients with end-stage chronic renal failure who underwent peritoneal dialysis in the nephrology, dialysis, and kidney transplantation department between 2008 and 2022. Patients with incomplete medical records were excluded.

Results and discussion

Almost 50% of our patients were illiterate. Regarding the Charlson comorbidity index, the average value was 4.15 and was divided into 3 groups: 48 patients with an index less than or equal to 4, 19 patients with an index between 4 and 8, and 5 patients with an index greater than 8.The initial nephropathy was primarily chronic tubulointerstitial nephropathy, accounting for 23.2%, followed by unknown nephropathy, diabetes, vascular nephropathy (16.1%), glomerular nephropathy (14.4%), and hereditary nephropathy (5.4%).The catheter insertion technique was percutaneous in 49% of cases, laparoscopic in 40% of patients, and mini-surgical in 11% of cases.The most used catheter was the straight Tenckhoff catheter, pig-tail type, with two cuffs.

The hospitalization period between admission and catheter insertion had an average duration of 7 days. Regarding assistance modalities, 42 patients were autonomous, while the remaining 13 patients received assistance, either from a nurse or a family member.The peritoneal dialysis modalities were 16% APD and 84% CAPD. The start of exchanges occurred between 1 and 2 weeks in 24 patients.Complications such as early and late catheter migration were more frequent in the group of patients who had their catheters inserted by a surgeon. Early and late epiploic aspiration was also more frequent in the same group of patients, as was the occurrence of late hernia.

Conclusion

Peritoneal dialysis constitutes an innovative treatment for individuals with end-stage renal disease, which is now a major public health concern. Catheter insertion by nephrologists is a safe, simple, and effective method.

P342

URGENT-START PERITONEAL DIALYSIS: AN OPPORTUNITY FOR A FRESH START

Ben Kmicha Arij[1], Gaied Hanene[2], Jerbi Mouna[2], Bettaeib Asma[1], Khadhar Mariam[2], Aoudia Raja[2], Goucha Rym[2]

[1]Department of Nephrology, Mongi Slim Hospital, Tunis - Tunisia,

[2]Department of Nephrology, Mongi Slim Hospital, Renal Pathology Research Laboratory LR01SP01, Tunis - Tunisia

Introduction

Urgent-start peritoneal dialysis (USPD) is the term used to describe the practice of initiating peritoneal dialysis (PD) within 72h after PD catheter placement among patients with end-stage kidney disease (ESKD). The major goal in the management of patients who crash in with advanced ESKD and needing urgent dialysis initiation is to avoid central venous catheter placement and itsassociated complications. The USPD can be a solution for patient with problem of vascular access in hemodialysis.

Methods

The experience of peritoneal dialysis in Mongi slim hospital begun in June 2022. Thirty-six patients chosen PD until now and one of them startedPD in an urgent way. We will try in this descriptive case to reveal the advantages and inconvenientsof this USPD and we will try to do a review of the literature.

Results and discussion

A 68-year-old female patient with a medical history of hypertension and end-stage chronic kidney disease secondary to an indeterminant nephropathy. She was on hemodialysis for 6 years.Multiple vascular accesses were thrombosed, including four arteriovenous fistulas, two tunneled jugular catheters, and six femoral catheters. The patient underwent Doppler ultrasound of both upper limbs, as well as doppler ultrasound of lower limbs confirming the exhaustion of venous access, leading to an urgent transition to peritoneal dialysis especially that the patient could not be dialyzed for seven days. The first session of peritoneal dialysis was performed on the same day as the catheter insertion.Over one year of follow up , no episodes of peritonitis were observed.

Conclusion

Initiation of USPD is an attractive option in patients with late-presenting ESKD. Implementing USPD presents logistical challenges including coordination across multiple specialties and ensuring adequate staff familiarity with the modality. Only well-organized PD programs with a robust infrastructure are successful, safe, and feasible for unplanned PD initiation.

P343

CHALLENGES AND COMPLICATIONS IN DIABETIC PATIENTS ON PERITONEAL DIALYSIS

Rihab Elaid, Hanene Gaied, Mouna Jerbi, Mariem Khadhar, Asma Bettaieb, Raja Aoudia, Rym Goucha

Department of Nephrology, Mongi Slim Hospital, Faculty of Medicine, Tunis - Tunisia

Introduction

Diabetic nephropathy is the leading cause of end-stage renal disease worldwide. Diabetic patients, regardless of dialysis modality, continue to have the lowest survival primarily owing to high prevalence of cardiovascular disease in this population. Peritoneal dialysis offers to these patients the advantages of home therapy while sparing their frail vascular capital and preserving residual renal function. However, It is argued that uremic patients treated with PD have a higher risk for deregulated metabolic an increased susceptibility to infections, fluid imbalances, and hypoalbuminemia. In this study, we tried to describe our experience with peritoneal dialysis in diabetic patients.

Methods

We conducted a retrospective study at our newly opened centre, starting from its opening in January 2022 until September 2024, involving patients on peritoneal dialysis (PD) for at least 3 months. Clinical, biological, and histopatho-

logical data were analyzed to assess treatment outcomes and complications, with a particular focus on diabetic patients.

Results and discussion

Of the 31 patients included in the study, 11 were diabetic, who had been on PD for an average of 1.3 years. The mean age of diabetic patients was 51.2 years, with 3 diagnosed with type 1 diabetes. Four of the diabetic patients were treated with insulin, including those with type 1 diabetes. Complications included infections, specifically peritonitis, in 6 patients, diabetic ketoacidosis in 2, and mechanical issues requiring catheter repositioning in 1 patient. One diabetic patient required a switch to hemodialysis due to recurrent infections. Cardiovascular complications, specifically coronary artery disease, were observed in 5 diabetic patients. Regarding clinical outcomes, the mean albumin level in diabetic patients decreased from 32.2 g/l at baseline to 30.1 g/l at follow-up. Four diabetic patients showed a significant decrease in albumin levels (greater than 0.5 g/l). The average ultrafiltration volume per session in diabetic patients was 800 ml. The mean total cholesterol in diabetic patients was 5.8 mmol/L, with elevated levels observed in 4 patients, and the average triglyceride level was 2.4 mmol/L.

Conclusion

DespitePD'sadvantages,itpresentssomerisksindiabeticsthatneedtobetakenintoconsiderationwhenchoosingthistechniqueandwhenfollowingupwiththesepatient.

P344

PERFORATION OF THE DP CATHETER DUE TO ITS COLONIZATION IN ITS EXTRA-ABDOMINAL PART BY PENICILLIUM SPP

Laghmara Djazia, Hammouche Mustapha, Zemmouchi Sohaila, Bouabdelli Asma, Aougrout Malika

Department of Nephrology, Specialized Hospital of Costantine - Algieria

Introduction

Penicillium sppis a saprophytic fungus (mycelial filament) that is widely found in nature, comprising several species, and is asymptomatic. It manifests as leukonychia (onychomycosis) when associated with dermatophytes. We report a case of colonization, deformation, and perforation of a DP catheter by Penicillium spp. without peritonitis.

Methods

A mason who has been undergoing PDCA treatment for 20 months and has never experienced peritonitis.The patient consulted for a perforation of the PD catheter without signs of cellulitis or peritonitis (normal exchanges). The contamination was likely manual (onychomycosis of the nails).

Results and discussion

Biology:Urea: 1.17 g/L Creatinine: 121 mg/L GFR: 7.62 mL/min Uric acid: 68 mg/L Na: 135 meq/L K: 4.9 meq/L Corrected calcium: 97 mg/L Phosphate: 45 mg/L WBC: 8000 cells/mm² Hemoglobin: 12.5 g/dL Platelets: 197,000 cells/mm² CRP: Negative 24-hour proteinuria: 0.54 g/24h Urine culture: No urinary infection.The occurrence of fungal peritonitis in PD patients is rare and, in almost all cases, is secondary to candidiasis (yeasts), and rarely due to an infection by a mycelial filament, with only one described case of Aspergillus fumigatus responsible for severe recurrent peritonitis requiring the removal of the PD catheter. Our patient presented with a perforation of the PD catheter without any clinical or biological signs of infection (peritonitis) or local inflammation (cellulitis). Our management plan is as follows: •Cytology and mycological analysis of the catheter: Cytology = presence of a mycelial filament / leukocytes less than 10 elements. •Culture on Sabouraud's medium "A" (which favors the growth of bacteria and molds, which grow faster than dermatophytes) = Penicillium spp. colonies after 5 days of culture. •Culture on Sabouraud's medium + chloramphenicol "B" (which inhibits bacterial growth) = Penicillium spp. colonies after 5 days of culture . Culture on Sabouraud medium + chloramphenicol + actidione 'C' (exclusive growth of dermatophytes) = negative. Based on this result, the diagnosis of an infection caused by Penicillium spp. was retained. The infection exclusively affected the catheter, and contamination was likely manual (asymptomatic onychomycosis not associated with dermatophytes, resulting in leukonychia). •ECB (bacteriological examination) and mycological analysis of the DP fluid were negative during this Penicillium spp. infestation. •Removal and replacement of the DP catheter, with systematic follow-up of the cytology and mycology of the dialysate.

Conclusion

The occurrence of this exceptional case in peritoneal dialysis following a simple infestation by a saprophytic organism, which led to a severe complication, catheter removal and replacement, highlights the necessity of strict hygiene in peritoneal dialysis.

P345

ROLE OF PERITONEAL DIALYSIS IN THE MANAGEMENT OF CARDIO-RENAL SYNDROME: A CASE REPORT

Laghmara Djazia, Hammouche Mustapha, Bouabdelli Asma, Aougrout Malika, Zemmouchi Sohaila

Department of Nephrology, Specialized Hospital of Costantine - Algeria

Introduction

The first case of using peritoneal dialysis in the treatment of heart failure dates back to 1949. Since then, numerous studies, all of the before/after type and without control groups, have evaluated this technique positively. A French team showed, based on 126 patients, a reduction in hospitalizations, an improvement in left ventricular ejection fraction (LVEF), and good tolerance.

Methods

This is a 47-year-old patient T.Z with a history of mitral valve surgery for severe mitral regurgitation in 2009 and 2014, with the implantation of a single-chamber pacemaker / ICD (implantable cardioverter-defibrillator) for 3 years / hypertension for 3 years / infectious endocarditis / spina bifida without neurological complications Her baseline creatinine was 15 mg .The patientpresented with acute global congestive heart failure with first-time decompensation (clinical signs of anasarca with elevated jugular venous pressure, hypotension, resting dyspnea, and deterioration of renal function with acute kidney injury, oliguria-anuria, and hyponatremia at 122 mEq/L).

Results and discussion

Her cardiologist discontinued the medical treatment for heart failure and referred her to our department for extracorporeal purification, where she underwent three sessions of hemodiafiltration with a weight loss of 8 kg. The average duration of each session was 5 hours. (Pre-treatment results before the first session: urea 5 g/L, creatinine 51 mg/L, sodium 120 mEq/L; and post-treatment results after the last session: urea 3 g/L, creatinine 78 mg/L, sodium 122 mEq/L). On echocardiography, there was a dilated left ventricle (LV), with a LVEF On echocardiography, there was a dilated left ventricle (LV),LVEF of 20%, biatrial dilation, and global hypokinesia, along with pulmonary arterial hypertension (PAH). Her renal function further deteriorated, and she was then started on peritoneal dialysis (PD)with the aim of improving her quality of life. After three weeks of peritoneal dialysis (PD) combined with fluid and sodium restriction, the introduction of loop diuretics, ACE inhibitors, and beta-blockers, the patient recovered her renal function with a diuresis of 2 L/24h, resolution of the fluid and sodium overload, correction of hyponatremia to 139 mEq/L, and improvement in her general condition. Our patient is still on peritoneal dialysis (2 isotonic exchanges per 24 hours) with a residual renal function of 28 mL/min and creatinine at 13 mg/L (eGFR = 46.7 mL/min by MDRD). The echocardiography showed a LVEF of 35%, non-dilated atria, and a dry pericardium Discussion : Cardio-renal syndrome type I is congestive heart failure in acute decompensation, which causes a disturbance or worsening of renal function. The clinical presentation of our patient is typical. The discontinuation of the medical treatment for heart failure worsened the decompensation. Hemodiafiltration improved the clinical condition but aggravated renal insufficiency (the progression from functional acute kidney injury to ischemic acute tubular necrosis). The management with peritoneal dialysis (PD) initially involved strict fluid and sodium restriction, the reintroduction of high-dose diuretics, a beta-blocker, and an ACE inhibitor. In parallel, we started the exchanges with 3 isotonic bags per day during the first two months, then reduced to two exchanges per day after improvement in renal function. PD allowed for Peritoneal dialysis allowed for the recovery of renal function in this patient, with improved hydro-electrolytic balance, and it enhanced her quality of life.

Conclusion

Peritoneal dialysis, despite the lack of randomized trials validating the technique for this indication, appears to provide benefits in terms of functional tolerance, readmissions, and quality of life.

P346

ADEQUACY EVALUATION IN PERITONEAL DIALYSIS PATIENTS: MONOCENTRIC STUDY

Dorra Dahene, Kaaroud Hayet, Chargui Soumaya, Mhadhbi Bilel, Abderrahim Ezzedine

Department of Nephrology, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Assessing the adequacy of peritoneal dialysis (PD) is crucial for ensuring the treatment's effectiveness, preventing complications, and improving long-term patient outcomes. This study aims to evaluate the adequacy of PD in patients who underwent a peritoneal equilibration test.

Methods

A monocentric descriptive study was conducted in the ne-

phrology department at Charles Nicolle Hospital over one year (2024). The study focused on 63 patients who underwent a peritoneal equilibration test to assess PD adequacy.

Results and discussion

The cohort consisted of 63 patients, with a male-to-female ratio of 0.9. The mean age was 43.7 years (range: 18 to 78 years). Chronic glomerular nephropathy was the primary cause of end-stage chronic kidney disease (29 patients), followed by chronic interstitial nephropathy (16 patients) and vascular nephropathy (12 patients). The average duration of PD treatment was 3.3 years. All patients were on automated peritoneal dialysis, with 42 receiving intermittent PD, 14 undergoing continuous cyclic PD, and one patient on continuous ambulatory PD. The mean glomerular filtration rate was 2.15 ml/min, with 28.5% of patients having no residual renal function.Regarding adequacy markers, 66.6% of patients had a weekly Kt/V greater than 1.7, and 47.6% had a weekly creatinine clearance exceeding 45 l/W/1.73m². The peritoneal membrane was highly permeable in 9 patients, of average permeability in 15, and low permeable in 10 patients. Among 18 patients without residual renal function, 8 had an ultrafiltration rate greater than 750 ml/day.Biological parameters showed a mean hemoglobin level of 9.5 g/dl, with hypocalcemia in 34.9% and hyperphosphatemia in 28.5% of patients. Nutritional status revealed that 12.6% had a BMI below 18, and 34.9% had hypoalbuminemia. 22 patients have all adequacy criteria reunited.

Conclusion

Achieving adequate peritoneal dialysis requires continuous monitoring of clinical and biological parameters, along with appropriate adjustments to treatment regimens to enhance long-term patient health and prevent complications.

P347

EMERGENCY PERITONEAL DIALYSIS VIA HEMODIALYSIS CATHETER FOR PEDIATRIC ACUTE KIDNEY INJURY IN LOW-INCOME SETTINGS: A LIFE-SAVING PROCEDURE

Keita Younoussa[1], KeitaNiaklaleen[1], NdongoAliou Abdoulaye[1], Niang Abdou[1], BoyerAnnabel[2], Picca Stefano[3], Boyer Olivia[4], Preka Evgenia[5], Faye Maria[1], Sylla Assane[1]

1 Department of Paediatrics, Cheikh Anta Diop University, Dakar - Senegal,

2 Department of Nephrology, University ofCaen - France

3 Department of Pediatrics, Bambino Gesù Children's Research Hospital, Rome - Italy,

4 Department of Paediatric Nephrology, Necker hospital, Paris - France,

5 Department of Paediatric Nephrology, Transplant Institute, Paris - France

Introduction

The percutaneous insertion of a peritoneal dialysis (PD) catheter by a nephrologist offers a plausible alternative to surgical insertion, improving dialysis access. We report the experience of the paediatric nephrology unit in Dakar, initiating PD for children with acute renal injury, explicitly using a jugular haemodialysis catheter inserted via the modified Seldinger technique. This approach was chosen due to its availability and cost-free provision, addressing resource constraints effectively.

Methods

This retrospective study describes a cohort of nine pediatric cases with acute renal failure managed using this innovative technique between March and October 2024 in Dakar, Senegal.

Results and discussion

Nine children, including two neonates with life-threatening acute renal failure, were included. Mean age was 4.5 years, with a male-to-female ratio of 1.25. Infections accounted for 55.5% (n=5) of the cases. Catheter insertion in the peritoneal cavity was successful in 8 out of 9 cases, while one case required catheter removal due to pre-peritoneal malposition. During the first week, no cases of bleeding or dialysate leakage at the insertion site occurred, though peritonitis was observed. Of the 8 children stabilised by PD (62.5%), 2 (40%) fully recovered kidney function. Three children (37.5%) succumbed to septic shock from the underlying infection. Based on the findings of this study, we suggest the integration of a structured course of action for peritoneal dialysis emergencies into the SYL programme, which has the potential to standardise practices and further improve outcomes in resource-limited regions, such as Senegal.

Conclusion

As part of the "Saving Young Lives" PD programme for children, the jugular haemodialysis catheter can serve as a peritoneal access device using the modified percutaneous Seldinger technique. Training paediatricians, nephrologists, resuscitators, and general practitioners in this method is crucial to enhancing access to extrarenal purification in resource-limited settings.Keywords : Saying Young Lives, Acute kidney failure, Peritoneal dialysis, Children.

P348

ANURIC PATIENTS ON PERITONEAL DIALYSIS: A RETROSPECTIVE STUDY

Dorra Dahene, Attia Feriel, Kaaroud Hayet, Barbouch Samia, Abderrahim Ezzedine

Department of Nephrology, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Anuria, is a common condition in patients with end-stage kidney disease (ESKD), often resulting from irreversible kidney damage. For these patients, peritoneal dialysis (PD) offers a viable treatment option,While PD is effective in managing ESKD, the outcomes and challenges in anuric patients remain underexplored. Given that anuric patients lack residual renal function, the adequacy of dialysis and management of associated comorbidities become critical factors in achieving optimal treatment outcomes..

Methods

A retrospective study was conductedon 21 anuric patients undergoing peritoneal dialysis, This study aims to investigate the clinical profile, dialysis adequacy, and outcomes of anuric patients undergoing peritoneal dialysis.

Results and discussion

The study included 21 patients, with a male-to-female ratio of 1:1.1 and a mean age of 41 years. All patients were anuric and had no residual renal function at the time of starting PD. The duration of PD ranged from 1 to 14 years, with an average duration of 5,4 years. Hypertension was the most common comorbidity, affecting 16 patients (76%), followed by diabetes in 8 patients (38%) and cardiovascular disease in 7 patients (33%).Dialysis adequacy, measured by weekly Kt/V and creatinine clearance, was satisfactory in the majority of patients. 70% of patients achieved a Kt/V greater than 1.7, indicating adequate dialysis. The mean ultrafiltration rate exceeded 750 ml/day in 50% of the cohort. The most frequent cause of ESKD was chronic glomerulonephritis, followed by diabetic nephropathy in 6 patients. During the follow-up period, complications were limited to a few cases of peritonitis and infections, which were successfully managed. The one-year survival rate was 90%, with no mortality reported in this group.

Conclusion

Anuric patients undergoing peritoneal dialysis can achieve adequate dialysis outcomes with appropriate management of comorbidities and close monitoring for complications. Peritoneal dialysis remains an effective treatment option for this patient group.

P349

STUDY OF AUTONOMY IN PERITONEAL DIALYSIS

Slimeni Ameni, Chaker Hanen, Mseddi Fatma, Dammak Najla, Ben Messoud Wafa, Yaiche Soumaya, Ben Hmida Mohamed, Kammoun Khawla

Department of Nephrology, Hedi Chaker University Hospital, Sfax - Tunisia

Introduction

Autonomy in peritoneal dialysis (PD) is the cornerstone of a successful home dialysis program. It enables patients to control their treatment and better manage their disease and lifestyle. This study aims to assess the degree of autonomy among PD patients.

Methods

We conducted a descriptive quantitative study based on the questionnaire 'Autonomy of Home Peritoneal Dialysis Users' (Moqadem K et al., 2011), administered to 35 patients from February 1 to March 31, 2023. A 20-minute interview was conducted with each patient during their dialysis session to complete the questionnaire.

Results and discussion

Our population was predominantly male (65.7%), with a mean age of 44.63 years. The results showed that autonomy across its four dimensions was present to varying degrees. Clinical autonomy (the patient's ability to recognize dialysis-related symptoms) was 57.1%; technical autonomy (the patient's ability to perform dialysis independently) was 85%; functional autonomy (freedom provided by the technique in daily life) was 80%; and organizational autonomy (advantage of less frequent hospital visits) was 94.3%. These dimensions were associated with other factors such as motivation (71.4%), competence (80%), and usability, with all patients reporting that the technique was easy to handle.

Conclusion

Organizational autonomy is the pillar of PD choice. The possibility of performing PD at home and avoiding hospital visits for hemodialysis sessions three times a week is crucial for our patients. This autonomy is facilitated by the technique's ease of use and the competence of the users, both essential for the success of home dialysis.

2- CONVENTIONAL HEMODIALYSIS, HEMODIAFILTRATION AND OTHERS DIALYSIS MODALITIES

P350

SUCCESS OF RHEOPHERESIS TO TREAT DIGITAL HYPOPERFUSION ISCHEMIC SYNDROME

Keita Alex ismael[1], Ba Alpha Boubacar[2], Spataru Luciana[2], Rostaing Lionel[3]

1 Department of Nephrology,Military Hospital, Abidjan- Ivory Coast,

2 Department of Nephrology and Dialysis, Ariège Valley-Hospital, Foix - France,

3 Department of Nephrology, Hemodialysis, Apheresis and Kidney Transplantation , University Hospital, Grenoble - France

Introduction

Digital hypoperfusion ischemic syndrome (DHIS) refers to hand ischemia caused by peripheral hypoperfusion, which can be induced by an arteriovenous fistula (AVF) in the setting of hemodialysis (HD) therapy. It usually manifests as hand pain during and/or after hemodialysis, numbness, and a cold hand. Rheopheresis is a double-filtration plasmapheresis technique performed with a dedicated filter, which eliminates high molecular-weight proteins from human plasma. Considering these effects on ischemic lesions, this technique could be a therapeutic alternative for the treatment of DHIS.

Methods

We report on a 75-year-old patient, with diabetic nephropathy and undergoing chronic hemodialysis (three sessions/week for three months) and treated by rheopheresis for DHIS.

Results and discussion

The clinical signs of DHIS the patient presented with included severe pain in the left hand plus a cold hand, ischemic lesions of the left index finger and an ulcer about 5 mm in diameter, with regular edges and a clean bottom, located on the dorsal surface of the left index finger. He required paracetamol/codeine phosphate (500/30 mg) 1.5 g daily. The lesions occurred 10 days after a vascular access was created. A Doppler ultrasound of the fistula revealed highly calcified distal arteriopathy of the arteries of the left forearm. The blood level of fibrinogen was 3.9 g/L. The transcutaneous partial pressure of oxygen (TcPO2) was decreased at 20 mmHg. The patient benefited from sessions of rheopheresis coupled with HD. Plasma flow was 100 mL/min. A plasma volume of 3 L was treated per session, requiring an infusion of 20 g of albumin.

Rheopheresis was well tolerated hemodynamically. We achieved complete healing after 12 weeks of rheo- pheresis therapy, that is, 24 sessions. The outcome was favorable with an absence of pain by the end of the- rapy. Local hand warmth was normal with reduced ischemic index lesions. We noted improvement of TcPO2 in the left hand, that is, which had increased from 20 to 33 mmHg.

Conclusion

In conclusion, DHIS is a rare and severe complication of AVF in HD patients. Its treatment is not codified. With regards to our case, rheopheresis appeared to be an appropriate treatment for DHIS.

P351

BLOOD PRESSURE, ELECTRICAL AND ECHOCARDIOGRAPHIC ABNORMALITIES IN CHRONIC HAEMODIALYSIS PATIENTS AT THE HAEMODIALYSIS CENTER AT UNIVERSITY HOSPITAL OF MAHDIA

Jaballah Lazhar[1], Ayed Amel[1], Hadj kacem Abdelkoddous[1] Chouk Amel[1], Hadhri Asma, El Ati Zohra[1]

1 Department of Nephrology and Hemodialysis,University Hospital, Mahdia -Tunisia

Introduction

End-stage renal disease (ESRD) is growing exponentially in every country in the world. Hemodialysis meets a vital need for patients suffering from ESRD (end stage renal disease), aimed at correcting metabolic disor- ders and ensuring their survival. The high frequency of electrocardiographic and echocardiographic abnor- malities in this group of patients can be explained by the high prevalence of specific cardiovascular risk factors, especially hypertension.

Methods

We conducted a cross-sectional, descriptive and analytical study including 58 adult chronic hemodialysis pa- tients at the hemodialysis (HD) center at University Hospital of Mahdia. Data were collected from medical re- cords, and all patients underwent a clinical examination, a biological work-up, a blood pressure profile, an electrocardiogram and a cardiac echography performed during the interdialytic period. Data entry and statistical analysis were performed using SPSS 26.0 software.

Results and discussion

In this study, we found that 91.4% of our patients were hypertensive, 39 patients (67.24%) had left ventricular hypertrophy (LVH), left atrial hypertrophy was noted in 50% of patients, and valve calcifications in 20.68% of cases. The most frequent functional valve disease was mitral insufficiency (43.10% of cases). Heart failure was observed in 11 patients (18.96% of cases), and was associated with male sex (p=0.02), hypoalbuminemia (p=0.04), and coronary artery disease (p=0.001).

Conclusion

Further studies, especially prospective and multicenter ones, are needed to accurately estimate the prevalence of echocardiographic and electrical abnormalities in chronic kidney disease (CKD) patients, and to determine an appropriate management strategy to reduce cardiovascular complications.

P352

ENDOVASCULAR-RELATED SEPSIS IN HEMODIALYSIS PATIENTS: MICROBIOLOGICAL SPECTRUM, RISK FACTORS, AND CLINICAL OUTCOMES

Chniti Nada[1], Ben mahmoud Nouha[1], Ben salem Mariem[1], Ben salah Manel[1], Hawela Fawzi[1], Bchir Sirine[1], Letaief Ahmed[1], Hamouda Mouna[1], Skhiri Habib[1]

1Department of Nephrology, Hemodialysis and Transplantation, Fattouma Bourguiba University Hospital, Monastir - Tunisia

Introduction

Endovascular-related sepsis remains a significant cause of morbidity and mortality in patients on hemodialy- sis(HD) particularly due to their immunocompromised state and chronic vascular access use.

Objective: This study aims to characterize the microbiological spectrum, identify risk factors, and evaluate the clinical outcomes of endovascular-related sepsis .

Methods

We conducted a retrospective cohort study of HD patients diagnosed with endovascular-related sepsis at our Nephrology Department from 2021 to 2024. Data were collected on patient demographics, vascular access type, comorbidities, microbiological profiles, and treatment modalities.The primary endpoints were: in-hospi- talmortality,complication rate, length of Hospitalisation and the need for switching to a different antibiotic regimen due to treatment failure.

Results and discussion

A total of 40 HD patients were included, with a mean age of 57 years(range: 21–83). 81,1% of patients hadCVCs, while 18,9% had AV fistulas as avascular access.The most frequently identified pathogens were Staphylococcus aureus (30,8%),Staphylococcus epidermidis (15,4%),with 5,2% of infections being polymicrobial.28% of the samples were negative.Access site removal was performed in 66% of the cases.The in-hospital mortality rate was 25,6%, with higher mortality observed in those with comorbidities like diabetes(OR :1,8) or prolonged HD duration (OR :7,6). The complication rate was 49%, with 20,5% of patients diagnosed with infectious endocarditis and 28% multi-organ failure. A total of 42,9% of patients required a change in antibiotic therapy due to resistance or treatment failure. The median-length of Hospital stay was 21 days.

Conclusion

Endovascular related sepsis in hemodialysis patients is associated with significant morbidity and mortality.The high complication rate and need for antibiotic modification underscore the importance of personalized treat- ment strategies in this vulnerable population to improve survival and reduce Hospital stay.

P353

FACTORS ASSOCIATED WITH INTRADIALYTIC INCIDENTS IN CHRONICALLY HEMODIALYZED PATIENTS AT YALGADO OUEDRAOGO UNIVERSITY HOSPITAL (CHU-YO)

Kienou Abdias

Department of Nephrology and Hemodialysis, Ouedraogo University Hospital - Burkina Faso

Introduction

Hemodialysis is the primary renal replacement method during the terminal phase of end-stage renal disease. The context in our country is that dialysis centers have few medical and paramedical staff, and many patients. In this context, incidents are frequent. This study aims to elucidate clinical intradialytic incidents and their cor- relates in chronically hemodialyzed patients at Yalgado OUEDRAOGO University Hospital (CHU-YO).

Methods

This was a prospective cross-sectional analytical study from March 11 to April 10, 2024, in the nephrology and hemodialysis department of CHU-YO, involving chronically hemodialyzed patients aged 18 years and older who had

been on hemodialysis for at least three months. Data were collected through interviews and systematic monitoring of clinical parameters and patient complaints during their sessions, utilizing detailed documentation forms and medical records after providing a thorough explanation of the study's relevance. Quantitative variables were reported as mean ± standard deviation, while qualitative variables were expressed as numbers and percentages. Statistical analyses included chi-square tests, Fisher's exact test, and Student's t-test, with significant results defined as $p < 0.05$.

Results and discussion

The study included 55 patients with an average age of 48.1 ± 13.5 years. The sex ratio was 0.89. The average duration of hemodialysis was 59.7 ± 45.1 months. The frequency of intradialytic clinical incidents was repre- sented by cardiac incidents, followed by neuromuscular and metabolic incidents, and finally digestive incidents, with respective percentages of 85.5%, 56.4%, and 14.5%. Intradialytic cardiac incidents were associated with anemia ($p = 0.010$) and the frequency of hemodialysis sessions ($p = 0.046$).

Conclusion

Intradialytic clinical incidents are frequent. It is crucial to prevent these clinical incidents during hemodialysis sessions to ensure optimal treatment for patients.

P354

QUALITY OF HEMODIALYSIS AND ANXIETY-DEPRESSIVE DISORDERS: A STUDY OF 105 PATIENTS UNDERGOING CHRONIC HEMODIALYSIS AT TAHAR SFAR MAHDIA TUNISIA UNIVERSITY HOSPITAL

Jaballah Lazhar[1], Hmida Raja[1], Nouaili Abdennour[1], Ayed Amel[1], Mahroug Souha[1], Chouk Amel[1], Hadhri Asma[1], El Ati Zohra[1]

1 Department of Nephrology and Hemodialysis,University Hospital, Mahdia -Tunisia

Introduction

Chronic end-stage renal failure patients undergoing hemodialysis frequently experience anxiety and depres- sion. This work aims to assess the prevalence of these disorders among hemodialysis patients and to identify contributing factors.

Methods

A cross sectional, descriptive and analytical study was conducted in the hemodialysis department of Taher Sfar University Hospital in Mahdia, Tunisia during July 2023. Two scales were used to assess anxiety and/or depressive disorders: the Hamilton depression scale and the Hamilton anxiety rating scale. Multiple binary logistic regressions including several factors concurrently, were conducted to determine the variable associa- ted with the development of depression and/or anxiety among chronic hemodialysis patients.

Results and discussion

The study included 105 patients, revealing a 40 % prevalence of depression, 20 % of anxiety, and 3,8 % exhi- biting both symptoms. Univariate analysis identified eleven depression-related and five anxiety related factors. Multivariate analysis highlighted six factors associated with depression: female gender ($p=0,01$, OR= 19,66), comorbidity with diabetes ($p=0,05$; OR= 14), the increase in the number of weekly hemodialysis sessions ($p=0,04$; OR= 4,2), a high value of pre-dialysis diastolic blood pressure ($p=0,01$; OR= 1,18), a high value of the post-dialysis urea ($p=0,02$; OR= 1,39), the decrease in the value of albuminemia ($p=002$; OR=6,9). For the associated factors with anxiety, two variables were highlighted through multivariate analysis: the elevation of the C reactive protein value ($p=0,02$; OR= 1,18) and a higher value of serum calcium ($p=0,02$; OR=4,49).

Conclusion

Anxiety and depressive disorders are common among chronic hemodialysis patients. The quality of hemo- dialysis treatment, along with various factors including patient's socio-demographic characteristics are asso- ciated with the progression of these disorders. A multidisciplinary management approach involving collaboration between psychiatrists and nephrologists is imperative.

P355

SURVIVAL AND CAUSE OF DEATH OF CHRONIC HAEMODIALYSIS PATIENTS IN THE HAEMODIALYSIS UNIT OF THE BOGODOGO UNIVERSITY HOSPITAL FROM DECEMBER 2023 TO DECEMBER 2024 IN BURKINA FASO

Mohamed Hanas Mama Sika

Department of Nephrology, Bogodogo University Hospital, Ouagadougou -Burkina Faso

Introduction

Chronic kidney disease is a frequent and serious disease, with major public health implications because of its prevalence, severity and very difficult management. Survival of patients on dialysis is poor due to cardio- vascular and in-

fectious causes. The aim of this study was to determine the epidemiological and clinical cha- racteristics of patients treated in the haemodialysis unit of the Bogodogo University Hospital.

Methods

This was a retrospective descriptive cross-sectional study, conducted over a period from December 2023 to December 2024. The study covered all chronic haemodialysis patients at the Bogodogo University Hospital (CHU-B). The said centre has a capacity of 12 stations capable of performing three daily haemodialysis ses- sions on NIPRO Surdial™ X Haemodialysis Generators.

Results and discussion

A total of 96 patients were included, the mean age was 45.7 ±14 with extremes ranging from 19 to 75 years, the sex ratio was 0.87 and 82% were married patients. Clinical characteristics : hypertension accounted for 96%, diabetes 16.4%, HIV 7.4% and hepatitis B 3%. The mean haemoglobin level was 9±1.07 g/dl. The mean duration of haemodialysis was 4.8±1.6 months, with extremes ranging from 1 month to 70 months. In our study, 8 deaths or 9.1% were reported. The sex ratio of the deceased was 0.6; the mean age was 49.75 years with extremes ranging from 31 to 74 years. All the patients who died had hypertension and one had sickle cell disease. The causes of death were cardiovascular or 37.5%, temporary cessation of dialysis or 25% due to anaemia and vascular impasse, infection or 12.5% and death at home or 12.5%.

Conclusion

Chronic haemodialysis patients have a high mortality risk, mainly due to heart and cerebrovascular disease, infection and other co-morbidities. Overall survival rates remain low in the long term.

P356

MORTALITY RATE OF DIALYSIS PATIENTS IN THE DIALYSIS UNIT OF THE BOGODOGO UNIVERSITY HOSPITAL FROM DECEMBER 2019 TO DECEMBER 2024 IN BURKINA FASO

Mohamed Hanas Mama Sika

Department of Nephrology, Bogodogo University Hospital, Ouagadougou - Burkina Faso

Introduction

Haemodialysis is the most widely used renal replacement therapy in the world, especially in low-income coun- tries. In addition to the increasing prevalence of haemodialysis treatment worldwide, mortality rates among patients on maintenance haemodialysis remain higher than those in the general population.

Methods

This was a 5-year retrospective descriptive study from January 2020 to December 2024. All chronic haemo- dialysis patients in the haemodialysis unit of the Bogodogo University Hospital (CHU-B) were included in the study. Quantitative variables were expressed as mean and standard deviation, and qualitative variables as percentages. The haemodialysis unit at CHU-B has a capacity of 12 posts. Three haemodialysis sessions are performed per shift per day from Monday to Saturday with NIPRO Surdial™ X Haemodialysis Generators.

Results and discussion

Results : A total of 157 patients underwent haemodialysis during the study period, i.e. an average of 88 patients per year with extremes ranging from 86 to 96 patients per year. A total of 69 patients died (78.4%) during the study period. The average rate of death per year was 16% in the first four years and 9.1% in the fifth year, with a sex ratio of 1.09. Of these patients, 3 were PLHIV, 1% had viral hepatitis B and 1% had sickle cell di- sease. Causes of death were grouped into eight categories : 21% infectious, 20.3% cardiac, 16% death at home, 13% unspecified, 10.7% cessation of dialysis, of which 93.09% was due to severe anaemia and 6.91% to vascular impasse, 4.3% respiratory distress, 1.4% AVF rupture and 3% cranioencephalic trauma.

Discussion

Mortality in haemodialysis patients in our setting is high. Infections are the leading cause, followed by cardiac causes. Other significant causes are cessation of dialysis.

Conclusion

The mortality rate in haemodialysis patients is significantly higher than in the general population. The main causes are cardiovascular and infectious.

P357

STATE OF DIALYSIS IN GABON FROM MARCH 2023 TO MARCH 2024

Kanganga Arthur[1], Lyoumbou Bourobou Tania[2], Ngoubadjambo Alda[3], Akagah Ademba Angélique[1], Eyang Ariane[2], Dipanga Matéya[4], Niagna Orsel[1],Panga Nisrine[2], Avome Ingrid[2], Mintsa Sonia[2]

1 Department of Nephrology, University Hospital, Libreville - Gabon,

2 Department of Nephrology, National Center of Hémodialysis, Libreville -Gabon,

3 Department of Nephrology andHemodialysis, University Hospital,Franceville - Gabon

4 Port-Gentil Center of Hémodialysis, Libreville -Gabon

Introduction

The management of end-stage chronic kidney disease is a global public health issue. Gabon has been com- mitted to this since 1986 to the present day despite the vicissitudes. An inventory of current care, 38 years after the first attempt made by Olame Nze et al, is of didactic interest.

Methods

This was a prospective, multicenter, descriptive and analytical cross-sectional study carried out in all dialysis centers in Gabon. All haemodialysis patients in these centres were included.

Results and discussion

581 dialysis patients in Gabon, spread over 11 centers, for a sex ratio of 1.7. Distribution: 23 military personnel (3.95%), 254 active civilians (43.71%); 27 pupils and students (4.64%). Causal pathologies: hypertension 377 (64.88%); Diabetes 84 (14.45%), HIV 57 (9.81%), urological pathologies 18 (3.09%), Lupus 13 (2.23%), un- determined 75 (12.9%), Other 13 (2.23%). Vascular access: AVF 416 (71.60%), catheter 165 (28.40%).

Conclusion

The prevalence of hemodialysis continues to increase significantly in Gabon. It is mainly practiced in private structures. Hypertension is the main cause.

P358

REGIONAL CITRATE ANTICOAGULATION FOR CONTINUOUS HEMODIAFILTRATION: A FIRST SATISFYING EXPERIENCE WITH PROMISING OUTCOMES

Akkari Ayoub[1], Chihaoui Abir[1], Zouari Hajer[1], Ben Dabebiss Rafla[1], Chouchene Salma[1], Hamdi Dhouha[1], Ben Alaya Ines[1], Emah Sidina[1], Hmmouda Houssem[1]

1 Medical Intensive Care Unit, Sahloul University Hospital, Sousse - Tunisia

Introduction

Citrate is used as anticoagulant in hemodiafiltration by chelating calcium to prevent clotting within the extra- corporeal circuit. A localized action allows anticoagulation without increasing systemic bleeding risks, making it a preferred option in patients with bleeding tendencies or thrombocytopenia.

Methods

A 65-year-old female patient with a history of ANCA-associated vasculitis, characterized by cerebral involve- ment (pachymeningitis) and rapidly progressive glomerulonephritis leading to chronic kidney disease, was admitted to the ICU for an acute respiratory failure requiring mechanical ventilation. She had occasional in- termittent hemodialysis for depletion. However, recent hemodialysis sessions were hemodynamically non-to- lerated, causing premature interruption of the procedure on three consecutive occasions. Hemodiafiltration was therefore indicated for fluid management, but a significant challenge was the presence of a severe symptomatic thrombocytopenia around 50 000/µl. Possible causes such as disseminated intra- vascular coagulation (DIC) and thrombotic microangiopathies (MATs) were excluded. Bone marrow biopsy was consistent with central thrombocytopenia. Given the thrombocytopenia with a high hemorrhagic risk, citrate anticoagulation was selected over heparin for hemodiafiltration. This marks our first experience with citrate in this setting. The patient underwent three hemodiafiltration sessions, each lasting 50-55 hours, which were well tolerated hemodynamically, while ensuring optimal lifespan of the filter. In addition, there was an outstanding control of fluid balance, with significant reduction in serum urea and creatinine levels. The patient was on continuous infusion of calcium and required meticulous monitoring of ionized calcium, total blood calcium, and post-filter calcium levels in order to prevent complications such as citrate accumula- tion, hypocalcemia, and acid-base disturbances (metabolic alkalosis or acidosis). There was no bleeding despite thrombocytopenia and presumed prolonged bleeding time characterizing patients with renal failure.

Results and discussion

Regional anticoagulation with citrate provides a safe alternative for patients with high risk of bleeding, espe- cially those with thrombocytopenia, along with additional benefits like prolonged lifespan of the filter making it the gold standard for continuous renal replacement therapy. However, it requires strict monitoring.

Conclusion

As a first experience, it has proved to be a promising and effective one. Some recent studies are even trialing the expansion of the indication to include Intermittent hemodialysis in ICU settings.

P359

INTEREST OF ON-LINE CITRATE HEMODIAFILTRATION FOR CHRONIC HEMODIALYSIS PATIENTS

Ahmed Bougueddima[1], Khalfaoui Safoine[1], Beji Maher[1], Baffoun Anis[1], Khalil Rania[1]

1 Department of Blood Epuration and Metabolic Resuscitation , Military Hospital , Tunis-Tunisia

Introduction

On-line citrate hemodiafiltration is an extra renal purification technique developed in the hemodialysis unit of the Military Hospital of Tunis. It allows regional anticoagulation of the extra-corporeal circuit, offering an alternative of choice in cases where heparin is contraindicated. The objective was to study the efficacy and safety of this technique inhemodialysis patients with Contraindication to anticoagulation of the extracorporeal circuit during the hemodialysis session

Methods

A prospective study was carried out from 1 January2021 to 31 July 2023 at the hemodialysis Unit in the Military Hospital of Tunis, involving chronic hemodialysis patients with a temporary or permanent contraindication to perdialytic anticoagulation.

Results and discussion

72 patients were included in this study. The main contra-indications to the use of heparin are postoperative indication in 33% of cases, heparin induced thrombocytopenia (11%), digestive hemorrhage (17%), pericardial effusion (11%) and others in 28% of cases. A number of1253 sessions of citrate hemodiafiltration were performed. 95.9% of them were completed. Total circuit clotting occured in 1.9% of sessions. Clinical intolerance was reported in 3.9% of sessions. Cramps and intradialytic hypotension were the most fréquent signs of clinical intolerance.The main complications observed at the end of dialysis were moderate, hypomagnesemia in 35 sessions (2.8%), moderate hypocalcemia in 36 sessions (2.8%), Hypocalcemia was symptomatic in 2 sessions (0.2%).

Conclusion

A part of its higher cost, this technique is highly effective and relatively well tolerated, provided that medical and paramedical staff have the required knowledge and skills. We recommend a training strategy for medical and paramedical staff in order to generalize the use of this technique in the various dialysis units.

P360

VIRAL PERICARDITIS IN DIALYSIS PATIENTS: ONE TRAIN THAT CAN HIDE ANOTHER

Telmoudi Aicha[1], Jabally Mouna[1], Salhi Rawdha[1]

1 Department ofHemodialysis, Regueb Hospital – Sidi Bouzid - Tunisia

Introduction

The most common of pericarditis in dialysis patients is volume expansion. However, improvement failure with intensification of dialysis should suggest another etiology.

Methods

We report the case of viral pericarditis in a chronic hemodialysis patient.

Results and discussion

He is a 52-year-old diabetic man. Transthoracic ultrasound (TTU) at the start of dialysis showed no signs of volume overload with a dry pericardium. Three weeks later, the patient complained of a dry cough with a blood pressure of 80/60 mmHg without any other signs of hypovolemia with well-tolerated sessions.

The c-reactive protein was 54 mg/l, white blood cells were 9000 elements per /mm3 with a lymphocyte pre- dominance of 5400 elements per mm3. Chest X-ray showed low abundance pleurisy in the left lung. The elec- erocardiogram showed micro voltage and the TTU showed high abundance pericarditis. The increase in the number and duration of dialysis sessions and the ultrafiltration rate was not tolerated by the patient with the appearance of cramps, arterial hypotension and discomfort. Similarly, the appearance of the beginning of compression of the right ventricle was noted on the TTU. Putting the patient on colchicine and aspirin at an anti-inflammatory dose allowed the progressive clinical and ultrasound improvement of the pericarditis as well as the pleurisy until complete disappearance. The viral origin of the pericarditis was retained in view of the rapid appearance of the pericarditis with a normal initial ETT, the biological inflammatory syndrome with a lymphocytic predominance, the absence of signs of hypervolemia on the ETT in particular normal filling pressures and a non-dilated inferior vena cava, the ap- pearance of signs of hypovolemia after increasing the ultrafiltration rate and the improvement under colchicine and aspirin. Pericarditis is observed in 2 to 12% of dialysis patients. Apart from volume expansion, it can be viral, bacterial, tumoral or autoimmune. Intensification of dialysis allows regression of uremic pericarditis. Anti- inflammatories and colchicine

improve viral pericarditis. Treatment of other causes is etiological. Drainage puncture is indicated in cases of tamponade or in the absence of improvement and has a diagnostic and therapeutic purpose.

Conclusion

The non improvement of pericarditis in a dialysis patient requires in-depth explorations.

P361

THYROID DYSFUNCTION IN CHRONIC HEMODIALYSIS PATIENTS

Telmoudi Aicha[1], Jabally Mouna[1], Salhi Rawdha[1]

1 Department ofHemodialysis, Regueb Hospital – Sidi Bouzid – Tunisia

Introduction

Thyroid disorders are common in chronic hemodialysis that are sometimes underestimated because they are often asymptomatic.

Methods

This is a retrospective study including 40 hemodialysis patients. For each patient we studied: anthropometric data (age, sex), clinical data (initial nephropathy, length of time on hemodialysis, clinical signs of dysthyroi- dism), biological data (dosage of ultrasensitive TSH, FT4, FT3, CRP, calcemia, phosphoremia).

Results and discussion

Five of our dialysis patients have primary hypothyroidism under thyroid hormone supplementation, represen- ting a prevalence of 12.5%.

Screening for thyroid dysfunction in the remaining hemodialysis patients by measuring thyroid hormones FT3, FT4 and TSH revealed dysthyroidism in 25% of patients. All patients had low FT4 levels with a mean level of

0.37 ng/dl and normal FT3 levels. Only one case of mild elevation of TSH level to 5.7 mIU/l. No cases of hy- perthyroidism were noted. No patient was clinically symptomatic, thus defining euthyroid disease syndrome. The mean age was 56 years, with a clear male predominance (7 men for 3 women). The initial nephropathy was dominated by chronic interstitial nephropathy (71%). The mean duration of hemodialysis was 69.5 months. The mean levels of calcemia, phosphoremia, hemoglobin and CRP were respectively: 2.02 mmol/l, 1.7 mmol/l, 9.9 g/l and 14.038 mg/l. The comparative study between the group of biologically euthyroid patients and the hypothyroid group revealed that the inflammatory syndrome (p = 0.04) is a risk factor linked to hypothyroidism. Our results agree with those of studies which have proven that the prevalence of hypothyroidism in hemodialysis patients varies from 9 to 25%. These disorders are often asymptomatic, defining the syndrome of euthyroid disease. Hyperthyroidy is exceptionally found in chronic hemodialysis patients. Hypothyroid can be explained by metabolic acidosis, decreased peripheral synthesis of thyroid hormones, reduced peripheral conversion of FT4 to FT3, and accumulation of inorganic iodine secondary to decreased renal excretion of iodine. Duration of hemodialysis and inflammatory syndrome have been shown to be factors promoting the onset of hypothy roidiy.

Conclusion

Screening for hypothyroidism appears to be necessary in hemodialysis patients.

P362

LIPID PROFILE OF THE HAEMODIALYSIS POPULATION IN THE NEPHROLOGY DEPARTMENT OF THE NOUAKCHOTT NATIONAL HOSPITAL

Ahmed Allah Izidbih El maaloum[1], Lemrabott Mohamed[1]

1 Department of Nephrology, University Hospital, Nouakchoot-Mauritania

Introduction

Disturbances in lipid metabolism are common in chronic kidney disease. These disturbances are at the root of atherogenic complications and even more serious Cardiovascular morbidity and mortality. The aim of our study is to determine the lipid profile of the haemodialysis population in the Nouakchott national Hospital.

Methods

This was a prospective study conducted in the biochemistry laboratory of the Nouakchott national Hospital. We analyzed the following parameters: age, sex, initial nephropathy, total cholesterol, triglycerides, HDL cho- lesterol and LDL cholesterol.

Results and discussion

Thirty-six patients were included in our study. Our group of haemodialysis patients comprised nineteen women and seventeen men, with a mean age of 36 years. These patients had a body mass index of 23 kg/m. Our patients had been on hemodialysis for an average of 98 months. Hypercholesterolemia, hypertriglyceridemia, decreased HDL cholesterol and elevated LDL cholesterol were detected in 30%, 80%, 58% and 55% of cases respectively.

Conclusion

The frequency of lipid metabolism disturbances in hemodialysis patients highlights the need to monitor lipid status in nephrology patients, given their high cardiovascular risk.

P363

PRIMARY EPIPLOIC APPENDAGITIS IN A HEMODIALYSIS PATIENT: A CASE REPORT

Telmoudi Aicha[1], Elhakim Darine[1] , Mouna Jabally[1]

Department ofHemodialysis, Regueb Hospital, Sidi Bouzid – Tunisia

Introduction

Epiploic appendagitis is an inflammation of the omental fringes. It is a rare condition that can mimic other causes of acute abdomen.

Methods

In this article we describe the first published case of primary epiploic appendagitis in a hemodialysis patient.

Results and discussion

This is a 71-year-old diabetic hypertensive patient on hemodialysis for 6 months. The patient consults for in- tense pain in the right iliac fossa without irradiation. Clinical examination found the patient afebrile, tenderness in the right iliac fossa without palpable mass, the rest of the abdomen was soft and depressible. Biological explorations showed an inflammatory syndrome: white blood cells at 13180 elements / mm3, sedimentation rate greater than 140 mm in the first hour and CRP at 53 mg / l. Abdominal ultrasound did not show any abnormalities. Abdominal scan showed significant infiltration of peri- toneal fat in the subhepatic region, producing a shuttle image measuring 4.3 cm X 2.7 cm and associated with thickening of the peritoneal layer opposite, initially suggesting appendagitis. The patient was treated with paracetamol combined with codeine with resolution of the pain within one week. Epiploic appendagitis is a benign and spontaneously resolving inflammation of the epiploic appendages cau- sed by thrombosis of the draining vein of one or more epiploic. Its prevalence is underestimated. A few cases of appendigitis occurring in patients on peritoneal dialysis have been published. Only one case of appendagitis occurring in a kidney transplant patient has been published. Our case probably represents the first published case in a hemodialysis patient. It mainly affects overweight subjects.The diagnosis is most often made by scan by visualizing a “shuttle” image. It is an intraperitoneal mass attached to the colon, the density of which is slightly higher than normal fat, well demarcated by a thin border of higher density, thus creating a “ring sign” appearance. Treatment is based on analgesic treatment, associated or not with nonsteroidal anti-inflammatory drugs. The surgery is necessary in complicated cases.

Conclusion

Epiploic appendagitis is a rare cause of acute abdomen in hemodialysis patients. Definite diagnosis is based on abdominal scan. Treatment is most often medical.

P364

EMERGENCY HEMODIALYSIS: EPIDEMIOLOGICAL ASPECT, INDICATION AND DEVELOPMENT AT THE NEPHROLOGY-HEMODIALYSIS DEPARTMENT AT THE NATIONAL HOSPITAL CENTER OF NOUAKCHOTT

Aminetou El Atigh[1], Lemrabott Mohamed Taleb[1], Ahmed Cheikh Abdellahi[1], Yahya Izidbih[1], Hbibi Bahah[1], Mohamed Ahmed Meimouna[1], Awa Jemal[1], Mah Sidi Mohamed[1]

1Department of Nephrology and Hemodialysis, National Hospital, Nouakchott - Mauritania

Introduction

Hemodialysis is an extracorporeal renal replacement therapy used to remove uremic toxins and control fluid volume in patients with acute kidney injury (AKI) or chronic kidney disease (CKD). Several indications warrant the urgent initiation of hemodialysis. This study aims to describe the epidemiological and clinical evolution profiles of patients admitted for urgent dialysis and to identify the indications for emergency hemodialysis.

Methods

This descriptive, analytically oriented study involved prospective data collection over a two-month period, from November 21, 2023, to January 21, 2024, in the Nephrology-Hemodialysis Department of the National Hospital Center in Nouakchott.

Results and discussion

A total of 50 patients were included in the study. The mean age was 45 ± 18 years, with a male-to-female ratio of 1.94. Emergency hemodialysis was initiated for uremic clinico-biological syndrome in 44% of cases, for acute pulmonary edema resistant to medical treatment in 36% of cases, and for hyperkalemia exceeding 7 mmol/L in 12% of cases. Severe metabolic acidosis accounted for 14% of cases, while hypercalcemia was the indication in 2% of cases. The average session duration was 2 hours and 46.3 minutes.

Blood transfusion was required in 56% of patients. Most sessions were conducted using a central venous catheter, most com- monly femoral. The mortality rate in this study was approximately 8%. Identified risk factors for mortality in- cluded a history of chronic kidney disease, mean hemoglobin levels, creatinine levels, sodium levels, and calcium levels. Renal recovery among patients with acute kidney injury was favorable in 14% of cases. Emergency hemodialysis was predominantly indicated in elderly and comorbid patients. Several factors, in- cluding the severity of the clinical presentation and delays in diagnosis, influenced patient outcomes.

Conclusion

Emergency hemodialysis is a common situation associated with high mortality in our setting. Early and effec- tive management of acute kidney injury is critical to improving patient outcomes.

P365

EPIDEMIOLOGICAL, CLINICO-BIOLOGICAL AND THERAPEUTIC ASPECTS OF CHRONIC HEMODIALYSIS IN MAURITANIA: ABOUT 100 CASES

Ahmed Allah Izidbih El Maaloum[1], Chiekh L[1], Lemrabott M[1], Mah Sidi Mohamed[1]

1Department of Nephrology and Hemodialysis, National Hospital, Nouakchott - Mauritania

Introduction

Chronic kidney disease (CKD) is a major public health problem because of its severity, its silent nature, and the constraints and costs it entails. The aim of our study is to examine the epidemiological, clinico-biological and therapeutic profile of chronic haemodialysis patients in Mauritania.

Methods

According to our retrospective study of 100 patients hospitalized in the Nephrology Department of the Nouak- chott Hospital (Mauritania) over a period from 01 November 2021 to 31 October 2022.

Results and discussion

58% of patients were female, with a sex ratio of 1.38. The mean age of our patients was 47 years, with ex- tremes ranging from 15 to 79 years. The main medical history was hypertension (51%) and diabetes (14%). The cause of chronic renal failure was dominated by undetermined nephropathy. Disturbances in the bioche- mical parameters found in our patients were as follows: 69% had a clearance of between 6-10 ml/min/1.73m, hyponatremia in 25%, hyperkalaemia in 21%, and hyper-uricaemia in 19%. The phosphocalcic disorders en- countered in our study were secondary hyperparathyroidism in 98%, hyperphosphatemia in 67% and hypo- calcaemia in 18%. All patients were treated by haemodialysis and none was scheduled for renal transplantation.

Conclusion

We need to focus on prevention, early diagnosis and treatment of the causes of CKD before it progresses to dialysis.

P366

EMERGENCY DIALYSIS ACTIVITY AT EHU OF ORAN: PROFILE OF EMERGENCY HEMODIALYSIS PATIENTS, A MONOCENTRIC STUDY

Mechaacha Kawther[1], Djoudad Kada[1], Meknassi Djamel[1], Zerdoumi Faiza[1]

1 Department ofNephrology, University HospitofOran - Algeria

Introduction

Emergency dialysis is often an underexplored practice in nephrology, and the clinical decision-making role of the on-call physician deserves further investigation. This retrospective descriptive study aims to analyze the emergency dialysis activity at EHU Oran during on-call shifts in 2023–2024, focusing on the demographic and clinical characteristics of patients and the potential influence of patient gender and physician experience.

Methods

Data from all dialyzed patients during the study period were collected. A comparative analysis using SPSS 25 was conducted to assess the potential influence of patient and physician characteristics on dialysis indi- cations.

Results and discussion

A total of 379 patients underwent emergency dialysis, averaging 1.03 patients per night, with a male-to-female sex ratio of 1.39. The primary dialysis indications were pulmonary edema (22.4%), hyperkalemia (39.1%), uremia (23.7%), and transfusion-related dialysis (14.8%). Regarding clinical status, 40.9% of patients had acute kidney injury (AKI), while 59.1% had chronic kidney di- sease (CKD) at the end stage. Comparative analysis revealed that patient gender significantly influenced the indication for dialysis in cases of pulmonary edema ($p = 0.015$), but not for hyperkalemia

(p = 0.066), uremia (p = 0.226), or transfusion-related dialysis (p = 0.942). Women were more likely to be dialyzed for pulmonary edema (1.155 vs. 1.398). While senior residents handled more AKI cases, the physician's gender did not affect dialysis prescriptions.

Conclusion

This study highlights the importance of regular follow-up for patients with CKD to initiate scheduled dialysis sessions and adopt personalized approaches, reducing reliance on emergency dialysis. The findings also highlight the need for further exploration of factors influencing dialysis decisions to improve the overall mana- gement of patients in emergency situations.

P367

NUTRITIONAL ADHERENCE AND CORRELATIONS IN HEMODIALYSIS PATIENTS: A NEW SCORE

Mechaacha Kawther[1], Zeroual Fatima Zohra[1], Meknassi Djamel[1], Djoudad Kada[1], Zerdoumi Faiza[1]

1 Department ofNephrology, University HospitofOran - Algeria

Introduction

Hemodialysis patients often struggle to adhere to prescribed nutritional regimens, partly due to the lack of va- lidated scores to assess their adherence. This study aims to evaluate the level of nutritional adherence in these patients using an eight-question score and to explore its correlations with various clinical and biological factors.

Methods

A retrospective, single-center observational study was conducted involving 72 hemodialysis patients. A nutritional adherence score, composed of eight questions, was developed to categorize patients as low, moderate, or high adherers (scores ranging from 10 to 17). Correlation analysis was performed using SPSS 25 to exa- mine relationships between nutritional adherence scores and the studied parameters.

Results and discussion

In our study, the male-to-female sex ratio was 0.53, with a mean age of 57.65 years. The average duration of dialysis was 79.16 months (6.59 years). The study revealed significant inverse correlations between the nu- tritional adherence score and BMI ($p < 0.027$), glucose levels ($p < 0.05$), and the KDQOL-36 symptom score ($p < 0.045$). Additionally, a strong negative correlation was found between the score and discrepancies in prescribed versus actual water intake ($p < 0.0001$).

Conclusion

Our results suggest that low nutritional adherence in hemodialysis patients is associated with higher BMI, glucose levels, KDQOL-36 symptom scores, and greater discrepancies in prescribed versus actual water intake. This study highlights the importance of evaluating nutritional adherence in hemodialysis patients using a score specifically designed for this population.

P368

ANXIETY-DEPRESSIVE DISORDERS IN CHRONIC HEMODIALYSIS PATIENTS : SCREENING AND ASSOCIATED FACTORS

Arbaoui Amal[1], Lagha Mona[2], Chermiti Mohamed[3]

1 Department of Nephrology, Charles Nicolle Hospital, Tunis- Tunisia,

2 Department of Psychiatry, Razi Hospital, Manouba - Tunisia,

3 Department of Nephrology, Le Kef Regional Hospital - Tunisia

Introduction

Anxiety and depression are the two most common psychiatric disorders in chronic hemodialysis. The objective of this study is to screen for the presence of anxiety-depressive disorders in this population and to identify the main associated factors.

Methods

It is a cross-sectional descriptive study, conducted from 10/06/2022 to 10/12/2022, including 175 chronic he- modialysis patients in a state hemodialysis unit and in two private centers of the same region. Sociodemo- graphic, clinical and biological data were collected from the patients' interview and from their medical records. Anxiety and depression were assessed by the Hospital Anxiety and Depression Scale (HADS) and the Beck Depression Inventory.

Results and discussion

The mean score of anxiety was 7.5±4.2 and of depression was 8.6±4.3, according to the HADS scale. The mean depression score according to the Beck depression inventory was 20.7±9.6. The presence of a certain symptomatology of anxiety and depression was respectively detected in 25.7% and 30.3% of cases, by re- ferring to the HADS scale. Moderate to severe depression was found in 58.3% of cases, by referring to the Beck inventory. The univariate study revealed statistically significant correlations between a

certain sympto- matology of anxiety and 13 variables. Multiple linear regression analysis made it possible to retain 4 of them, which were, in descending order : COVID 19 infection (p=0.001), dyspnea (p=0.002), insomnia (p=0.027) and a duration of the hemodialysis session less than 4 hours (p=0.046). For depression, the associated factors found in common between the HADS scale and the Beck depression inventory were in number of 10. In the multivariate study, only pruritus was retained according to the HADS scale versus 4 variables retained accor- ding to the Beck inventory which were in descending order : The recourse to an emergency hemodialysis session (p=0.003), low socio-economic level (p=0.004), primary or illiterate level of education (p=0.012), in- somnia (p=0.013) and pruritus (p=0.022).

Conclusion

Our study highlights the importance of systematic screening for anxiety-depressive disorders in chronic he- modialysis patients. It also shows the importance of acting on modifiable factors correlated with these psy- chiatric disorders, in particular, promoting the professional integration of patients and ensuring adequate dialysis.

P369

PLACEMENT OF CENTRAL VENOUS CATHETERS UNDER ULTRASOUND

Khellaf Ghalia[1], Chelghoum Souad[2], Benziane Ali[1,]

1 Department of Nephrology, Bab El Oued University Hospital,

2 Department of Nephrology, Nafissa Hamoud Hospital,

Faculty of Medicine, Benyoucef Benkhedda University, Algiers - Algeria,

Introduction

The use of central venous catheters (CVCs) is very frequent in our acute haemodialysis department. Between 290 and 300 CVCs are inserted per year, the first vascular access in patients with ARF and in chronic dialysis patients in the absence of peripheral vascular access.

Methods

We collated all CVCs inserted between September 2010 and April 2011, 171 short term CVCs inserted in our unit in adult patients . We excluded CVCs inserted in children and tunnelled CVCs from this study. 54% of CVCs were inserted as a first vascular approach in patients with end-stage chronic kidney disease (CKD) ar- riving as emergencies, 24% of CVCs were inserted as a temporary approach after complications on the arte- riovenous fistula while waiting for a permanent approach, and 21% of CVCs were inserted in patients with ARF. In order of frequency, the internal jugular vein RIJV was chosen in 58% of cases, the left internal jugular vein LIJV in 23% of cases, the right femoral vein RFD in 12% of cases and the left femoral vein LFV in 10% of cases. All CVCs were placed in the supine position except in the case of acute lung oedema (ALO) in the sitting position.

Results and discussion

The RIJV is inserted as the first vascular approach for a new patient with 87% success on the first attempt and 100% on the second attempt. The LIJV is punctured when the RIJV is either thrombosed in 70% of cases or of small calibre in 10% of cases; 20% of the insertions caused a problem with the progression of the guide due to stenosis, the LIJV 80% success rate on the 1st attempt and 100% on the 2nd attempt.

The indications for femoral CVCs which are inserted without ultrasound detection are: stenosis or thrombosis of the right and left internal jugular veins, a problem of blood contamination or a patient on anti-vitamin K. Thanks to ultrasound-guided placement, we were able to change the choice of CVC implantation site for 56 (32%) patients.

Discussion

Ultrasound makes it easier to identify central veins, locate any thrombosis or stenosis and avoid blind punc- tures, which used to be traumatic for the patient.

Conclusion

The introduction of CVCs by trained doctors has spread to younger doctors thanks to ultrasound, which has given them greater confidence in their choice of implantation site.

P370

ULTRASOUND ASSESSMENT OF ARTERIOVENOUS FISTULA IN A GOVERNMENT FUNDED HEMODIALYSIS FACILITY

Maimouna Mahamat[1], Onana Atanga Harvey[2], Seme Ambroise[2], Nono Tomta Bandolo Victorine[1], Guegang Goujou Emilienne[2]

1 Department of Internal Medicine and Specialties,

2 Department of Medical Imaging and Radiation Oncology, Faculty of Medicine and Biomedical Sciences, University of Yaoundé - Cameroon,

3 Hemodialysis Unit, General Hospital, Yaoundé - Cameroon

Introduction

Strategies to establish and maintain functioning arterio-veinous fistula (AVF) are essential on maintenance hemodialysis (HD). We aimed to assess the Doppler ultrasound pattern of upper limb AVF.

Methods

This was a 2 months cross-sectional study in one intermittent HD center of the Cameroonian capital, including consenting patients on maintenance HD by AVF for at least one month. Doppler ultrasound of AVF was per- formed with a linear probe to describe vascular status. Sociodemographic, clinical and sonographic data were collected. An artery or a vein was considered stenosis when there was respectively a 3: 1 or 2: 1 increase of flow at the reduction of its lumen compared to 2 cm upstream. The blood flow

Results and discussion

Forty-one patients (56.1% male) with a mean age (SD) 48.39 (16.56) years) were included. The mean (SD) AVF duration was 20.25 (18.62) months. The mean (SD) flow volume was 680.47 (365.98) ml/min. There was 78.05% AVF having at least one modification. The prevalence of low and reverse flow was 34.1% and 51.2% respectively. Stenosis (56.1%), Aneurysms (53.7%), venous luminal flaps (22%) and thrombus (17.1%) were the AVF pattern observed. The main site of stenosis was the efferent vein (75%) at the juxta anastomotic segment.

Conclusion

Point-of care sonography of AVF is required in our setting for early diagnosis and appropriate management of AVF. Complications.

P371

EVALUATION OF CARDIOVASCULAR STATUS IN CHRONIC HEMODIALYSIS PATIENTS AT THE NOUAKCHOTT NATIONAL HOSPITAL CENTER: ABOUT 100 CASES

Ebibi Behah

Department of Nephrology, National Hospital, Nouakchott - Mauritania

Introduction

Cardiovascular assessment is critical in chronic hemodialysis patients because cardiovascular diseases are the leading cause of mortality in this population. This study aimed to determine the epidemiological, clinical, and biological profile of these patients, as well as to evaluate progressive cardiac and vascular damage through ultrasound in a chronic dialysis population.

Methods

This is a single-center; analytical, descriptive study conducted over six months, from July 13, 2022, to July 13, 2023. The study analyzed the medical records of 100 chronic hemodialysis patients treated at the Nouak- chott National Hospital Center.

Results and discussion

Demographics and Sociological Characteristics:The mean age of patients was 45.5 years.The study popula- tion included 51 women (51%) and 49 men (49%), the sex ratio was 1.04.The average dialysis duration was 56.2 months.73% of patients were from low socio-economic backgrounds, while 27% had average socio-eco- nomic status. Etiologies of End-Stage Renal Disease (ESRD):The etiology was unknown in 43% of cases.Hypertensive ne- phropathy accounted for 39%.Diabetic nephropathy represented 5%, polycystic kidney disease 3%, tubuloin- terstitial nephropathy 1%, and acute tubular necrosis (ATN) 4%. Cardiovascular Complications:Valvular heart disease was the most frequent complication, affecting 86.6% of patients.Left ventricular hypertrophy was observed in 58.5% of cases. Heart failure occurred in 35.7%, while atheromatous overload was reported in 33.3%.Coronary artery disease was identified in one patient, involving a non-significant lesion of the mid left anterior descending artery (LAD) and significant stenosis of the proximal right coronary artery (RCA).

Conclusion

Cardiovascular complications are highly prevalent among chronic hemodialysis patients in Nouakchott. This highlights the need for early detection, appropriate management, and regular monitoring of cardiovascular risk factors to improve outcomes in this vulnerable population.

P372

CIRCUMSTANCES OF HEMODIALYSIS INITIATION AND SUBSEQUENT SURVIVAL

Mayssa Hadj Brahim[1], Asma Hadhri[1], Souha Mahroug[1], Amel Ayed[1], Lazhar Jaballah[1], Amel Echouk [1],Habiba Benallaya[1], Zohra Elati[1]

1 Department of Nephrology and Hemodialysis,Taher Sfar Hospital, Mahdia - Tunisia

Introduction

Hemodialysis is the main technique for Renal Replacement Therapy in patients with End Stage Renal Disease in the

world and in Tunisia. The clinical circumstances of dialysis initiation and the choice of initial modality and access can consistently affect patient experiences and outcomes. Moreover, clinical features and labo- ratory indices at dialysis initiation can impact outcomes and correlate with long-term survival. In this study we aimed to reveal demographic, clinical and biological status at dialysis initiation and to identify the predictive factors of early survival.

Methods

This prospective unicentric study was conducted on the Nephrology and Hemodialysis Department of Taher Sfar Mahdia University Hospital. It was performed during a period of one year (June 2022 – June 2023) among chronic HD patients and followed up until June 2024. Biochemical, clinical and dialysis parameters were col- lected.

Results and discussion

During the period of study,125 patients have initiated HD therapy.The mean age was 59 +/- 15 years with a slight men predominance (sex- ratio of 1.35). The most prevalent causes of ESRD were diabetic nephropathy 46 (36,8%) followed by chronic tubulointerstitial nephropathy 33 (26.4%).68% of our patients were monitored by a nephrologist prior to hemodialysis initiation. Hemodialysis was initiated on AVF in 20% and in femoral ca- theter in 70.4% of the patients.The mean eGFR at initiation was 6.2± 2.4 mL/min/ 1.73 m2. The median sur- vival time was 15 months (95% CI 13.77–16.22). On univariate analysis, we identified heart failure,dialysis less than three sessions per week, AVF thrombosis and the no referral to a nephrologist as predictive factors of mortality on HD.On multivariate analysis, only dialysis less than 3 sessions per week was significantly as- sociated with mortality (hazard ratio [HR], 0.19; 95% CI, 0.042-0.9 ; P : 0.036).

Conclusion

The circumstances of dialysis start were associated with the post-dialysis initiation outcomes.

Thus, internationally, the early hemodialysis period is at high-risk of mortality. Efforts to improve survival should focus on the transition period and the first few months of dialysis.

P373

ASSESSMENT OF NUTRITIONAL STATUS AMONG CHRONIC HEMODIALYSIS' PATIENTS: A CROSS SECTIONAL STUDY

Mayssa Hadj brahim[1], Mariem Helal[1], Fedia Boubaker[2], Asma Hadhri[1], Amel Ayed[1], Lazhar Jaballah[1], Amel Echouk[1], Habiba Benallaya[1], Zohra Elati[1]

1 Department of Nephrology and Hemodialysis

2 Department of Endocrinology, Taher Sfar Hospital, Mahdia - Tunisia

Introduction

Malnutrition is a common problem among patients with chronic Kidney disease (CKD) especially at its end stage (ESRD). It's also a powerful predictor of morbidity and mortality and substantially affects the health of these patients. Moreover, it contributes to a deterioration in patients' functional activity and quality of life. In order to prevent its serious complications, early detection of malnutrition in chronic hemodialysis patients (HDP) using objective clinical and biological parameters is important. We aimed to assess the prevalence of malnutrition among chronic HDP and its potential associated factors.

Methods

This is a 3-month period, cross-sectional study, which was carried out on patients undergoing hemodialysis for at least six months at the hemodialysis unit of the Tahar Sfar University Hospital in Mahdia. Patients' nu- tritional status was assessed on the basis of dietary survey, anthropometric measurements, biological data, Impedancemtry, Nutritional Risk Index (NRI), Global Subjective Assessment score and Mini Nutritional As- sessment (MNA) for patients aged over 65.

Results and discussion

A total of 49 chronic hemodialysis patients were collected.The mean age was 53.39 years (SD ±15.34) and 22.4% were aged over 65 years old. Of the participants,51% were females. Comorbidities associated with renal failure were hypertension (75.5%), diabetes (24.5%), and cardiovascular disease (30.6%). The initial cause of nephropathy was unknown in 28.6% of cases, it was hypertension in 24.5% of cases and diabetes in 12.2%. The prevalence of malnutrition was 79.9% according to NRI score. In the elderly group, 8.2% were considered malnourished based on the MNA score. Impedance measurement revealed that 36.7% of the po- pulation had a lean mass percentage below 30% in women and 40% in men .Univariate analysis revealed that malnutrition was significantly associated with serum albumin level (p = 0.001), serum protein level (p = 0.017), and a normalized protein catabolic rate (nPCR) below 1.2 g/kg/day(p=0.024).

Conclusion

It appears that the local prevalence of malnutrition among HDP is high. The significant occurrence of protein- energy wasting and its prognostic implications in this population highlights the need for more investigation, efforts imple-

mentation for early identification and management of nutritional disorders in this population.

P374

COMPARISON OF CLINICAL OUTCOMES BETWEEN TWICE-WEEKLY AND THRICE-WEEKLY HEMODIALYSIS: A STUDY OF 100 PATIENTS AT NOUAKCHOTT HOSPITAL CENTER, MAURITANIA

Awa Jemal[1], Lemrabott Mohamed[1], Sidi Aly Abdellatif[2], Ehbibi Baha[1], Izidbih Ahmed[1],

Beddi Mohamed Lemine[1], Atighe Aminetou[1], Mah Sidi Mohamed[1]

1Department ofNephrology, Nouakchott University Hospital -Mauritania,

2 Faculty of Medicine, Pharmacy and Ondoto-Stomatology, Nouakchott - Mauritania

Introduction

In Mauritania, there are approximately 1,200 patients undergoing chronic hemodialysis. Hemodialysis (HD) three times a week is considered the standard prescription for most patients with end-stage renal disease. However, due to the increasing number of patients, some undergo only two sessions per week. This study aimed to evaluate the clinical and biological parameters of these patients and compare the dialysis dose with a control group undergoing three sessions per week.

Methods

This was a prospective, descriptive, and analytical study conducted over six months, from October 1, 2022, to April 1, 2023.

Results and discussion

A total of 100 patients were included, comprising 56 females and 44 males, with a sex ratio of 0.78. The mean age was 47 years, and the average duration on dialysis was 27 months. The initial nephropathies were hy- pertensive (40%) and diabetic (30%). Fifty patients underwent two dialysis sessions per week, while 50 patients had three sessions per week. Among the participants, 88% had an arteriovenous fistula (AVF), and 12% had a catheter. Residual diuresis was observed in 49% of patients, with an average urine output of 500 ml/24 hours. Kt/V: 1.7 in the three-session group vs. 1.4 in the two-session group (p = 0.015). Ultrafiltration: 2.17 liters in the two-session group vs. 2.14 liters in the three-session group. Mean urea level: 1.21 g/L in the three-session group vs. 1.51 g/L in the two-session group. Mean hemoglobin level: 9.51 g/dL in the three-session group vs. 9.13 g/dL in the two-session group. Mean serum calcium: 89 mg/L in the three-session group vs. 87 mg/L in the two-session group. Mean phosphorus level: 48 mg/L in the three-session group.

Conclusion

Our study demonstrated no significant differences in clinical and biological parameters between the two groups. However, the Kt/V was higher in the standard hemodialysis group (1.7 vs. 1.4; p = 0.015) compared to the incremental group.

P375

DIURETIC USE IN PATIENTS UNDERGOING HEMODIALYSIS

Mayssa Hadj brahim[1], Mariem Guizeni[1], Asma Zguem[1], Amel Ayed[1], Asma Hadhri[1], Lazhar Jaballah[1], Amel Echouk[1], Habiba Benalaya[1], Zohra Elati[1]

1 Department of Nephrology and Hemodialysis, Taher Sfar Hospital, Mahdia - Tunisia

Introduction

Among hemodialysis patients, volume-related complications are associated with adverse outcomes . Pres- cribing diuretics represents a potential strategy for volume control. Its efficacy and the optimal dosing are in- consistent. The aim of this study is to describe the use of oral diuretics among patients receiving hemodialysis

Methods

It is a cross-sectional study enrolled on hemodialysis unit of Taher Sfar University Hospital of Mahdia

We collected demographic, clinical, biological data and urine volume. We distingsh 2 groups, G1 : patients recieving diuretics and G2 : patients without diuretics.

Results and discussion

There were 64 patients receiving chronic hemodialysis, the main age was 52+/- 14 year old with 36 male (56%). Among them,19 (29%) were taking a diuretic (furosemide). Furosemide dosing among diuretic users ranged from ≤40 mg/ d 7 (36,8%) to ≥ 250 mg/d 2(10,5%), The main urine volumes were 1100+/- 400 mL and 500 mL +/-300 per 24 hours among diuretic users and nonusers, respectively($P<10^{-3}$) The main HD ultrafiltration rate were 2700+/-600 mL and 2800+/-670 mL (P =0,8) among diuretic users and nonusers, respectively Diuretic users were newer to hemodialysis 50 months vs 24 months for nonusers (P=0,06)

Conclusion

Urine collections were strikingly infrequent and diuretic use among patients receiving hemodialysis reveals inconsistent. . Investigation of the efficacy, safety, and optimal dosing of diuretics in hemodialysis is needed.

P376

PREVALENCE OF DYSTHYROIDISM IN CHRONIC HEMODIALYSIS PATIENTS IN NIGER

Moussa Tondi Zeinabou Maiga[1], Bonkano Baoua Djibrilla[1], Idrissa Massi Abdoul Wahab[2], Adehossi Eric Omar[3], Ide Abdou[1]

1 Department of Nephrology and Hemodialysis,

2 Department of Diabetes, Amirou Boubacar Diallo National Hospital, Niamey,

3 Department of Internal Medicine, General Reference Hospital, Niamey - Niger

Introduction

Chronic renal failure (CRF) and its treatment by hemodialysis lead to complex metabolic disturbances, inclu- ding thyroid dysfunction. These disorders, often neglected, can worsen patients' prognosis. This study aims to assess the prevalence of dysthyroidism and its characteristics in chronic hemodialysis patients in Niger

Methods

A descriptive cross-sectional study was carried out over a 6-month period at the hemodialysis center of Amirou Boubacar Diallo Hospital (HNABD). All patients on haemodialysis for more than 6 months were included. TSH and free T4 measurements were used to diagnose dysthyroidism, classified as hypothyroidism, hyperthyroi- dism or autoimmune thyroiditis. Sociodemographic, clinical and biological data were analyzed.

Results and discussion

Of the 101 patients included (mean age: 43.69 years, sex ratio M/F =3.21; 18.81% had dysthyroidism). Of these, 15.80% had subclinical hypothyroidism, 1% frank hypothyroidism, 1% fruste hyperthyroidism and 1% true hyperthyroidism.Age, sex, duration of hemodialysis, presence of general illness did not appear to be sta- tistically associated(P> 0.0) to the occurrence of dysthyroidism in chronic hemodyalized patients.

Conclusion

Dysthyroidism is common in chronic hemodialysis patients in Niger, often under-diagnosed because of its asymptomatic nature. Systematic screening is essential for early management and improved prognosis. This study highlights the need to integrate thyroid assessments into the overall management of hemodialysis pa- tients.

P377

MONITORING AND MANAGEMENT OF ARTERIOVENOUS FISTULA COMPLICATIONS IN CHRONIC HEMODIALYSIS PATIENTS AT THE AMIROU BOUBACAR DIALLO NATIONAL HOSPITAL IN NIAMEY

Moussa tondi Zeinabou maiga[1], Bonkano baoua Djibrilla[1], Ide Abdou[1], Amadou Daouda[2], Hima mahamadou Abdoul kader[2]

1 Department of Nephrology and Hemodialysis,Amirou Boubacar Diallo National Hospital, Niamey Department of Vascular Surgery,General ReferenceHospital, Niamey - Niger

Introduction

The arteriovenous fistula represents the Achilles heel of the hemodialysis patient. The aim of this study was to evaluate the survival of arteriovenous fistula in chronic haemodialysis patients in the nephrology department of the Hospital National Amirou Boubacar Diallo in Niamey.

Methods

This is a prospective study covering a 12-month period from August 2023 to July 2024.We performed fistula echo-doppler in the nephrology and hemodialysis department using a Mindray brand device. The physical examination of patients included in the study was performed in the hemodialysis room.

Results and discussion

126 patients were included in the study. The mean age was 46 years. The native arteriovenous fistula (AVF) was the predominant vascular approach used (99.21%) for hemodialysis. Complications occurred in 42.86% of patients during the study period. Among these complications, pseudoaneurysm was in the majority (46.30%), followed by primary failure (22.22%) and thrombosis (18.52%). Stenosis, hyperflow and hemorrhage were also present in smaller proportions. Drug treatment was used in 92.31% of cases, and the outcome was favorable in 38.46% of cases.

Conclusion

This study highlights the factors influencing the occurrence of AVF complications and the limitations of mana- gement.

Regular clinical and para-clinical monitoring and multidisciplinary management are essential.

P378

THE IMPACT OF INTERMITTENT HEMODIALYSIS IN THE SURVIVAL OF PATIENTS WITH ACUTE INTOXICATIONS

Guizani Meriem[1], Ayed Amel[1], Jaouadi Oussama[1], Zguem Asma[1],Souha Mahroug[1], Hadj Brahim Maissa[1], Hadhri Asma[1], Jaballah Lazhar[1], Elati Zohra[1]

1 Department of Nephrology and Hemodialysis, Taher Sfar Hospital, Mahdia - Tunisia

Introduction

The use of hemodialysis to facilitate the removal of toxic substances has been established for over 50 years, preceding its application in the management of end-stage kidney disease. Toxic exposures—whether from drugs or other harmful agents—commonly result in complications such as acid-base disturbances, electrolyte imbalances, and acute kidney injury. In severe cases, these conditions may necessitate Hospitalization in an intensive care unit (ICU) for close monitoring and advanced care. The aim of this study is to assess the efficacy of intermittent hemodialysis in the management of acute poi- soning and its effect on patient outcomes, particularly survival.

Methods

We conducted a monocentric retrospective descriptive study in the Nephrology Department in collaboration with the Medical Intensive Care Department of Mahdia Hospital. All cases admitted for acute intoxication and requiring hemodialysis from 2007 to 2024 were included.

Results and discussion

A total of thirty-five patients with acute intoxication who received intermittent hemodialysis were included in the study (sex ratio M/F 21/14 , mean age 40 ±19.7, chronic kidney disease 17.1%) The main indications for dialysis were metabolic acidosis in 88% of cases, hyperkalemia in 20%, and the presence of dialyzable subs- tances in 8.6%. The indication for hemodialysis was made at admission in 41.8% of cases using mainly femoral catheter (71.4%). The mean duration of dialysis session was 6.2 ± 2.86 hours (2 12hours). The use of va- sopressor drugs (p=0.001), the moment of indication of hemodialysis (p=0.006), lactatemia (p=0.015) and bi- carbonatemia (0.04) predialysis session were identified as a predictor of mortality in univariate analysis. The multivariate analysis revealed that patients receiving hemodialysis at admission (OR 0.134, IC95% [0.02- 0.86], p=0.035) and those requiring vasopressor drugs (OR 14.87, IC95% [2.04-18.5], p=0.008) had a significant lower survival rate.

Conclusion

Intermittent hemodialysis plays a crucial role in improving survival outcomes in patients with acute intoxication. The timing of dialysis sessions and the use of vasopressor drugs were the main factors predicting mortality of those patients.

P379

EFFECT OF L-CARNITINE AND COENZYME Q10 ON OXIDATIVE STRESS AND LIPID METABOLISM IN HEMODIALYSIS PATIENTS : A DOUBLE BLIND PILOT STUDY, RANDOMIZED AND CONTROLLED WITH PLACEBO

Khedhiri Azza[1], Ben Mahmoud Lobna[2], Ben Ammar Mariem[2], Kallel Ons[3], Akrout Hela[3], Fendri Sirine[1], Boujelben Linda[1], Loukil Imen[1], Boudawara Mohamed[4]

1 Department of Hemodialysis, CNSS Polyclinic, Sfax - Tunisia,

2 Department of Pharmacology, Faculty of Medicine, Sfax -Tunisia,

3 Hemodialysis Unit, El Hana Clinic, Sfax -Tunisia,

4 Department of Biology, CNSS Polyclinic, Sfax - Tunisia

Introduction

Chronic hemodialysis (HD) exposes patients to increased oxidative stress (OS),contributing to lipid metabolism disturbance and chronic inflammatory state responsible for an increased cardiovascular risk. Therefore,we tried courses of antioxidants to test their effectiveness in this context.

Methods

A randomized,double-blind,placebo-controlled pilot study was conducted in the Sfax CNSS polyclinic hemo- dialysis unit and El HANA hemodialysis clinic between May 2024 and September 2024 to evaluate the efficacy of L-carnitine(L-car) and CoenzymeQ10(CoQ10) on OS parameters, lipid, and inflammatory parameters.We created three groups by random draw: L-car group(1000mg of L-car per day);CoQ10 group(300 mg of CoQ10 per day)and a control group(placebo)for 12 weeks.Blood samples for OS,lipid,and inflammatory tests were taken before and after the course.Regular follow-up was performed using monitoring sheets and monthly vi- sits.All data were analyzed using SPSS (Statistical Package for the Social Sciences,version

26)software.

Results and discussion

Fourty one subjects completed the trial:17 patients in the l-car group,19 patients in the CoQ10 group and 5 patients in the control group.

The course was generally well tolerated.No significant differences were found in both malondialdehyde(MDA) and superoxide dismutase(SOD). Advanced Oxidation Protein Products (AOPP) mean level decreased signi- ficantly in the L-car group after treatment(p

Conclusion

This study has provided promising results on the efficacy, safety, and tolerability of L-car and COQ10 in HD. Both molecules were effective in improving OS parameters. While L-car significantly decreased triglycerides,CoQ10 significantly decreased total cholesterol and LDL-chol compared to placebo. This sug- gests that the combination of the two molecules may be synergistic and represent a therapeutic advantage in dialysis patients.

P380

EVALUATION OF RESIDUAL KIDNEY FUNCTION IN NEW INCIDENT PATIENTS IN HEMODIALYSIS FOR INDIVIDUALIZED DIALYSIS PRESCRIPTION

Khedhiri Azza[1] Belhaj Yosr[1], Loukil Imen[1], Essid Chaima[1], Kammoun Feiza[1], Boudawara Mohamed[1]

1 Unit of Hemodialysis, CNSS Polyclinic, Sfax - Tunisia

Introduction

Residual kidney function(RKF)is now known as a good prognostic factor in patients undergoing dialysis.It has been well studied in peritoneal dialysis.Whereas it has been ignored in hemodialysis as it rapidly declines.The aim was to examine the profile of patients with RKF to suggest individualized dialysis prescriptions.

Methods

It was an observational study conducted in the Sfax CNSS polyclinic hemodialysis center in November 2024. We included incident patients during the last two years (from November 2022) dialyzed for at least three months and excluded anuric patients.

RKF was estimated by the residual renal urea clearance formula=[urine urea concentration (mmol/L) x urine volume (mL)]/((BUN1+BUN2)/2)(mmol/L)xperiod of urine collection (min)]. Where BUN1 is the blood urea concentration in a blood sample collected immediately after the HD session that preceded the collection in- terval, and BUN2 is the blood urea concentration in a sample collected before the next HD session.

Clinical characteristics, HD dose, laboratory blood tests, and echocardiography details were collected. Finally, we suggested a new dialysis prescription for each patient based on all of those parameters.

Results and discussion

There were five men and one woman,with a mean age of 56.5±13.38years,a mean dry weight of 69.17±10.12 kg,a mean interdialytic weight gain of 1.76±0.65 kg[0.6-2.5 kg],a mean 24-hours urine volume:725±496.73 ml, and a mean systolic pressure before sessions: 129.83±15.95mmHg.The mean dialysis dose (KT/V) per session was1.17±0.07[1.1-1.31]. Mean RKF: 1.6±0.65ml/min [0.86-2.29]; Hemoglobin: 10.04±2.5 g/dl; Ferritin: 342.16±202.61ng/ml; Kaliemia: 4,36±0,47mmol/l; Calcemia: 2.24±0.13 mmol/l; Phosphoremia: 1.59±0.56mmol/l, and PTH: 633.33 ± 457.95 pg/ml. Echocardiography after HD session showed a mean left ventricular ejection fraction: 57.5± 14.4.One patient had left ventricular failure. Suggested dialysis prescriptions for each patient depended on his RKF, hemodialysis sessions' tolerability,and LVEF.We almost reduced the weekly sessions to 2 for all pa- tients, with a target of hebdomadary KT/V>2.3 and a correct kaliemia balance.The patient with left ventricular failure had 3 sessions of 3hours each for better tolerability.

Conclusion

In this study, we tried to evaluate RKF levels in order to set up individualized hemodialysis regimens that may improve quality of life and HD tolerance. Incremental hemodialysis requires regular monitoring of RKF levels in addition to evaluating the various clinical aspects of HD adequacy, including volume overload, blood pres- sure control, mineral and bone metabolism, nutrition, and patient survival.

P381

COMPARISON OF TWO MEASURES OF TREATMENT ADHERENCE IN HEMODIALYSIS: THE SIMPLIFIED MEDICATION ADHERENCE QUESTIONNAIRE (SMAQ) AND ADHERENCE CALCULATED VIA FOLLOW-UP CHARTS

Khedhiri Azza[1], Zouari Ahmed[1], Essid Chaima[1], Loukil Imen[1], Belhaj Yosr[1]

1 Unit of Hemodialysis, CNSS Polyclinic, Sfax - Tunisia

Introduction

Treatment adherence remains a cornerstone in achieving optimal therapeutic outcomes,particularly in patients undergoing chronic hemodialysis(HD). This study, conducted as part of a double-blind, randomized controlled trial(RCT),aimed to compare two adherence measurement tools:The Simplified Medication Adherence Ques- tionnaire (SMAQ) and adherence percentages derived from follow-up charts.The RCT investigated the effects of L-carnitine and coenzyme Q10 on oxidative stress markers in hemodialysis patients in Sfax CNSS polyclinic, Tunisia,May to September 2024.

Methods

A cross-sectional study included all patients who participated in the RCT,except those who did not complete the SMAQ questionnaire.The trial required participants to take three capsules daily (two containing L-carnitine or placebo and one containing coenzyme Q10 or placebo).Adherence was assessed using two tools: (1)daily follow-up charts completed by dialysis technicians,where patients self-reported medication intake for each day since the last dialysis session;and (2)the SMAQ,a self-reported adherence questionnaire administered at the end of the study.Follow-up chart data were used to calculate adherence percentages, with adherence defined as≥90% medication intake.SMAQ scores, measured on a scale from 0 to 8, were categorized into binary variables:good adherence (score).

Results and discussion

The SMAQ test showed a median score of 1[IQR: 0–2] with extremes ranging from 0 to 5, while adherence percentages calculated via follow-up charts demonstrated a median adherence of 100% [IQR: 98–100]with extremes ranging from 85,19% and 100%.The SMAQ's binary classification indicated that 37.1%(n=13) of patients were adherent,whereas follow-up charts identified 91.4% (n=32) as adherent.No significant relations- hip was found between binary adherence categories derived from both SMAQ and follow-up charts (χ^2,p=0.279).However, a statistically significant relationship was observed between SMAQ scores and adhe- rence percentages (p=0.025), while no significant difference was detected when adherence percentages were compared to binary SMAQ categories (p=0.511).

Conclusion

These results underscore the importance of using SMAQ's quantitative scale in addition to the binary classi- fication to guarantee a better evaluation of adherence's degree. Complementary adherence measurement tools in clinical trials are essential to ensure a comprehensive evaluation of patient behavior.

P382

STUDY OF CHRONIC PAIN IN CHRONIC HAEMODIALYSIS PATIENTS AT TEACHING HOSPITAL YALGADO OUEDRAOGO

Traore Za[1], Bonzi Yeremade Juste[1], Sanou Gaoussou[1], Dianda Alassane[1], Kambou Yeri Emilie[1], Pankolo Macaire[1], Coulibaly Gerard[1]

1 Department of Nephrology and Hemodialysis, Teaching Hospital of Yalgado Ouedraogo, Ouagadougou - Burkina Faso

Introduction

Chronic pain (CP) is one of the most frequent complications in chronic hemodialysis patients (CHP), greatly impairing their quality of life. Its treatment is poorly codified in hemodialysis in Burkina Faso. The aim was to evaluate CP in CHP at the Teaching Hospital Yalgado Ouedraogo (CHUYO) from August 20 to September 3, 2023.

Methods

This was a descriptive and analytical cross-sectional study with prospective collection from August 20 to Sep- tember 3, 2023 at CHUYO. The study included patients with chronic hemodialysis for more than three months, aged 18 and over, except those with chronic pain related to arthritis or in an unstable psychological state. The French version of EPI-INFO and SPSS were used to analyze the data.

Results and discussion

The prevalence of CP was 59.7%, with a mean age of 45.9 ± 13.5 years and a sex ratio of 1.4. Pain was fre- quent and continuous in 61.6% and 32% of cases respectively. It was of moderate and severe intensity in 46 and 40.1% respectively, and of osteoarticular and neuropathic origin in 76.7 and 27.9% of cases. The impact on daily activity was 76.2%, with mood and sleep disorders in 62.2 and 36.6% of cases respectively. 38.9% of patients suffered from both types of impairment. Level 1 and 2 analgesics were used in 53.8% and 46.2% of cases respectively and taken daily in 38.5% and 47.4% respectively. CP was frequent in women, age < 55 years, hemodialysis seniority ≥ 60 months, moderate or severe anemia, hypocalcemia and the presence of at least two comorbidities.

Conclusion

CP is frequent and has an impact on the daily activity of CHPs. Its management requires appropriate assessment.

P383

KNOWLEDGE AND PRACTICES OF HEALTH PROFESSIONALS IN THE HEMODIALYSIS UNIT OF CHU-YO ON HEALTHCARE-ASSOCIATED INFECTIONS

Kienou Abdias

Department of Nephrology and Hemodialysis, Hospital of Yalgado Ouedraogo, Ouagadougou - Burkina Faso

Introduction

Infections are the second complication in hemodialysis and the leading cause of mortality in developing countries. Healthcare-associated infections (HAIs) are a major concern for these hemodialysis patients, highlighting the essential role of health professionals in their prevalence. This study aims to assess the knowledge and practices of health professionals regarding HAIs in the hemodialysis unit of CHU-YO.

Methods

This was a descriptive cross-sectional study conducted from February 2 to 9, 2023. All health professionals in the unit were included. The survey used individual and anonymous data collection forms adapted to different categories of staff, with each participant completing a questionnaire to assess their knowledge and practices regarding infections associated with hemodialysis care. Participants filled out the questionnaire independently, within a maximum of one hour, without any external assistance or reference materials. Data collection included an observation sheet to monitor adherence to care protocols during hemodialysis and a self-administered questionnaire. The instruments were based on established research methodologies and local health guide- lines, ensuring the validity and contextual relevance of the evaluation tools. Quantitative variables were ex- pressed as mean or median ± standard deviation, and qualitative variables in numbers and percentages.

Results and discussion

Seventy participants (36 men, including 18 medical professionals, 36 paramedical professionals, and 16 sup- port staff) were included in the study. The level of knowledge was satisfactory among 71.4% of health profes- sionals regarding knowledge of infections and Hospital germs. The definitions of nosocomial and iatrogenic infections were provided by 37.1% and 40% of participants, respectively. The level of knowledge about stan- dard precautions was satisfactory for 88.9% of medical personnel. The infectious risk in the hemodialysis room was recognized by 71.4%, and 58.6% stipulated that lack of regulation constituted a risk. Vascular ac- cess, lines, and generators were known respectively by 84%, 64.8%, and 61.1% of medical and paramedical personnel as entry points for germs. Being a doctor and having at least three years of hemodialysis experience were factors associated with a good level of knowledge ($p \leq 0.001$).

Conclusion

The intensification of training and regular updating of health professionals in hemodialysis on HAI prevention is imperative.

P384

QUALITY INDICATORS & STAR RATING SYSTEM IN HEMODIALYSIS UNIT IN OMAN-3 YEARS EXPERIENCE

Amer Ahmed

Department of Nephrology, DGH Muscat - Oman

Introduction

All people living on dialysis have the right to a good quality of life, however there is little recognition of the im- pact that the disease and its side effects can have. This study tries to raise awareness about changes that could improve the quality of life of individuals on dialysis by using star rating system.

Methods

This is a cohort study of two scores: the Quality of Patient Care Star (Data collected every month) Rating and the Patient Experience Rating (Data collected every 6 months) 8 points will be measured monthly at Al Seeb Dialysis Centre to evaluate quality of care for 200 patients on hemodialysis from January2020 to December 2022. Dialysis Adequacy (Kt/V) Hypercalcemia (uncorrected calcium) 3-Standardized Fistula Rate Long-Term Catheter Rate Standardized Mortality Ratio (SMR) Standardized Hospitalization Ratio (SHR) 7-Standardized Transfusion Ratio (STR) 8-Standardized Readmission Ratio (SRR)

Results and discussion

Two hundred and seven (207) patients were involved .The average age of the patients was 52.15 (SD = 15.23 years) and ranged from 17 to 83 years; of which, 51.7% were men, and 48.3% women. Most of the participants have vascular access of AVF (76.8%), P.Cath (14.5%), and AVG (8.7%). the Five Stars Measures over three years which are the dialysis adequacy [measured by the dialyzer urea clearance, total dialysis session time, volume of distribution of urea (Kt/v)], Hemodialysis Vascular Access [Standardized Fistula Rate (SFR), and Standardized Long-Term Cather (SLTC)], and

Hypercalcemia. Time on HD in hours per month ranged from 32 to 48 hours (M = 44.1, SD = 5.5). The length of time that pa- tients had been on dialysis ranged from three months to 24 years (M = 6.57, SD = 4.6). The average time taken for the patients to travel to dialysis ranged from five minutes to one-and-a-half hours (M = 28.8, SD = 18.0). The adequacy of dialysis, measured by urea reduction rate, was within the normal range (M = 70.50, SD = 11.58).

Conclusion

The five stars rating system in Healthcare-Dialysis aims to conduct efficient and timely cohort studies on as- sociations between those variations and clinical and patient-reported outcomes.

P385

INTRADIALYTIC EXERCISE FOR HEMODIALYSIS PATIENTS: CARDIO- METABOLIC, AND QUALITY OF LIFE (QOL) EFFECTS

Amer Ahmed

Department of Nephrology, DGH Muscat - Oman

Introduction

People with end-stage kidney disease (ESKD) receiving Hemodialysis (HD) are generally, physically inactive and frail. This study evaluates patients who were recruited to either an intradialytic aerobic exercise program or as a control group.

Methods

This is a parallel randomized controlled study. HD patients were recruited and randomly assigned to the in- tervention (exercise; n = 46) and control (non exercised; n = 46) groups. The intervention group received thrice weekly exercise physiologist consultation, and exercise prescription (aerobic exercise program using exercise cycle intradialytic for ~30 to 45 min/day, 3 days/week.). The control group received standard care. The study was started on March 2023 at the dialysis unit and the collection of data continued till the end of August 2023.

Results and discussion

The intervention (exercise; n = 46) and control (non exercised; n = 46) groups had similar females to male distribution. Most of the intervention group was middle-aged (44/46, 95%), and the control group (34/46 about 74%). After 6 months of the exercise program, four laboratory tests revealed a significant improvement in the intervention vs control group including hemoglobin level, serum calcium, phosphorus, and iron level ($p<0.05$). Among the intervention group, 6 months of exercise they have revealed a significant improvement in blood sugar level, serum sodium, calcium, urea reduction rate, serum albumin, and blood pressure ($p<0.05$). After six months, control group results revealed a significant in serum sodium, parathyroid hormone, and iron levels ($p<0.05$). There was significant improvement in the main scales of kidney disease quality of life short form, version 1.3, Arabic version. However, the physical component summary (pcs) is the only statistically significant improvement in the intervention group rather than the control group ($p<0.05$).

Conclusion

Incenter-based exercise program improves blood sugar, blood pressure,serum sodium levels ,decrease car- diac load and the risk of cardiovascular diseases. Improvement in serum calcium, serum albumin, and serum iron which reflect good nutrition and good QOL especially physical capacity in the kidney disease component of KDQOL-SF. Hence, the prescription of exer- cise among dialysis patients is of paramount importance to control cardio metabolic risk factors and cardio- vascular disease.

.P386

IMPROVE ANTIBIOTIC PRESCRIBING IN OUTPATIENT HEMODIALYSIS UNITS IN OMAN -ANTIBIOTIC STEWARDSHIP PROGRAM (ASP)-A SEEB RENAL DIALYSIS CENTER EXPERIENCE- 2024

Amer Ahmed

Department of Nephrology, DGH Muscat - Oman

Introduction

Patients receiving chronic hemodialysis are at an increased risk of colonization and infection with multi-drug resistant organisms (MDRO). Antimicrobial stewardship Program [ASP] is one of the key strategies to over- come resistance. The four main goals include improvement in antimicrobial susceptibility rates, improve patient outcomes, sa- fety, reduce resistance, mortality, adverse events and costs.

Methods

Interrupted time-series study in 270 outpatient hemodialysis patients was conducted in which mean monthly antimicrobial doses per 100 patient months during the 6 months prior to the program were compared to those in the 6-month intervention period. Collection of blood cultures before delivery of antibiotics for suspected bloodstream infections is a recom- mended practice that allows for the adjustment of empirical antibiotic therapy based on culture results. At least 2 sets of cultures of blood to be collected,

ideally from 2 separate sites, with a set consisting of both ae- robic and anaerobic blood culture bottles. Mechanisms for consistent bidirectional communication of information between the dialysis facility and other health care facilities that share the care of dialysis patients as tertiary Hospitals can help use of the correct antibiotic, dose, and duration based on culture and susceptibility results, indication for antibiotics, antibiotic start date, and post treatment diagnostic studies.

Results and discussion

Implementation of the program was associated with a 6% monthly reduction in antimicrobial doses per 100 patient months during the intervention period (P=.02). The initial mean of 22.6 antimicrobial doses per 100 patient months decreased to a mean of 10.5 antimicrobial doses per 100 patient months at the end of the in- tervention. There were significant changes in antimicrobial use by type, including cefazolin instead of Vanco- mycin till culture result. Antimicrobial adjustments were recommended for 15 of 39 antimicrobial courses (38.46%) for which there were sufficient clinical data. The most frequent reasons for adjustment included de- escalation from vancomycin to cefazolin for methicillin-susceptible Staphylococcus aureus (MSSA) infections and discontinuation of antimicrobials when criteria for presumed infection were not met.

Conclusion

Within 270 HD patients, implementation of an antimicrobial stewardship was associated with a decline and adjustment in antimicrobial prescribing with no negative effects.

P387

HYPERTENSION IN HEMODIALYSIS PATIENTS: BIOIMPEDANCE MEASUREMENT PROFILES

Belguith Oumayma[1], Toumi Salma[1], Aichouch Chaima[1], Fendri Beya[1], Trigui Senda[2], Chaker Hanen[1], Dammak Najla[1], Yaich Soumaya[1], Ben Hmida Mohamed[1], Kammoun Khaoula[1]

1 Department of Nephrology, Hedi Chaker University Hospital, Sfax - Tunisia,

2 Department of Hemodialysis, Regional Hospital of Jbeniana, Sfax - Tunisia

Introduction

The management of hypertension in hemodialysis patients is often challenging due to fluid overload. Bioim- pedance measurement is a promising tool for evaluating fluid status and guiding treatment. This study aims to describe the hypertension profiles of patients based on bioimpedance measurements and explore the re- lationship between hydration status and hypertension.

Methods

Blood pressure (BP) was monitored during the dialysis sessions in the dialysis unit of Nephrology department of Hedi Chaker Hospital while bioimpedance spectroscopy (Body Composition Monitor) was performed to as- sess dry weight and overhydration. Patients were divided into hypertensive profiles based on their fluid sta- tus.

Results and discussion

A total of 54 chronic hemodialysis patients with hypertension were enrolled with a sex ratio = 1,25 (M/F). Mean Age was 52,59 years from 22 to 88 years +/- 15,89. Patients older than 65 years represented 25.9% of cases. Indeterminate nephropathy was the most frequent cause of CKD representing 40.7%. Patients who had been on dialysis for less than 1 year represented 13%, 25 (46,3%) had been on dialysis for 1 to 5 years, while 22 (40,7%) had been on dialysis for more than 5 years. Most of the patients had 3 dialysis sessions per week (72,2%) For dialysis adequacy, 74,1% of patients had an URR greater than 65%, and 83,3% of patients had a Kt/V greater than 1.2. Bioimpedance measurements showed that a normovolemic fluid status was recorded in 57.4% of the patients, hypervolemic patients represented 40.7%, while only one patient was hypovolemic. Patients who were on monotherapy for hypertension represented 57,4 %, those who were on dual antihyper- tensive therapy represented 29%, those on triple antihypertensive therapy represented 15% while only one patient (2%) was on quadruple antihypertensive therapy and 6 patients were not under any treatment. The most commonly used antihypertensive treatment is the calcium channel blocker (CCB) in 74% of the cases.

Conclusion

The use of bioimpedance spectroscopy provides valuable insights into the fluid status of patients with hyper- tension. Fluid overload is important to asses for better blood pressure control. Implementing bioimpedance measurements in routine clinical practice may enhance personalized treatment strategies, leading to better BP control.

P388

EVALUATION OF THE QUALITY OF LIFE OF CHRONIC HEMODIALYSIS PATIENTS AT THE YALGADO OUÉDRAOGO UNIVERSITY HOSPITAL CENTER

Pankolo Macaire[1], Bonzi Yérémadè Juste[1], Sanou Gaoussou[1], Dianda Alassane[1], Kawane Ulrich[1], Kienou Abdias[1], Coulibaly Gerard[1]

1 Department of Nephrology and Hemodialysis, Yalgado Ouedraogo University Hospital, Ouagadougou- Burkina Faso

Introduction

Chronic hemodialysis significantly impairs patients' quality of life. This impairment was exacerbated in regions where dialysis access is challenging. The objective was To assess the quality of life of chronic hemodialysis patients from December 1 to December 31, 2022.

Methods

This was a cross-sectional study involving chronic hemodialysis (CHP) patients at the CHU-YO. HCPs for at least 3 months with the age ≥ 22 years were included. Quality of life was assessed by SF-36 and KDQOL questionnaires. Data was captured and analyzed by EPI INFO and IBM SPSS software. Qualitative variables were represented in proportion, quantitative variables in average. Quality of life and dimension were impaired if scores were less than 66.7 and 50 ± 10, respectively

Results and discussion

the hemodialysis center included 296 patients. 270 patients were included. The mean age was 45.4 years; The sex ratio was 1,5. The median duration of hemodialysis was 48 months. We noted two sessions per week for 91,1% patients. The quality of care provided by health personnel was good for 60% of patients. The overall mean score of SF-36 was 53.5± 11,2; with the physical and psychological components of 50.8 ± 10,8 and 56.3 ± 12,5 respectively. KDQOL was 61.5 ± 17,4. The most altered dimensions were the work (34.9 ± 20.1) and the limitation due to physical activity (40.3 ± 12). The highest score was found in dimensions encourage- ment by the dialysis team (83.2 ± 16.3) and the quality of social interventions (80.6 ± 15.4). Monthly income < 100000, frequency of hemodialysis and length of time on dialysis were the factors associated with the impairment of HCP's quality of life.

Conclusion

This shows a significant alteration in the quality of life of PHCs in our context.

P389

SPECTRUM OF SENSITIVITY OF MICROBIAL AGENTS DURING CENTRAL VENOUS CATHETER -ASSOCIATED INFECTIONS AT YALGADO OUEDRAOGO UNIVERSITY HOSPITAL

Pankolo Macaire[1], Bonzi Yéremadè Juste[1], Sanou Gaoussou[1], Dianda Alassane[1], Kawane Ulrich[1], Kienou Abdias[1], Coulibaly Gerard[1]

1 Department of Nephrology and Hemodialysis, Yalgado Ouedraogo University Hospital, Ouagadougou - Burkina Faso

Introduction

Central venous catheter-associated infections (CVCAIs) are common in chronic hemodialysis patients (CHP) with high antimicrobial resistance. It's the most cause of mortality in dialysis. The objective was to study Spec- trum of Sensitivity of Microbial Agents During Central Venous Catheter-Associated Infections at Yalgado Oue- draogo University Hospital (CHU-YO).

Methods

This was a descriptive cross-sectional study of 6 months duration, involving CHP patients. Patients with CVAI according to KDIGO 2006 criteria were included. Data were collected from medical records. They were entered and analyzed on a microcomputer using Excel and EPI info software. Qualitative variables were represented as proportions, quantitative as averages.

Results and discussion

A total of 99 patients with CVCAIs were included in the study. The mean age was 46.4 years ± 15.3. The sex ratio was 2.1. All patients were put on empirical antibiotic therapy. This antibiotic therapy was a dual therapy in 83.8% of cases, consisting of beta-lactam + aminoglycosides in 86.8%. The combination of cefotaxime + gentamicin was the most represented (68.7%). Blood cultures were performed in 20 patients (20.2%). Sta- phylococcus aureus was most identified (52,63%). Antibiotic therapy was probabilistic in 60.06% of patients. The analysis of the anti-infective profile showed 100% sensitivity to amikacin and vancomycin. There was a high resistance to amoxicillin, gentamicin, cefixime, with respective proportions of 100%, 31.2%, and 75%, which were the most used probabilistic antibiotics. We also noted resistance to ceftriaxone and amoxicillin + clavulanic acid respectively 19,1% and 22,3%.

12 deaths were recorded, representing a mortality rate of 12.1%.

Conclusion

This study shows the high resistance of probabilistic antibiotic therapy in patients with chronic hemodialysis. The funding of blood cultures is necessary to obtain appropriate antibiotic therapy and reduce the rate ofreistance.

P390

INTRADIALYTIC HYPOTENSION: PREDISPOSING FACTORS, ROLE OF BIOIMPEDANCE MEASUREMENTS

Belguith Oumayma[1], Fendri Beya[1], Toumi Salma[1], Aichouch Chaima[1], Trigui Senda[2], Agrebi Ikram[1], Abid Hanen[1], Yaich Soumaya[1], Ben Hmida Mohamed[1], Kammoun Khaoula[1]

1 Department of Nephrology,Hedi Chaker University Hospital, Sfax - Tunisia,

2 Department of Hemodialysis, Regional Hospital of Jbeniana, Sfax - Tunisia

Introduction

Intradialytic hypotension (IDH) is a frequent complication during hemodialysis sessions that can lead to ad- verse outcomes, especially cardiovascular events, and increased mortality. This study aims to identify the predisposing factors for IDH and evaluate the role of bioimpedance measurements in assessing fluid status and guiding interventions to prevent IDH.

Methods

A total of 74 patients undergoing hemodialysis in the dialysis unit of Nephrology department of Hedi Chaker Hospital were enrolled. Bioimpedance spectroscopy was employed to assess fluid status, including dry weight and overhydration.

Results and discussion

A total of 74 chronic hemodialysis patients were included. The mean age was 51 years going from 22 to 88 and 21.6% of patients were older than 65 years. A medical history of hypertension was recorded in 73% of the patients (n=54). Episodes of intradialytic hypotension (IDH) occurred in approximately 21.6% of the pa- tients (N=16), with a sex ratio of 0.33 (M/F). IDH among elderly patients (>65 years) was estimated at 43.75% versus 15.5% of those under 65 years (p=0.015). Among the patients undergoing dialysis for less than a year, at least one episode of IDH was recorded in 55% of cases versus 17% in those dialyzed for more than one year. Comparing bioimpedance profiles, IDH was significantly more frequent in normovolemic and hypovolemic patients than in hypervolemic patients.

Conclusion

IDH is influenced by multiple factors, including fluid status as assessed by bioimpedance measurement. Bioim- pedance measurements can help identify patients at risk for IDH and guide fluid management strategies to improve hemodynamic stability during hemodialysis sessions.

P391

COPING AND RESILIENCE OF PATIENTS ON HEMODIALYSIS

Khelili Rim[1], Nour Driss[2], Noussaier Selmi[1], Maha Lahbib[1], Mohamed Ben Romdhan[1], Monia Bel Hajj[1]

1 Department of Nephrology and Dialysis, Habib Bougatfa Hospital, Bizerte - Tunisia,

2 Department of Nephrology, Dialysis and Kidney Transplantation, La Rabta Hospital, Tunis - Tunisia

Introduction

Patients undergoing hemodialysis face significant physical and psychological challenges, including anxiety and depression, due to lifestyle restrictions and dependence on dialysis for survival. Effective psychosocial coping strategies and resilience are essential for minimizing these challenges and improving quality of life. This study aimed to evaluate the prevalence of anxiety and depression among hemodialysis patients and identify factors associated with resilience and effective psychological adaptation.

Methods

A cross-sectional study was conducted in the hemodialysis department of Bizerte Hospital between April and May 2024. Twenty-three patients aged over 18 years and undergoing hemodialysis for at least six months were included. Anxiety and depression were assessed using the Hospital Anxiety and Depression Scale (HADS), resilience using the Brief Resilience Scale (BRS), and coping strategies using the Brief COPE scale.

Results and discussion

the 23 participants (mean age 53 ± 11.57 years) included 15 men and 8 women. The majority (96%) were dialyzed via arteriovenous fistula. Comorbidities were common, with hypertension (78%) and diabetes (30%) being the most prevalent. The mean hemodialysis duration was 78 ± 51.16 months. Depression and anxiety were present in 47% and 26% of patients, respectively, with depression significantly linked to dissatisfaction with quality of life (r = 0.516, p =

0.012). The mean resilience level was 3.06 ± 0.32, with 26% of patients exhibiting low resilience, 69% normal, and 5% high. Avoidance and cognitive restructuring were the most frequently used coping strategies, while pro- blem-solving strategies were the least utilized. Emotion-focused coping was particularly effective for managing chronic renal failure, and support-seeking strategies correlated positively with age (r = 0.484, p = 0.019). Pa- tients using cognitive restructuring were less likely to experience depression (r = -0.408, p = 0.053). The mean life satisfaction score was 18.47 ± 4.37, with 39% expressing slight satisfaction and 26% reporting dissatisfaction.

Conclusion

Resilience and emotion-focused coping strategies are vital for psychological adaptation in hemodialysis pa- tients. A multidisciplinary approach, including therapeutic education, is essential to improve coping skills and enhance the quality of life for these patients.

P392

FRAILTY IN A POPULATION OF CHRONIC HEMODIALYSIS PATIENTS

Ahlonsou Larios[1], Aragon Imane[1], Errihani Majdouline[1], Hassani Kawtar[1], Elkabbaj Driss[1]

1 Department of Nephrology, Dialysis and Transplantation,

Mohammed V Military Training Hospital, Rabat - Marocco

Introduction

Chronic kidney disease and hemodialysis are associated with an increased prevalence of frailty. The aim of this work was to assess the prevalence of frailty in our hemodialysis patients and the factors associated with it.

Methods

Descriptive and analytical study including adult hemodialysis patients who regularly visited our institution over one year old. Frailty was assessed by the Fried (FS) and clinical frailty (CFS) scores. The patients were divided into groups according to the two scores (robust, pre-frail and frail for FS and non-frail and fragile for CFS) with a comparison using the parametric Anova and Chi 2 tests then an analysis of the factors associated with them by logistic regression.

Results and discussion

32 patients were included in our study ; 17 women (53.1%). The average age was 61 ± 21 years. Nine (28.1%) patients were classified as robust, 10 (31.3%) pre-frail and 13 (40.6%) fragile according to the Fried score. For the clinical frailty score, 10 (31.3%) were classified as non-frail and 22 (68.8%) as frail. There was a statistically significant difference in age between robust and frail patients according to the SF p = 0.05; age and sex according to CFS p= 0.005 and 0.021 respectively. Univariate analysis found that the factors associated with frailty were: age (OR 1.07 [1.01-1.14] p= 0.019) female gender (OR 0.11 [0.01 0, 89] p= 0.019), taking an erythropoiesis stimulating agent (OR 0.06 [0.01-0.45] p= 0.006), hemoglobin (OR 0.2 [0.06-0.74] p= 0.015), KT/V (OR 0.08 [0.001-1.06] p=0.056) and albumin (OR 0.75 [0.56-0.99] p= 0.045). A multivariate logistic regression analysis revealed that only age seems to be associated with frailty in our pa- tients (OR 1.16 [0.98-1.37] p= 0.07).

Conclusion

There is a high prevalence of frailty in our population of hemodialysis patients which increases with age and affects more female subjects.

P393

EMERGENCY INITIATION OF KIDNEY REPLACEMENT THERAPY IN THE ELDERLY (ABOUT 632 CASES)

Meftah Hicham, Kallach Oumaima, Boukabous Sara, Machmachi Imane, Benabdelhak Mohammed, Haddiya Intissar, Yassamine Bentata

Department ofNephrology, Mohamed VI Hospital, Oujda - Morocco

Introduction

Acute kidney injury (AKI) and chronic kidney disease (CKD) are frequently observed in the elderly and their incidence has increased markedly over the last decades. The initiation of kidney replacement therapy (KRT) in elderly patients presents unique challenges due to age-related physiological changes and comorbidities. Our study aims to determine the clinical, biological parameters, complications occurred during dialysis ses- sions and Hospitalization, kidney outcomes and intra-Hospital mortality in the elderly patients who have initiated hemodialysis in emergency settings.

Methods

Descriptive and analytical monocentric retrospective study carried out in the nephrology-dialysis department of Mohammed VI university Hospital of Oujda city, spanning from January 2017 to December 2022. The elderly patient was defined, according to the world health organization, by the patient whose civil age was over 65 years. Were included all elderly patients with acute kidney injury or chronic kidney disease requiring the urgent performance of one or more

hemodialysis sessions in the nephrology department. Were excluded chronic hemodialysis patients and patients on peritoneal dialysis. Data was carried out using SPSS statistics software 25.

Results and discussion

Data from 632 elderly patients were collected. elderly subjects represented 38.8% of the total admission rate in the period of the study. The average age of our patients was 74.05 ± 6.8 years, 15.1% of whom were over 85 years old. history of diabetes, high blood pressure and cardiopathy were observed in 74.2%, 62.3% and 44% respectively. 54% had acute kidney injury and 46% were on chronic kidney disease. The vascular access used was a short-term catheter in 88% of cases. intra-Hospital mortality was noted in 14.4% of cases. The lack of renal function recovery requiring long term dialysis was observed in 255 out of the 541 survived pa- tients. severe infection (p

Conclusion

The emergency dialytic management of the elderly subject remains grafted with a heavy morbidity and mor- tality and the hemodynamic and infectious complications are the main causes.

P394

EMERGENCY HEMODIALYSIS IN INTENSIVE CARE UNIT

Trabelsi Insaf, Hmaidi Amira, Guissouma Jihene, Allouche Hend, Ben Ali Hana, Brahmi Habib, Khelil Neila, Ghadhoune Hatem

Department of Intensive Care, Habib Bougatfa University Hospital, Bizerte - Tunisia

Introduction

Hemodialysis (HD) is frequently used in intensive care units. This method represents a significant turning point for patients especially in emergencies. In spite of this situation's gravity, few Tunisian studies have fo- cused on analyzing the epidemiological, clinical, and prognostic data in intensive care.

Methods

The aim of this work was to study the epidemiological, clinical-biological, and prognostic profiles of patients in intensive care who required emergency HD.

We conducted a monocentric and prospective study over a period of 12 months. During the study, we incluted patients who have profited of emergency HD sessions in the intensive care unit.

Results and discussion

During the study period, 54 patients required an emergency session of hemodialysis. The gender ratio was 0.8. The median age was 66.5 years [23, 89]. The main comorbidities were hypertension (n=38, 70%) and diabetes (n=33, 61%). Twenty-nine patients (53%) already had chronic kidney disease. At admission, the me- dian scores for severity were SOFA 7 [5, 9], SAPSII 52 [39, 63], and APACHEII 18.5 [14, 23]. The most com- mon reasons for admission were respiratory distress (n=29; 53%) and shock (n=17; 31%). The median seum creatinine and urea levels at admission were respectively 289.5 µmol/L [149.601] and 1.47 [0.87, 2],. The most commonly causes of acute renal failure were hypovolemia (n=28; 51%), cardiorenal syn- drome (n=17; 31%), sepsis (n=35; 6%), and drug-related causes (n=4; 7%). The majority of patients were at KDIGO stage 3 (88.9%). Emergency dialysis indications were : metabolic acidosis (n=38), anuria (n=42), hy- peruremia (n=38), hyperkalemia (n=4), pulmonary edema (n=12), and in one case of metformin intoxication. The sessions proceeded without incidents in 21 patients (39%). The most common complications were hy- potension (n=25; 46%) and cardiac arrest (n=7; 13%). The median length of stay was 7.5 days. The mortality in this group of patients was around 70%. It was significantly associated with complications during HD (p=0.03; [0.045, 0.585]).

Conclusion

Emergency HD was performed on elderly and multi-morbid patients. It was an acute renal failure chronic in half of the cases. The majority of sessions were marked by at least one complication, which was a predictive factor for mortality.

P395

HEMODIALYSIS CATHETER-RELATED INFECTIONS SINGLE-CENTER STUDY

Zitouni Samia[1], Temacini Isma[1], Saidani Messaoud[2], Kastali Mourad[1]

1 Department of Nephrology, TOT Specialized Hospital Blida-Algeria,

2Department of Nephrology, Beni Messous University Hospital , Algiers - Algeria

Introduction

Hemodialysis catheters (KT) are indispensable but are associated with a high risk of infection.

Our study had as objective to study the microbial ecology of our center and the efficiency of the probabilistic antibiot-

ic, also to identify the attitude towards an infected KT.

Methods

This is a retrospective study carried out in the Nephrology Department of Beni Messous Hospital, over a 20 month period from February 2021 to September 2022, involving 67 patients with hemodialysis catheter-related infections. Our attitude was to use Cephalosporin first generation as a probabilistic antibiotic , the jugular KT was not re- moved unless there is another indication other than infection or non-response to probabilistic treatment, the femoral KT was always removed unless there is a vascular access problem.

Results and discussion

150 KT were inserted during the study period, 67 of which were infected. 52% were jugular KT. The incidence of infection was 0.73episodes/1000catheter-days. Duration of catheterization 21,16±13,65 days The mean age of the population was 50,64 ±19,13years old 51%were men Diabetes and Hypertension are found in 28% and 37,7% successively, and immunosuppression in 24%. 32% had poor hygiene. Coagulase-negative staph is the most common germ (31,34%), followed by staph aureus (17,91%) At the third place we found Pseudomonas aeruginosa 40% of patients have an average or poor hygiene The jugular KT was removed in 67% of cases, due to maturation of the fistula(25%), catheterization duration exceeding one month(21%), immunocompromised terrain(17%), and only in 2 patients due to no-response to probabilistic antibiotic therapy(8%). Probabilistic treatment was effective in the exception of 26.81% of cases In our study, the incidence of infection was less than 2 bacteremias per 1000 catheter days, and therefore low. The germs found are in line with the literature, where coagulase-negative staph and aureus staph (20-60% in different studies) are the most frequently found Our attitude of treating the infection without removing the KT was successful, except in the case of multi-resistant germs Probabilistic treatment must be decided according to the microbial ecology of each center. In our case, first- generation cephalosporin was an effective probabilistic treatment.

Conclusion

KT infections are frequents and require a studied approach.

P396

SEROCONVERSION TO HEPATITIS B, C POSITIVITY AND HEPATITIS C VIRAEMIA IN PATIENTS ON MAINTENANCE HAEMODIALYSIS IN TWO CENTRES IN CAMEROON

Mambap tatang Alex[1], Asmaou Yiinyuy Sebeeh[1], Mahamat Maimouna[2], Kowo Mathurin Pierre[2], Ashuntantang Enow Gloria[1]

1 Department of Clinical Sciences, Faculty of Health Sciences, niversity of Bamenda, Bamenda -Cameroon

2 Department of Internal Medicine, Faculty of Medicine and Biomedical Sciences, University of Yaounde - Cameroon

Introduction

Maintenance haemodialysis (MHD) is a high-risk environment for transmitting blood-borne viruses. This study assessed seroconversion rates to hepatitis B and C and assessed hepatitis C viraemia in positive cases among MHD patients at Bamenda Regional Hospital (BRH) and Yaounde General Hospital (YGH), alongside infection control practices among nurses.

Methods

Conducted over 5 months (February to June 2023), this retrospective cohort study included patients negative for hepatitis B and C at MHD initiation who had undergone treatment for at least 3 months. Patients were tested for hepatitis B surface antigen and hepatitis C antibodies using HEXAGON serology tests, hepatitis C viraemia was done for those positive for hepatitis C antibodies using Xpert® HCV viral load, and data from the nurses of the haemodialysis centres was also recorded. Ethical clearance and administrative approvals were obtained before the start of this study.

Results and discussion

We included 161 participants for hepatitis B, 157 for hepatitis C, (a total of 172 participants), and 38 nurses. Only 18% had received full vaccination against hepatitis B. We found a hepatitis B seroconversion rate of 1.20 per 100 patients-years and a hepatitis C seroconversion rate of 1.95 per 100 patient-years. Hepatitis C viraemia was present in 91.7% of the hepatitis C antibody-positive cases with a mean viraemia of 529849.3±188214.8 IU/mL. Dialysing in the same shift with a hepatitis B positive patient was associated with hepatitis B seroconversion [p=0.018, OR=7.2, and CI (1.40-37.03)] while a longer duration on haemodialysis was independently associated with hepatitis C se-

roconversion [p=0.037, OR=1.3 and CI (1.28-7.03)]. About 95% (n=36) of haemodialysis nurses were at their first job, 86.8%(n=33) had received no training on infection control in haemodialysis and 28.9% (n=11) of those with knowledge of a hepatitis B positive patient in the unit did not treat the patients differently from their negative counterparts. only 42.1%(n=16) of the nurses were fully vaccinated against hepatitis B.

Conclusion

The seroconversion rate of hepatitis B and C is high, with the rate of hepatitis C viraemia at 91.7%. The ma- jority of the nurses have not been trained on infection control in haemodialysis.

P397

RISK FACTORS, MANAGEMENT, AND IMPACT OF PRURITUS IN HEMODIALYSIS PATIENTS

Aichouch Chaima[1], Toumi Salma[1], Belguith Oumayma[1], Fendri Beya[1], Trigui Senda[2], Chaker Hanen[1], Najla Dammak[1], Yaich Soumaya[1], Ben Hmida Mohamed [1], Kammoun Khaoula[1]

1 Department of Nephrology,Hedi Chaker University Hospital, Sfax - Tunisia,

2 Department of Hemodialysis, Regional Hospital of Jbeniana, Sfax - Tunisia

Introduction

Chronic kidney disease-associated pruritus (CKD-aP) is a prevalent and distressing condition experienced by patients undergoing hemodialysis (HD), significantly impacting their quality of life(qol). Despite its high in- cidence, CKD-aP remains underdiagnosed and often inadequately addressed in clinical practice. This study aims to assess the prevalence, risk factors and impacts of CKD-aP among hemodialysis patients.

Methods

We conducted a cross sectional study in the hemodialysis unit of the Nephrology department of Hedi Chaker Hospital. The presence and severity of the CKD-aP were documented based on a Worst Itch Numerical Rating Scale (WI-NRS). The impact of CKD-aP on the quality of life was assessed using the 5-D itch questionnaire.

Results and discussion

A total of 74 chronic hemodialysis patients were included in this study with a sex ratio of 1,11 (M/F). Mean age was 51 years ranging from 22 to 88 years. Hypertension was present in 73 % of the patients, (12.2 %) had liver disease.

Indeterminate nephropathy was the most frequent cause of CKD 40.5%. Adequacy was reached in a large wide range of patients, Urea Reduction Ratio(URR) was greater than 65% in 78% of cases and Kt/V exceeded 1.2. in 83% of the cases. All dialysis equipment is sterilized using gamma rays. CKD-aP was reported in 42 patients (56.8%). The mean WI NRS was 2.38(0 to 10 SD 2.85) Based on the WI NRS score, 28.4% patients experienced mild pruritus , 17.6% of the patients had moderate pruritus and 10.8% had severe pruritus. The mean 5D itch score was 11,45 (5 to 20 SD 3,35) which means a moderate impact on the QoL for most patients. Pruritus is prevalent among patients with inadequate dialysis (43,75%) and hyperphosphatemia (47,6%) One patient (2.4%) is using an emollient, seven patients (16.67%) are on antihistamine drugs, 9,5% of patients are on pregabalin, and 9.5% of patients are treated with rinsing the dialysis circuit with a high quantity of normal saline.

Conclusion

The study shows that hyperphosphatemia and inadequate dialysis are the most significant risk factors for CKD-ap.

P398

WHAT IF THE HEPCIDIN DOSAGE BECOMES THE KEY TO OPTIMIZING THE TREATMENT OF ANEMIA IN HEMODIALYSIS?

Hamama Fatima, Cheggali Abdehadi, Adnane Najat

Department of Nephrology, University HospitalIbn Rochd, Casablanca - Morocco

Introduction

Anemia is a major problem in hemodialysis patients. The causes of this anemia in chronic renal failure are multifactorial. Hepcidin, a hormone peptide regulating iron homeostasis, plays a crucial role in response to excess iron and inflammation.This study aims to analyze the impact of hepcidin dosing in the management of anemia in patients undergoing hemodialysis.

Methods

Single-center study on chronic hemodialysis patients at the IBN Rochd centre in Casablanca. Only stable adult patients, on hemodialysis for at least 6 months, were included. Those who received a blood transfusion within 3 months or have hematological or tumoral pathologies were excluded. Blood samples were taken at the beginning of the session to measure hemoglobin, ferritin and CRP. Samples for hepcidin serum analysis were carefully sent to the Syn-

lab laboratory in France as a refrigerated serum, where they were examined using ELISA to ensure accurate and reliable results.

Results and discussion

This study involved 35 patients undergoing hemodialysis. The average age of our patients is 40 +/- 11.3. Ave- rage hemoglobin level is 8.24g/dl. Ferritin levels are very variable ranging from 6 to 500 ng/ml. The mean hepcidin level is 23.7ng/ml This study showed a significant correlation between the CRP and serum hepcidin (p Dialysis patients were divided into three subgroups (EPO responders and non-responders, and those who do not receive any EPO treatment). Non-responders who did not show an increase in their Hb of 2 g/dL within 2 months after EPO treatment despite the dose increase, in the group of responders to erythropoietin showed significantly lower hepcidin levels, suggesting better management of anemia. While serum hepcidin levels were found to be higher in patients without EPO and in patients resistant to EPO, with a statistically significant difference between the patients receiving iron injection had higher hepcidin levels

Conclusion

Hepcidin is a crucial biomarker for the management of anemia in hemodialysis patients. However, the lack of its dosage in Moroccan laboratories limits the optimization of therapeutic strategies. Its introduction is neces- sary to develop personalized treatments

P399

NEUROLOGICAL DISTRESS AND EMERGENCY HEMODIALYSIS AT THE IBN ROCHD UNIVERSITY HOSPITAL IN CASABLANCA, MOROCCO

Nassima Hissein AbdelAziz[1], Fatime zahra Hamama[1], Jean Claude Manirakiza[1], Yousra Jebbari[1], Mohamed Zmid[1], Naofal Mtioui[1], Selma El Khayate[1], Ghislaine Medkouri[1], Mohamed Benghanem[1]

1 Department of Nephrology, University Hospital Ibn Rochd, Casablanca - Morocco

Introduction

Neurological disorders are frequent clinical at the manifestation in nephrology, especially in patient requering emergency hemodialysis. Our objectif describethe epidemiological, clinical, paraclinical, aetiology, therapeutic and evolutionary profils of patients on neurological distress requiring emergency hemodialysis.

Methods

Retrospective descriptive study spread over a period of 30 months on 146 patients in neurological distress and requiring emergency hemodialysis at the Ibn Rochd University Hospital in Casablanca

Results and discussion

The mean age of patients was 51.67 years with extremes of 14 years and 94 years. The sex ratio is 1.05. Diabetes and high blood pressure are the comorbidities most common in 34.24% and 28.76% respectively. Disorders of apyretc consciousness in 52% and feverish in 48%. Convulsion were present in 8.2%. 43.15% were normotensive, 48.63 had hypotension requiring the use of norepinephrine and 8.2% had high blood pressure. Anuria was present in 69.17%, oliguria 15.75% and diuresis was retained in 15.07%. The brain CT scan was performed in 74.65%: it was without abnormality in 54.10%, 6.9% of PRESS syndrome, 5.5% of cerebral edema, 3.42% of subdural hematoma, 3.42% of stoker and 2.14% of meningitis or meningeal he- morrhage. Brain MRI was performed in 2.8%, including 2.05% of cases of meningoencephalitis and 0.7% of hemorrhagic infraction. Hyponatremia was present in 13.7%, hypernatremia 10.27% and 4.10% malignant hypercalcemia. AKI was noted in 78.1% and end-stage chronic renal disease 21.9% including 11 cases of newly reported CKD. On the infectious level, we notes 63% of leukocytosis, 69.86% of vers high CRP. Procalcitonin measured in 20.54%, 23 of whom had a positive PCT. Lumbar puncture was performed in 23.28% of which: 5 cases of meningitis, 1 case of meningeal hemorrhage and 28 cases of LCR study was normal. Etiologies were undetermined in 47.94% and metabolic in 36.61%. Subdural hematoma, meningitis, menin- goencephalitis and hemorragic infarction accounted for 9.6%. The indication for hemodialysis was: urea grea- ter than 2.68g/l in 32.87%, hyperkalemia 23.28%, acute pulmonary overload or edema in 19.17%, hyponatremia 10.27%, persistent anuria 6.84%, malignant hypercalcemia in 4.10%. Intermittent hemodialysis was performed in 95.20% and the continous technique in 4.8%. The evolution was favorable on 47.7%, re- currence of bleeding in 2/5 cases of subdural hematoma, 52.3%of cases death.

Conclusion

Neurological distress is frequent and often requires the use of dialysis, which is very delicate in contexte. Treatment of etiology, which is often difficult to identify, is best.

P400

METABOLIC DISORDERS ON HEMODIALYSIS PATIENTS WITH DE NOVO UROLITHIASIS

Aichouch Chaima[1], Toumi Salma[1], Zini Olfa[2], Belguith Oumayma[1], Fendri Beya[1], Elleuch Aida[3], Abid Hanen[1], Dammak Najla[1], Kammoun Khaoula[1], Ayadi Fatma[4]

1 Department of Nephrology,Hedi Chaker University Hospital, 2 Bir Ali Regional Hospital, Sfax

3 Laboratory of Biochemistry, Habib Bourguiba University Hospital, Sfax

4 Laboratory of Molecular Basis of Human Pathology, Faculty of Medicine, Sfax - Tunisia

Introduction

De novo urolithiasis is a significant complication in patients undergoing hemodialysis, often linked to metabolic and physiological changes associated with chronic kidney disease (CKD). This study aims to estimate the prevalence of de novo urolithiasis in chronic hemodialysis patients and investigate the associated metabolic disorders.

Methods

We conducted a case-control study in the hemodialysis center of the Nephrology Department of Hedi Chaker Hospital, among patients who developed de novo lithiasic complications during follow-up and who had no history of urolithiasis before undergoing hemodialysis. Each case was matched with two controls. Along with routine serum and urinary analyses, specific urine tests such as oxaluria, citraturia, and magnesuria were performed in both groups.

Results and discussion

The study included 30 patients: 10 cases and 20 controls. The incidence of de novo urolithiasis was 11.25%, with 10 out of 79 hemodialysis patients affected. The mean age was 53.57 years (ranged from 38 to 75 years) and the sex ratio was 1:1. Initial nephropathy was undetermined in half of the cases, while chronic glomerular nephropathy accounted for 30%.Obesity was more frequent among the cases (40%) compared to controls (10%) (p=0.015)

CT scans revealed that 70% of the stones were calcium-based, with one case presenting nephrocalcinosis. Calcium levels were higher in the case group (2.17 mmol/L) compared to controls (2.07 mmol/L), as well as potassium levels (5.28 mmol/L vs. 5.11 mmol/L) . These differences were not statistically significant (p = 0.33; p = 0.60). Parathormone, vitamin D, phosphoremia, magnesium and uric acid levels were comparable between the two groups with respective p values of 0.966 , 0.690, 0.931 , 0.261 and 0.371. Alkaline phosphatase, glu- cose, and triglyceride levels were significantly higher in the case group with respective p-values of 0.046, 0.038, and 0.024.

Urinary analysis showed elevated oxaluria (mean = 212 mmol/24H) among cases (p < 0.001). However, mul- tivariate logistic regression did not identify any factors independently associated with urolithiasis.

Conclusion

De novo urolithiasis is a common yet often underestimated complication in chronic hemodialysis patients. Further large-scale prospective studies are necessary to better understand the pathophysiology and theunderlying metabolic disorders.

P401

THE ROLE OF THERAPEUTIC DRUG MONITORING (TDM) OF GENTAMICIN IN HEMODIALYZED PATIENTS

Slimeni Ameni[1], Ben Romdhane Haifa[2], Hamouda Mouna[1], Bchir Sirine[1], Ben mahmoud Nouha[1], Ben Salah Manel[1], Ben Salem Mariem[1], Letaief Ahmed[1], Aouem Karim[2], Skhiri Habib[1]

1Department of Nephrology, Dialysis and Transplantation, 2 Department of Pharmacology, Fattouma Bourguiba University Hospital, Monastir - Tunisia

Introduction

Gentamicin, an aminoglycoside antibiotic, is widely used to treat severe infections in nephrology. However, its elimination is significantly impaired in patients with end-stage renal disease (ESRD) undergoing hemodialysis, requiring strict therapeutic drug monitoring (TDM) to optimize its administration in this population. This study aims to evaluate the effectiveness of gentamicin TDM in hemodialyzed patients to determine the optimal timing for drug re-administration.

Methods

This longitudinal study (2022-2024) included 41 ESRD patients undergoing regular hemodialysis (every other day) in a nephrology department. Gentamicin was administered one hour before the hemodialysis session (HD-0). Blood samples were collected before the next hemodialysis session to measure residual gentamicin concentrations.

Results and discussion

A total of 62 gentamicin doses were administered to 41 patients, with an average dose of 235 mg. Each ad- ministered dose was followed by at least one residual concentration measurement. Before the first hemodialysis session (HD-1), the non-elimination rate, defined as plasma gentamicin levels above 2.5 µg/mL before the next dialysis, was 69%, with an average concentration of 3.9 ± 2.1 µg/mL. Only 20 patients had follow-up monitoring for 23 administered doses. Before the second hemodialysis session (HD-2), 52% of residual concentrations were below 2.5 µg/mL, indicating adequate elimination. Three patients required more than two hemodialysis sessions to eliminate gentamicin fully.

Conclusion

Most patients achieved adequate gentamicin elimination only after the first hemodialysis session. These fin- dings highlight the critical role of TDM in guiding therapeutic regimens in hemodialyzed patients. TDM proves essential for personalized gentamicin treatment in this population, ensuring therapeutic efficacy whileminimizing toxicity.

P402

VASCULAR CAPITAL DEPLETION IN A LONG-TERM DIALYSIS PATIENT: EXPLORING ALTERNATIVES WHEN INTRACARDIAC CATHETERIZATION ISN'T FEASIBLE

Soussi Yesmine[1], Hajji Meriam[1], Agrebi Sahar[1], Ben Ayed Tasnim[1], Fattoum Safa[1], Gorsane Imen[1], Ben hamida Fethi[2], Abderrahim Ezzedine[1]

1 Department of Medicine A

2 Renal Pathology Research Laboratory LR00SP01, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Vascular access depletion has become an increasingly common cause of Hospitalization in nephrology. It is associated with significant morbidity and a poor prognosis.

Methods

We present the case of a patient Hospitalized in our department, highlighting the complications encountered in managing vascular access in this context.

Results and discussion

A 65-year-old female patient presented with a history of hemorrhagic stroke, resulting in left hemiparesis. She had been on dialysis for ten years due to polycystic kidney disease, with multiple thrombosed vascular ac- cesses over the years. These included a left radial arteriovenous fistula (AVF) in 2010, bilateral humeroce- phalic AVFs in 2011, a left humeral basilic AVF in 2012, a left humeral axillary Gore-Tex graft in 2014, as well as hemodialysis catheters (KTs) in the left and right femoral veins and bilateral internal jugular veins. Recently, a non-functional left subclavian KT, inserted one month ago via an aberrant path, was removed (Figure 1). A thoraco-abdomino-pelvic CT scan revealed significant thrombosis, including in the right internal jugular vein and left innominate trunk, with a dilated right external jugular vein draining directly into the superior vena cava. The right subclavian vein remained patent but exhibited tight stenosis of its distal portion. Additionally, two fo- reign bodies (remnants of old catheters) were found extending from the superior vena cava to the right ventricle (Figures 2 and 3). Abdominal findings included thrombosis of the subrenal inferior vena cava, left common, internal, and external iliac veins, and left common femoral vein. Given the patient's enlarged kidneys, hemi- paresis, and poor hygiene, peritoneal dialysis was not deemed feasible. She was already listed for a renal transplant. Cardiovascular surgeons recommended attempting catheter insertion into the right external jugular vein, but the procedure was unsuccessful and complicated by hemorrhage. Subsequently, she was scheduled for intracardiac KT placement. During her Hospitalization, she developed skin-onset sepsis, which was managed with antibiotics, while dialysis continued once weekly with repeated punctures of the right external ju- gular vein. Unfortunately, the patient's condition deteriorated, and the outcome was fatal.

Conclusion

The management of vascular complications in this population remains complex and highlights the need for innovative solutions to prolong survival and improve quality of life.

P403

TRANSLUMBAR TUNNELED CATHETER: A RESCUE APPROACH IN A HEMODIALYSIS PATIENT

Boudjellal Amel

Department of Nephrology, University Hospital of Sedrata - Algeria

Introduction

Hemodialysis requires the creation of a vascular access (VA), with arteriovenous fistulas being the preferred choice. Subcutaneous implantable devices are less frequently used, and translumbar catheters are exceptio- nally rare.

The aim of our work is to report the case of a hemodialysis patient for whom the placement of a translumbar tunneled catheter was the only alternative.

Methods

The patient, B. L., is a 44-year-old woman with end-stage renal disease (ESRD), undergoing hemodialysis for six years. She has a history of hypertension and underwent surgery 10 years ago for rectal tumor removal, leaving her with a left colostomy pouch. Over six years of dialysis, she received multiple central venous ca- theters, several native arteriovenous fistulas, and a prosthetic access complicated by superior vena cava syn- drome and, later, a tunneled catheter in the left femoral vein, which led to left iliac vein thrombosis one year later. The question then arose: what vascular access could be proposed for this patient?

Results and discussion

The presence of a left colostomy pouch contraindicated the placement of a peritoneal dialysis catheter. The patient had not undergone dialysis for 15 days due to the exhaustion of her vascular access options. A trans- lumbar catheter was placed by a vascular surgeon experienced in the technique 10 months ago. The post- procedure course was notable for one infectious episode, treated successfully with antibiotics. The translumbar route is a rare approach first described in 1985. Reported complications in the literature in- clude severe issues such as inferior vena cava stenosis, leading to thrombosis, and retroperitoneal hemor- rhages.

Conclusion

The dilemma of the "last resort" vascular access is increasingly common. It is therefore imperative to preserve vascular access as long as possible.

P404

PREVALENCE AND RISK FACTORS OF FRAILTY IN HEMODIALYSIS PATIENTS: INSIGHTS FROM A MOROCCAN COHORT

Taie Najlaa, Salma Jebli, Basma Msali, Naoufal Mtioui, Mohamed Zamd, Elkhayat Selma siham, Ghislaine Medkouri, Benghanem Mohamed

Department of Nephrology, University Hospital of Ibn Rochd, Casablanca - Morocco

Introduction

Frailty is a biological syndrome characterized by reduced physiological reserves and diminished resistance to stressors, increasing the risk of Hospitalization and mortality. In hemodialysis, frailty may also be a valuable concept to study, particularly as a predictive factor. In Morocco, no data on frailty prevalence among hemodialysis patients is available, although this warrants further investigation.

Methods

We studied the prevalence of frailty in hemodialysis patients at CHU Ibn Rochd Casablanca. A total of 57 pa- tients were included. Frailty was defined using: Fried's criteria [1], where a patient is considered frail if three or more of the following are present: Unintentional weight loss over the past year. Persistent fatigue, assessed via questionnaire. Muscle weakness, measured by handgrip strength. Slowed gait, measured by walking speed. Low physical activity, assessed by questionnaire. Johansen's criteria [2], based solely on questionnaires. Results and discussion Fifty-seven adult patients were included, 65% of whom were male. The median age was 64 years (P25: 47.5; P75: 76). The prevalence of frailty in this population was 62% according to both Fried and Johansen's criteria. Agreement between the two definitions was good, with a kappa coefficient of 0.740 ± 0.065. Frail patients (according to Fried) were significantly older (67 years vs 50 years, $p < 0.0001$) and more often diabetic (47% vs 18%, $p = 0.0023$). In our study, frailty prevalence among hemodialysis patients in Morocco was high, affecting 62% of the popu- lation. This rate aligns with studies in North America, where frailty prevalence ranges from 40% to 60%. These findings highlight the importance of assessing frailty to better predict mortality and complications in hemodia- lysis patients.

Conclusion

We observed frailty in 62% of hemodialysis patients at CHU Ibn Rochd Casablanca. It is important to determine if frailty is an independent predictor of mortality and to develop targeted therapeutic strategies to address it.

P405

THE BURDEN OF HEADACHES AND BRAINSTORMING IN CHRONIC HEMODIALYSIS PATIENTS

Guizani Meriem, Ayed Amel, Hadj brahim Mayssa, Zguem Asma, Mahroug Souha, Hadhri Asma, Chouk Amel, Alaya Habiba, Jaballah Lazhar, Elati Zohra

Department of Nephrology, Taher Sfar Hospital, Mahdia - Tunisia

Introduction

Headache is a frequent and potentially disabling symptom in patients undergoing chronic hemodialysis. Al- though it impacts significantly their quality of life, the prevalence and characteristics of headache disorders in this patient group are not well documented. This study seeks to assess

the prevalence, types, and potential contributing factors of headaches in chronic hemodialysis patients.

Methods

We performed a monocentric cross-sectional study involving 64 chronic hemodialysis patients from the He- modialysis Center at Taher Sfar Hospital in Mahdia, Tunisia. We collected data on some relevant demographic informations and characteristics of headaches such as their lo- cation, intensity, duration, type, triggers, and timing in relation to the hemodialysis sessions. The intensity of headaches were evaluated based on the 'visual analog scale' (VAS).

Results and discussion

Out of the 62 chronic hemodialysis patients included in the study, 61.2% reported experiencing headaches. The majority of these patients had continuous headaches (63.3%), followed by paroxysmal (20%) and pulsatile headaches (16.7%). Headache onset was most commonly observed during or shortly after hemodialysis ses- sion (33.3% and 43.3% respectively), while the remaining ones reported headaches occurring right before or at the beginning of the session. Regarding the location of headaches, 70.4% of patients experienced holocranial pain, while 7.4% had hemicranial pain, and 22.2% reported frontal headaches. The most frequent causes of headaches identified were high blood pressure (36.7%) and the dialysis session itself (40%). A smaller proportion of patients experienced headaches related to ophthalmological issues (6.7%) or migraine (3.3%) and excessive ultrafiltration or hypotension (13.3%). Triggering factors were identified in 90% of cases, knowing that the dialysis session (26.7%), noise (33.3%), and light (31%) being the primary exacerbating factors. Relief from headaches was commonly associated with the use of analgesics (27.6%), blood pressure drop (10.3%) and cessation of dialysis (20.7%). Interestingly, 41.4% of patients reported a re- duction in headache intensity after sleeping.

Conclusion

Headaches are common among chronic hemodialysis patients, with a significant association between dialy- sis-related factors and headache occurrence. These findings highlight the need for greater awareness of hea- dache as a dialysis-related symptom, as well as the importance of optimizing dialysis parameters to improve these patients quality of life.

P406

PLASMA EXCHANGE: EXPERIENCE OF A NEW NEPHROLOGY DEPARTMENT

Yasmine Thabti, Jerbi Mouna, Gaied Hanene, Hadded Sarra, Bettaieb Asma, Khadhar Meriam, Aoudia Raja, Goucha Rym

Department of Nephrology, Mongi Slim University Hospital, Tunis- Tunisia

Introduction

Plasma exchange (PE) is a method of mechanically removing antibodies and is an adjunctive treatment for many severe variants of vasculitis that involves the replacement of a patient's blood volume. In recent years, this therapeutic method has lost interest due to a high risk of complications. We present in this work the ex- perience of our new nephrology center as well as our own evaluation of this therapeutic method.

Methods

This is a retrospective study that includes patients treated with PE over a period of three years ,from January 2022 to December 2024. We noted the indications for the technique, the complications that occurred, and the clinical outcomes of the patient.

Results and discussion

We included 13 patients with a mean age of 48 years [range:23-62 years] , with a male to female ratio of 1,2. The retained diagnoses were Goodpasture's disease in 5 cases, granulomatosis with polyangiitis in 6 cases and microscopic polyangiitis in 2 cases. The indications for plasmapheresis were intra-alveolar hemorrhage (IAH) in all cases associated with rapidly progressive renal failure in 83% of cases, with an average creatinine level of 831 umol/L . The total number of plasmapheresis sessions performed was 125. The complications were infectious (0,8%) ; hematological : anemia (3,2 %) and thrombocytopenia (6,4%) ; allergic reaction (2,4%) and hypotension (4%) . The evolution showed an improvement of respiratory function in 11 cases and total renal remission in 8 cases. Three patients were on dialysis and two patients passed away. After a median follow-up of 12 months , two early relapses were noted after stopping PE respectively at 3 and 6 months.

Conclusion

We demonstrate through this work the important role of PE in the management of severe forms of vasculitis. The noted adverse effects were mild and quickly resolved, and the success rate of the therapy was high.

P407

METASTATIC SPONDYLODISCITIS RELATED TO HEMODIALYSIS CATHETER INFECTION

Bochra Jmaiel[1], Hanen Chaker[2], Aya Touihri[1], Salma Toumi[2], Najla Dammak[2], Nour Ben ayed[3], Soumaya Yaich[2], Mohamed Ben hmida[2], Adnane Hammami[3], Khawla Kammoun[2]

1 Department of Nephrology,HediChaker University Hospital ,2 Laboratory of Research of Renal Pathology LR19ES11, 3 Bacteriology Laboratory, Habib Bourguiba University Hospital, Sfax - Tunisia

Introduction

Multidrug-resistant Staphylococcus aureus (MRSA) septicemia is a life-threatening condition, particularly in patients on hemodialysis. Hematogenous dissemination of the bacteria may result in secondary infections, including infectious spondylodiscitis, a severe condition requiring early diagnosis and prompt treatment.

Methods

We report the case of a 61-year-old male with a history of type II diabetes, hypertension, atrial fibrillation, and end-stage renal disease on hemodialysis since July 2024. In September 2024, the patient developed an infection related to a femoral dialysis catheter, with blood cultures isolating MRSA. In October 2024, he experienced episodes of altered consciousness, motor weakness in the lower limbs, and a tonic seizure during a hemodialysis session.

Results and discussion

Imaging studies, including brain CT and MRI, ruled out cerebral abscess. Transthoracic echocardiography showed no signs of infective endocarditis. However, spinal MRI confirmed infectious spondylodiscitis at the C7-D1 level, with associated prevertebral soft tissue collections and mild epiduritis. The patient was treated with a 45-day course of vancomycin, rifampin, and ciprofloxacin. He showed significant clinical improvement, with resolution of neurological symptoms and normalization of infection markers.

Conclusion

This case highlights the need to consider spondylodiscitis as a complication of MRSA septicemia, particularly in hemodialysis patients. Early

diagnosis, appropriate imaging, and targeted antibiotic therapy are essential for optimal outcomes.

P408

THE CLINICAL PROFILE OF DIABETICS UNDERGOING CHRONIC HEMODIALYSIS IN-MONASTIR TUNISIA

Abidi Safa, Ben salem Mariem, Hamouda Mouna, Ben mahmoud Nouha, Ben salah Manel, Hawala Faouzi, Bchir Sirine, Ltaief Ahmed, Skhiri Habib

Department of Nephrology, Dialysis and Transplantation, Fattouma Bourguiba University Hospital, Monastir - Tunisia

Introduction

Chronic kidney disease (CKD) represents a major public health challenge, and diabetes is one of the main causes of its onset. In Tunisia, the prevalence of diabetes is estimated at around 10%. The aim of this work is to determine the prevalence and to study the clinical profile of diabetics undergoing chronic hemodialysis in the hemodialysis unit of the nephrology department of the Fattouma Bourguiba Uni- versity Hospital in Monastir.

Methods

This is a mono-centric descriptive study including all patients in our hemodialysis center.

Results and discussion

We collected 70 patients, 25 of whom were diabetic (35.71%): 14 women (56%) and 11 men (44%) . The average age of our patients was 59 +/- 11 years. Among the 25 patients, 10 were hemodialysis 2 times a week (40%) and 15 hemodialysed 3 times a week (60%). 22 patients were hypertensive (88%). Insulin therapy was maintained for 10 patients (40%) and discontinued for the remainder when glycemic control was achieved. The mean duration of HD was 32.96 months. 11 patients had residual diuresis (44%) versus 16 non-diabetic patients (35%). As regards vascular access, all our patients had an arteriovenous fistula (AVF), 13 of which were proximal (52%) and 12 distal (48%). We noted that our study population had presented more cardiovascular complications compared with non- diabetic patients (48% versus 31%): 12 patients had presented at least one cardiovascular event of which two patients had died (8%).

Conclusion

The prevalence of diabetics on hemodialysis is relatively high in Tunisia. Early detection of diabetic nephro- pathy must be instigated in order to prevent it in our regions, where only limited resources are available.

P409

MEDICATION USE IN DIALYSIS PATIENTS: CHANGES IN PRESCRIPTIONS BEFORE AND AFTER HEMODIALYSIS INITIATION

Houas Sara, Bchir Sirine, Hamouda Mouna, Letaief Ahmed, Ben Salah Manel, Ben Salem Mariem, Ben Mahmoud Nouha, Aloui Sabra, Skhiri Habib

Department of Nephrology, Dialysis and Transplantation, Fattouma Bourguiba University Hospital, Monastir - Tunisia

Introduction

Drug consumption among patients on dialysis is poorly documented in Tunisia. This study aims to analyze prescription patterns before and after the initiation of dialysis.

Methods

Data were collected from patients undergoing hemodialysis in the dialysis unit of Fattouma Bourguiba Uni- versity Hospital, Monastir. Patients who initiated chronic dialysis between 2019 and 2023 were included. Me- dication use was analyzed over the year preceding and the year following dialysis initiation, with a focus on the most common pharmacological classes and variations based on age and sex.

Results and discussion

Among the 39 patients included, 17.7% were on more than six medications at the time of dialysis initiation, highlighting the significant prevalence of polypharmacy. Before dialysis, the most prescribed drug classes were metabolic agents (87.2%), including antidiabetics, calcium supplements, vitamin D supplements, and allopurinol; cardiovascular drugs (74.4%), predominantly antihypertensives; hematopoietic agents (74.7%), such as antithrombotics and anemia treatments; and diuretics (59%). At dialysis initiation, a general reduction in medication use was observed across most classes, possibly re- flecting adjustments in management or symptomatic relief provided by dialysis. One year after initiation, me- dication use stabilized, with hematopoietic agents (94.9%), metabolic agents (87.9%), and cardiovascular drugs (46.2%) being the most frequently prescribed. Variations by age and gender were noted, with women more frequently using antihypertensives and hematopoietic agents, while older patients predominantly used metabolic (71%) and hematopoietic agents (71%). These findings underscore the dynamic nature of medication use during the transition to dialysis and highlight the importance of individualized pharmacological ma- nagement in this population.

Conclusion

Polypharmacy is common among dialysis patients, with medication use decreasing and stabilizing after dia- lysis initiation. Metabolic, cardiovascular, and hematopoietic drugs are most frequently prescribed. Age and gender influence medication patterns, emphasizing the need for a review of the medication prescribed and a personalized management to reduce polypharmacy.

P410

EXTRARENAL CLEARANCE IN INTENSIVE CARE: HEMODIALYSIS VERSUS HEMODIAFILTRATION – A MONOCENTRIC STUDY

Benalaya Ines[1], Chouchene Salma[1], Chihaoui Abir[1], Ben dabbebiss Rafla[1], Zaouri Hajer[1], Hamdi Dhouha[1], Akkari Ayoub[1], Hmouda Houssem[1]

1 Department of Medical Intensive Care , Sahloul University Hospital, Sousse - Tunisia

Introduction

Patients in intensive care suffering from acute kidney injury often require renal replacement therapies tailored to their critical condition. Intermittent hemodialysis (IHD) is commonly used as the first-line modality, providing effective solute removal and rapid control of fluid overload. However, the hemodynamic limitations in these fragile patients may necessitate a shift to gentler techniques such as continuous hemodiafiltration (CHDF). The aim of this study was to evaluate the benefits and challenges of a sequential approach combining IHD and CHDF in critically ill patients in intensive care.

Methods

This is a retrospective descriptive monocentric study conducted in the medical intensive care unit of CHU Sahloul Sousse over a 10-year period. The study included 6 patients who received IHD treatment, followed by a transition to CHDF due to hemodynamic instability.

Results and discussion

We included 6 patients (3 men and 3 women). The main reasons for ICU admission were respiratory failure (3 patients), acute circulatory failure (2 patients), and neurological failure (1 patient). Five patients had a history of diabetes, three were hypertensive, and three had chronic kidney disease. Three patients developed acute kidney injury (KDIGO stage 3) due to acute tubular necrosis, while the other three had decompensated chronic kidney disease with a GFR below 15 ml/min/1.73 m². The indications for initiating IHD were

fluid over- load (4 patients) and severe metabolic acidosis (2 patients). All patients developed hemodynamic instability during IHD, prompting the shift to CHDF. This technique successfully stabilized the fluid and metabolic balance in all patients. All patients tolerated the transition to continuous hemodiafiltration (CHDF) well. However, des- pite this shift, clinical outcome was unfavorable, with refractory septic shock and subsequent death in all cases.

Conclusion

IHD allows rapid correction of initial metabolic disturbances, while transitioning to CHDF ensures better

hemodynamic stability and gradual correction of metabolic disturbances.

The prognosis of these patients remained unfavorable, regardless of the renal replacement method used, due to the fragility of their overall condition.

P411

PARTIAL RECOVERY OF RENAL FUNCTION AND DISCONTINUATION OF CHRONIC HEMODIALYSIS AFTER 1 YEAR: A CASE REPORT

Nehed Ghenam, Thabet Nessrine, Fradi Asma, Boukadida Raja, Dziri Sonia, Ben Amor Samira, Mahfoudh Olfa, Ben aycha Narjes, Mrabet Sanda, Zellama Dorsaf

Department of Nephrology, Dialysis and Transplantation, Sahloul University Hospital, Sousse - Tunisia

Introduction

Recovery of renal function in patients with end-stage renal disease (ESRD) undergoing renal replacement therapy (RRT) is a rare event, occurring in only 0.3-8% of cases. Reported cases of recovery have been as- sociated with various underlying diagnoses, including cholesterol crystal embolism.

Methods

We present a case report of a patient who partially recovered renal function after 15 months of chronic hemo- dialysis for vascular nephropathy caused by cholesterol crystal embolism.

Results and discussion

A 69-year-old male patient with a history of smoking, diabetes, hypertension, dyslipidemia, intermittent clau- dication, and ischemic heart disease. He underwent thrombolysis and angioplasty with placement of a double active stent and a double bare stent. Subsequently, one month later, he developed rapidly progressive acute kidney injury (AKI) associated with elevated proteinuria, livedo reticularis, purple toes, hypereosinophilia, and hypocomplementemia. The diagnosis of cholesterol embolism was confirmed by Funduscopic examination, which revealed refractive orange-yellow emboli. The patient required multiple hemodialysis sessions for pulmonary edema. In Front of persistent renal dysfunc- tion, he was classified as having end stage kidney disease He has been placed on chronic hemodialysis, un- dergoing one session per week, via an arteriovenous fistula. After 15 months, the patient independently discontinued hemodialysis and presented for a follow-up visit. Remarkably, his renal function had recovered, with a glomerular filtration rate (GFR) of 27 ml/min/1.73m² and hemoglobin level=12 g/dl after 4 months of sto- ping dialysis. Same cases in the literature have reported recovery of renal function in their dialysis dependent patient who had cholesterol embolization to the kidneys causing loss of renal functions. Once these patients partially recover their renal function, they tend to develop symptoms such as hypoten- sion,muscle cramps,and feeling tired following their dialysis sessions.These patients start to reduce the dialysis time and even skip the dialysis sessions. That's why residual renal function should be checked in all dialysis patients who are not anephric, and those who are symptomatic on dialysis with good urine out-put.

Conclusion

This case underscores the importance of ongoing clinical and laboratory monitoring of hemodialysis patients to allow for timely adjustments in their management plan as their condition evolves.

P412

EARLY ARTERIOVENOUS FISTULA THROMBOSIS IN HEMODIALYSIS PATIENTS: A CLINICAL OVERVIEW

Kandil Rania[1], Boukhtioua Mariem[1], Ghabi Hiba[1], Tlili Syrine[1], Rais Lamia[1], Zouaghi Mohamed karim[1], Ben Hmida Fethi[2]

1 Department of Nephrology, Dialysis and Transplantation, La Rabta University Hospital, Tunis- Tunisia,

2 Research Laboratory LR00SP01, Charles Nicolle University Hospital, Tunis - Tunisia

Introduction

Arteriovenous fistulas(AVF) are the vascular access of choice for hemodialysis. Despite their advantages, AVF thrombosis, remains a leading cause of morbidity in the hemodialysis population. This dysfunction is at- tributed

to several factors, notably the complex interplay of comorbidities in hemodialysis patients. This study seeks to thoroughly examine the clinical, demographic and procedural factors associated with AVF thrombo- sis.

Methods

We retrospectively analyzed the medical records of patients treated in the Hemodialysis Unit at Rabta Hospital who are undergoing dialysis two to three times per week.

Results and discussion

We recruited 47 patients with a mean age of 52 ±13 years and a M/F gender ratio of 1.76. The majority of our patients had diabetes (62%) and hypertension (83%) and the most common initial nephropathy was chronic glomerulonephritis (57%). The other most common comorbidities were coronary artery disease (30%), heart failure (21%), and atrial fibrillation (9%). The AVF was prepared prior to the initiation of dialysis in only 6 pa- tients (13%), primarily due to patients presenting late for consultation. Thirteen patients (28%) had a jugular dialysis catheter on the contralateral side of the AVF, with a median time to conversion from AVF to catheter of 3 months. The most common type of AVF was the humero-cephalic AVF (47%), followed by the radial AVF (34%). Biologically, 48% had a low urea reduction ratio, 67% had hyperphosphatemia with an average of 1.8 ± 0.6 mmol/L, hyperparathyroidism was observed in 62% of cases, anemia in 72%, malnutrition in 31%, and chronic inflammation in 17%. Five patients (11%) had immediate AVF thrombosis, among which 3 had a radial AVF and 2 had a humero-cephalic AVF. Nine patients developed thrombosis within the year following AVF creation, of whom 5 had a radial AVF and 3 had a humero-cephalic AVF. All of these patients had hypertension. In univariate analysis, only coronary artery disease was significantly associated with AVF thrombosis in the year following its creation, with a p-value of 0.048.

Conclusion

Early AVF thrombosis remains a significant challenge in hemodialysis patients. A better understanding of the risk factors, combined with the development of improved diagnostic and therapeutic strategies, could further reduce its incidence.

P413

DIALYSIS MANAGEMENT IN PREGNANT WOMEN WITH END-STAGE RENAL DISEASE

Aloui Haithem, Slama Feriel, Dhaoui Selma, Frikha Hatem, Hammemi Rami, Chanoufi M. Badis

Department C, Maternity and Neonatology Center, Tunis - Tunisia

Introduction

Pregnancy in women with end-stage renal disease (ESRD) on dialysis is rare but increasingly reported, owing to advancements in renal care. This study evaluates the impact of intensive dialysis regimens on maternal and neonatal outcomes, focusing on volume management and fetal growth in a Tunisian context.

Methods

A retrospective study was conducted at the maternity and neonatology center of Tunis , including 12 pregnan- cies in women undergoing hemodialysis or peritoneal dialysis between 2018 and 2023. Data on dialysis in- tensity, volume control, maternal complications, and neonatal outcomes were collected. The objective was to identify dialysis practices adapted to this population.

Results and discussion

Intensive hemodialysis (≥20 hours/week) was associated with improved outcomes, including a 70% live birth rate and a 50% reduction in preterm deliveries.

Maternal complications included anemia (90%) and fluid overload (30%).

Neonatal outcomes showed higher birth weights in women receiving frequent dialysis. Peritoneal dialysis, while less effective in volume control, had lower infection rates.

Conclusion

Intensive dialysis significantly improves pregnancy outcomes in women with ESRD. Customized dialysis pro- tocols and close monitoring are essential for optimizing maternal and neonatal health in the Tunisian context. These findings underscore the importance of individualized care for this high-risk population.

P414

CERVICAL IMAGING DATA IN HEMODIALYSIS PATIENTS AND ITS CLINICO-BIOLOGICAL SIGNIFICATION

Kandil Rania[1], Boukhtioua Mariem[1], Ghabi Hiba[1], Tlili Syrine[1], Mami Ikram[1], Rais Lamia[1], Zouaghi Mohamed karim[1], Ben Hmida Fethi[2]

1 Department of Nephrolody, Dialysis and Transplantation, La Rabta University Hospital, Tunis - Tunisia,

2 Research Laboratory LR00SP01, Charles Nicolle University Hospital, Tunis - Tunisia

Introduction

Hyperparathyroidism is a common complication in hemodialysis patients and is associated with adverse outcomes. Over time, secondary hyperparathyroidism may progress to tertiary hyperparathyroidism, with para- thyroid gland hyperplasia and nodular formations. Cervical imaging plays an important role in assessing these structural changes. Interestingly, cervical imaging in hemodialysis patients may also incidentally reveal thyroid abnormalities, such as thyroid nodules.

Methods

We conducted a retrospective analysis of hemodialysis patients from the hemodialysis unit at Rabta Hospital who underwent cervical ultrasound. Demographic, clinical, and biological data, along with cervical imaging findings, were collected.

Results and discussion

A total of 37 medical records were reviewed. The average age was 54,3 ± 13 years, with a gender ratio (M/F) of 1.64. The median dialysis duration was 3.5 years [1.25–6]. The underlying renal disease was glomerular nephropathy in 65% of cases, vascular nephropathy in 8%, and chronic tubulointerstitial nephropathy in 24%.The initial nephropathy remained undetermined in one case. Among these patients, 24 (65%) were un- dergoing three hemodialysis sessions per week, while 13 were on two sessions per week. Biologically, 34% of the patients had low urea reduction ratio, 73% had anemia, 38% had malnutrition, and 14% had chronic inflammation. The phosphor-calcic workup revealed hyperphosphatemia in 65% of cases and hypocalcemia in 76% of cases. Parathyroid hormone (PTH) levels were more than nine times the normal upper limit in 24 pa- tients. Cervical ultrasound in these patients showed thyroid nodules in 30% of cases, while thyroid function tests were normal and parathyroid nodules in 21% of cases. Among these patients,parathyroid scintigraphy was performed in 6 cases, revealing parathyroid hyperfixation in only 2 patients. In patients with PTH levels below nine times the normal upper limit, cervical ultrasound showed thyroid nodules in 46% of cases, with normal thyroid function tests, and parathyroid nodules in only one case. The thyroid nodules were predomi- nantly classified as EU-TIRADS III (in 64% of cases).

Conclusion

This study highlights the high prevalence of thyroid and parathyroid abnormalities in hemodialysis patients with hyperparathyroidism. These results suggest a need for further investigation into the clinical significance of these imaging findings and their potential impact on their management.

P415

ITERATIVE THROMBOSIS OF VASCULAR ACCESSES IN HEMODIALYSIS: PREVALENCE AND RISK FACTORS

Guizani Meriem, Ayed Amel, Hadj brahim Mayssa, Mahroug Souha, Zguem Asma, Chouk Amel, Hadhri Asma, Alaya Habiba, Jaballah Lazhar, Elati Zohra

Department of Nephrology, Taher Sfar University Hospital, Mahdia - Tunisia

Introduction

Thrombosis is the most severe mechanical complication associated with vascular access in hemodialysis, and if not promptly treated, it can result in the loss of the access. Recurring thrombosis may eventually lead to vascular exhaustion. The objective of this study was to determine the prevalence of recurrent thrombosis in vascular access for hemodialysis and to identify the key risk factors involved.

Methods

This was a descriptive retrospective study evaluating arteriovenous fistula (AVF) performed among patients followed at the hemodialysis unit of Tahar Sfar University Hospital starting dialysis from 2003 until 2024. The follow-up was carried out till December 2024.

Results and discussion

The total number of AVF performed, all types combined, was 91 during a cumulated period of follow-up of 134 years. The longevity of AVF ranges between two and 216 months given a median period of 21 months [10,36] compared to dialysis vintage of 32 months [11,54]. Three quarter of the patients had one AVF throughout their dialysis period, while 20% of cases had two AVF. Complications were observed in 53% of cases. Thrombosis accounted for only 20% of complications consisting mostly in late thrombosis.

No patient presented thrombophilia. The factors associated with iterative thrombosis of vascular access in our study were coronary artery disease (p=0.03), smoking (p=0.03), FEVG < 60% (0.04), hypotension at the end of dialysis session (p=0.004), ultrafiltration rate per hour (p=0.05) and history of thrombosis (p)

Conclusion

Early identification of these risk factors can help implement effective prevention and management strategies to reduce thromboembolic complications. Preventing these complications is the best approach to avoid vas- cular exhaustion and its associated impact on increasing mortality in hemodialysis patients.

P416

CONTINUOUS EXTRARENAL REPLACEMENT THERAPY IN INTENSIVE CARE BURN PATIENTS: INDICATIONS AND PROGNOSIS

Mhenni Hatem, Alouini Amenne, Fradj Hana, Aloui Amal, Mokline Amel, Messadi Amen Allah

Department of Burn Intensive Care, Center of Traumatology and Major Burns,Tunis - Tunisia

Introduction

Continuous veno-venous hemodiafiltration (CVVHDF) is the renal replacement therapy of choice, widely used in intensive care units. Its use in acute renal failure and beyond has been widely developed. Few studies have examined this technique in burn patients. The aim of our study was to investigate the frequency, indications and complications associated with this tech- nique in burn patients.

Methods

Monocentric retrospective study conducted in the Burn Intensive Care department, over a 4-year period (2020- 2024), including burn patients who had at least one CCVHDF session. A CVVHDF session was considered early if it was started within 48 hours of admission.

Results and discussion

Among the 1,727 patients Hospitalized, 76 were included (4.4%). Median age was 50 ± 17.5 years, with a sex ratio of 1.67. The median Total surface body area burned was 49%, with a median ABSI score of 8. Burns were thermal in 91% of cases and electrical in 6.5%. Burns were secondary to a domestic accident (46%) and a suicide attempt (37%). Seventy-two percent of patients were transferred from another Hospital facility. The average time for CVVHDF initiation from admission was 6 days, and was early in 34.7% of cases. The main indications were in majority for metabolic disorders (metabolic acidosis (77%), hyperkalemia (23%)) and fluid overload (23%). For late CVVHDF initiation (65.3%), the indications were metabolic acidosis (74%), hy- perkalemia (22%), fluid overload (22%) and hyperuremia (8%). The vascular approach was mainly femoral (95%). The average number of sessions was 1.2 [1-4] and the average duration of the sessions was 9.45 hours [1h; 48h]. Incidents leading to stopping CVVHDF were: worsening of hemodynamic status (37%), throm- bocytopenia (27%), hypothermia (21%) and technical problems (14%). Mortality was 90%.

Conclusion

In our series, the use of CVVHDF in burn patients was 4.4% for metabolic disorder in the majority of cases, with a high mortality of 90%.

P417

IMAGING IN ARTERIOVENOUS FISTULA: CORRELATIONS WITH CLINICAL AND BIOLOGICAL PATTERNS

Kandil Rania[1], Boukhtioua Mariem[1], Mami Ikram[1], Ghabi Hiba[1], Tlili Syrine[1], Rais Lamia[1], Ben Hmida Fethi[2], Zouaghi Mohamed Karim[1]

1 Department of Nephrolody, Dialysis and Kidney Transplantation, La Rabta University Hospital, Tunis - Tunisia

2 Research Laboratory LR00SP01, Charles Nicolle University Hospital, Tunis - Tunisia

Introduction

Arteriovenous fistulas (AVF) are the preferred vascular access for long-term dialysis. While clinical evaluation and biological markers have been used to monitor AVF function, advancements in imaging technologies offer valuable insights into AVF anatomy and flow dynamics. This study explores the clinical-biological correlation with imaging modalities to enhance early detection and intervention.

Methods

This prospective cross-sectional study analyzed the medical records of hemodialysis patients along with physical examination findings, biological data, and imaging results.

Results and discussion

We included 42 patients in the study. The mean age was 51.5±13 years, with a male-to-female gender ratio of 1.8. The underlying nephropathy was glomerular in most cases (57%). Regarding the type AVF, 45% were humero cephalic ones, 33% were radial, and 21% were humero basilic. Biologically, 48% of patients had a low urea reduction ratio (URR), 67% had hyperphosphatemia, 55% had hyperkale-

mia, 74% had anemia and 32% had malnutrition. One year after the creation of the AVF, Fistulography showed thrombosis in 22%, stenosis of the drainage vein in 41%, arterial stenosis in 3%, and anevrysms in 22%. Twenty patients (48%) had ane- vrysmal AVFs on fistulography, which correlated with findings on physical examination. Seventeen patients had stenosis of the drainage vein, with clinical findings of prolonged bleeding time in four cases, elevated ve- nous pressures in five cases, and biological abnormalities including low URR in 10 patients (60%), hyperka- lemia in 10 patients (60%), and hyperphosphatemia in 11 patients (65%). Five patients had high-flow AVFs, including one with drainage vein stenosis and two with anevrysmal AVFs. At the most recent consultation, cli- nical examination of the AVF revealed signs of pre-rupture and anevrysm in two patients. Doppler ultrasound confirmed thrombosis of the AVF, stenosis of the drainage vein, anevrysm, and low blood flow. Biologically, these two patients presented with hyperkalemia, hyperphosphatemia, and low URR. Both underwent AVF li- gation. All patients were receiving antiplatelet and/or anticoagulant therapy, with dipyridamole being the most prescribed molecule (66%). Eight patients underwent AVF angioplasty with a median delay with the creation of the AVF of 13 months and two of whom experienced restenosis.

Conclusion

AVF complications are common in hemodialysis patients, requiring close monitoring through clinical, biological, and imaging assessments.

P418

ARTERIOVENOUS FISTULA: A REAL NAVEL CORD TO LIFE FOR HEMODIALYSIS PATIENT

Guizani Meriem, Ayed Amel, Mahroug Souha, Alaya Habiba, Zguem Asma, Hadj brahim Mayssa, Chouk Amel, Hadhri Asma, Jaballah Lazhar, Elati Zohra

Department of Nephrology, Taher Sfar University Hospital, Mahdia - Tunisia

Introduction

The native arteriovenous fistula (AVF) is the vascular access of choice for chronic hemodialysis because of its longevity, low complication rate and mortality compared with arteriovenous bypass grafts and catheters. However, complications dominated by stenosis and thrombosis are not uncommon. Our aim was to determine the clinical aspects, characteristics and management of various complications of AVF in our center.

Methods

This was a retrospective study evaluating 91 AVF performed in 56 patients followed at the hemodialysis unit of Taher Sfar University Hospital.

Results and discussion

Complications were observed in 53% of cases. The mean age was 57.6 14.7 years (27-84 years) with a sex ratio M/F= 1. Actual AVF were humerocephalic in 87.5% of cases and mostly in left side (60.7%). The longevity of AVF ranges between two and 216 months given a median period of 21 months [10,36] compared to dialysis vintage of 32 months [11,54]. Three quarter of the patients had one AVF throughout their dialysis period, while 20% of cases had two AVF. Two patients undergone more than six surgeries being in vascular exhaustion: one of them had one last functional AVF and the other one is dialysed via permanent tunneled catheter as last vascular access. The mean time between the creation of the AVF and the complication was one year. Aneurysmal AVF was the more prevalent complication (42%). Thrombosis accounted for only 20% of compli- cations consisting mostly in late thrombosis. Twelve percent of AVF had high flow rates, with only two cases having cardiac impact. Stenosis, infection and hemorrhage represented a minority of complications and were observed in two cases for each one. Only two cases of limb ischemia following a flight syndrom were noted, leading to ligature of the AVF to preserve the member. Twenty-nine fistulas were preserved by surgical or endovascular treatment, and a new fistula was created in ten cases.

Conclusion

Complications of AVF are the main cause of morbidity in hemodialysis patients and may lead to loss of the approach. This suggests that AVF should be handled carefully and monitored closely by the nursing and me- dical staff during the hole process.

P419

FRAILTY IN HEMODIALYSIS PATIENTS: THROUGH FRIED'S CRITERIA

Riguen Mouna[1], Toumi Salma[1], Ammous Ashwek[2], Baya Fendri[1], Abid Hanen[1],Agrebi Ikram[2], Chaker Hanen[1], Yaich Soumaya[1], Ben hmida Mohamed[1], Kammoun Khawla[1]

1 Department of Nephrology, Hedi Chaker University Hospital, Sfax - Tunisia

2 Research Laboratory of Renal Pathology LR19ES11, Faculty of Medicine, Sfax - Tunisia

Introduction

Frailty is a prevalent syndrome among hemodialysis patients, characterized by decreased physiological re- serves and increased vulnerability to adverse outcomes. This study investigates the prevalence and factors associated with frailty in hemodialysis patients using Fried's criteria.

Methods

This cross-sectional study was conducted at the Hemodialysis Unit of Hédi Chaker Hospital, Sfax, from August to September 2023. Patients aged ≥ 18 years, undergoing hemodialysis for ≥ 1 year with an arteriovenous fistula, and attending 2–3 weekly sessions were included. Exclusion criteria were recent Hospitalization, cog- nitive or neuromuscular disorders, cancer, amputation, or single weekly dialysis sessions. Frailty was assessed using Fried's criteria.

Results and discussion

A total of 44 patients participated, with a male predominance (61%) and a mean age of 46.3 ± 14.3 years. The mean BMI was 22.9 ± 3.9 kg/m², and the median Charlson Comorbidity Index (CCI) was 8 (range: 4–11). Patients had an average dialysis duration of 7 ± 5 years, with 98% attending three sessions per week. Diabetic nephropathy was identified in 6.9% of cases, while 38.9% had an indeterminate cause. Hypertension was the most common comorbidity (80%), followed by cardiac disease (41%) and diabetes (9%).

Frailty was highly prevalent among this cohort (75%). Frail patients had significantly longer dialysis durations compared to pre-frail patients (p=0.006). Fatigue was the most predictive criterion (93% of frail patients), fol- lowed by reduced physical activity (84%). Weight loss was the least common criterion (34%). Performance levels were significantly lower among frail patients (p=0.006), and frailty remained independent of dialysis du- ration after adjusting for age, sex, CCI, and BMI. Sex and the Charlson Comorbidity Index were the significant determinants of frailty.

Conclusion

Frailty is prevalent among hemodialysis patients. Early identification using Fried's criteria is crucial for guiding targeted interventions and improving outcomes in this vulnerable population. Further research should explore preventive strategies such as developing physical activity during dialysis sessions.

P420

VASCULAR ACCESS IN HEMODIALYSIS PATIENTS WITH DIABETES MELLITUS: WHAT CHALLENGE?

Ayed Amel, Echouk Amel, Guizani Meriem, Mahroug Souha, Hadj brahim Mayssa, Hadhri Asma, Ben alaya Habiba, Jaballah Lazhar, Elati Zohra

Department of Nephrology, Taher Sfar University Hospital, Mahdia - Tunisia

Introduction

Diabetes mellitus is the leading cause of end-stage kidney disease in many countries. The management of diabetic patients who receive dialysis can be challenging. Diabetic dialysis patients have higher rates of car- diovascular events and mortality due to metabolic factors and accelerated vascular calcification. The aim of the study was to evaluate the vascular access of diabetic hemodialysis patients and to identify its specific features.

Methods

This was a descriptive retrospective study evaluating arteriovenous fistula (AVF) performed among patients followed at the hemodialysis unit of Taher Sfar University Hospital starting dialysis from 2003 until 2024. The follow-up was carried out till December 2024.

Results and discussion

Among 61 hemodialysis patients, 20 patients had diabetes mellitus (32.3%). The initial nephropathy was dia- betic nephropathy in 50% of cases. The mean age was 64 ± 13 years with a sex ratio M/F= 1.5. The majority of the patients had hypertension (94.4%) while only one quarter had coronary artery disease. The total number of AVF performed, all types combined, was 28 during a cumulated period of follow-up of 19.75 years. Actual AVF were humero cephalic in 89% of cases and mostly in the left side (66.7%). The longevity of AVF ranges bet- ween two and 36 months given a median period of 10 months [3;12]. The longevity of AVF was more reduced among diabetic (11 vs 40 months, p=0.01) and the clinical frailty scale (CFS) was more elevated in this group (5.1 vs 3.9, p=0.002). Negative correlation was found between CFS score and longevity of AVF (r=-0.3, p=0.02). Aneurysmal AVF was the more prevalent complication (23.5%). Compared to other dialysis patients, diabetic patients presented more flight syndrome (p=0.037), aneurysm (p=0.05), but less thrombosis of vascular access (p=0.01) due to more observance of antithrombotic agents. The cases of flight syndrome led to limb ischemia among this group and required AVF ligature to preserve the member.

Conclusion

In view of the risk of complications of the vascular access in diabetic patients, greater vigilance is required while puncturing and monitoring the arteriovenous fistula. Adopting strategies for the early creation and monitoring of this access remain the key to preserving this access.

P421

PREDICTIVE FACTORS FOR THE OCCURRENCE OF LEFT VENTRICULAR HYPERTROPHY IN CHRONIC HEMODIALYSIS PATIENTS

Si Hadj Mohand Amel, Bourourou Salma, Ounaceur Anis, Rahmouni Khalifa

Department of Medicine, University Hospital, Annaba - Algeria

Introduction

Left ventricular hypertrophy (LVH), heart failure (HF), and coronary artery diseases are predominant among hemodialysis patients. They represent the leading cause of mortality in this population, accounting for 45% of total deaths. The aim of this study is to assess the prevalence of LVH in our population and identify the pre- dictive factors for its occurrence.

Methods

This is a prospective analytical study conducted among 114 patients with stage 5 chronic kidney disease trea- ted with chronic hemodialysis (three sessions of 4 hours per week) across dialysis centers in the Annaba re- gion. All patients underwent transthoracic echocardiographic examination. To identify the factors leading to LVH, demographic, clinical, biological, and echocardiographic parameters were compared between patients with and without LVH.

Results and discussion

Our study involved 114 patients, with a female predominance (54.4%). The average age was 57 ± 15.3 years. The mean duration of hemodialysis was 7.6 ± 6.2 years. The predominant underlying nephropathy was ne- phroangiosclerosis (21%), with an unknown cause in 30.7% of cases. Among the comorbidities, 47 patients (41.2%) had heart disease, mainly hypertensive (31.6%). Hypertension (75.4%), diabetes (22.8%), obesity (13.2%), and smoking (5.3%) were also noted. Fifty patients were anemic, 15 had secondary hyperparathy- roidism, 15 had high-flow arteriovenous fistulas (Qa >2000 ml/min), and 18 had hypercholesterolemia. The prevalence of LVH was 56%, predominantly eccentric (76.5%). Statistical analysis identified anemia (p=0.024, OR a = 2.43) and a history of heart disease (p=0.011, OR a = 3.33) as predictive factors for LVH. Other factors, such as hyperparathyroidism, hypercholesterolemia, and high vascular access flow, were not statistically si- gnificant.

Conclusion

The prevalence of LVH is high in our study. Identified risk factors include anemia and pre existing heart disease regular monitoring.

P422

FRAILTY, FATIGUE, AND QUALITY OF LIFE INTERACTIONS IN HEMODIALYSIS PATIENTS

Riguen Mouna[1], Toumi Salma[1], Ammous Ashwek[2], Fendri Baya[1], Dammak Najla[1], Agrebi Ikram[1], Chaker Hanen[1], Yaich Soumaya[1], Ben hmida Mohamed[1], Kammoun Khawla[1]

1 Department of Nephrology, Hedi Chaker University Hospital, Sfax - Tunisia

2 Research Laboratory of Renal Pathology LR19ES11, Faculty of Medicine, Sfax - Tunisia

Introduction

Frailty and fatigue are common among hemodialysis (HD) patients, with significant effects on quality of life (QoL). This study investigates the interactions between frailty, fatigue, and QoL in HD patients.

Methods

This cross-sectional study included HD patients aged ≥ 18 years, on dialysis for at least one year, attending between 2 and 3 sessions per week, and with an arteriovenous fistula. Patients with recent Hospitalization, cognitive impairments, or severe comorbidities were excluded. Frailty was assessed using Fried's criteria, fa- tigue using the MFI-20 questionnaire, and QoL using the WHOQOL-BREF questionnaire.

Results and discussion

The study included 44 patients in which 33 patients had mild to severe frailty score. The median general fatigue score was higher in frail patients (41) compared to pre-frail patients (34) (p=0.002). Frail patients had higher scores in all fatigue dimensions, especially general fatigue and reduced motivation. Overall, 59% of patients rated their quality of life (QoL) as "fairly good." Significant differences in QoL were observed in physical (p=0.002), psychological (p

Unadjusted analyses showed that frailty was associated with higher general fatigue (p=0.002) and reduced

motivation (p=0.018). After adjustment, these remained significant for general fatigue (p=0.025) and reduced motivation (p=0.028). QoL differences remained significant in the physical (p=0.024) and environmental (p=0.019) domains after adjustment.

Conclusion

Frailty is common in hemodialysis patients and is strongly associated with increased fatigue and reduced quality of life. Early identification and targeted management of frailty and fatigue are essential to improving the well-being of this vulnerable population.

P423

ACUTE PHARMACOLOGICAL AND TOXIC POISONING TREATED WITH HEMODIALYSIS

Ayed Amel[1], Guizani Meriem[1], Jaoued Oussema[2], Zguem Asma[1], Hadj Brahim Mayssa[1], Hadhri Asma[1], Jaballah Lazhar[1], Atrous Souhaiel[2], Elati Zohra[1]

1 Department of Nephrology, Taher Sfar Hospital, Mahdia - Tunisia

2 Department of Medical Intensive Care, Taher Sfar Hospital, Mahdia - Tunisia

Introduction

Hemodialysis is one of the treatment options required in case of poisoning and acute toxicological emergen- cies. It reduces significantly mortality in patients with life-threatening intoxications, by enhancing the elimination of toxic substances and fixing acid-base disturbances or electrolyte imbalances. The aim of this study is to assess the impact of intermittent hemodialysis in the management of acute intoxi- cation weather pharmacological or toxic poisoning.

Methods

We performed a monocentric retrospective descriptive study in the Nephrology Department in collaboration with the Medical Intensive Care Department of Mahdia Hospital. All cases admitted for acute intoxication and requiring hemodialysis from 2007 to 2024 were included.

Results and discussion

A total of thirty-five patients with acute intoxication receiving dialysis sessions were included in the study (sex ratio M/F 21/14 , mean age 40 ± 19.7, chronic kidney disease 17.1%). The main drug incriminated as phar- macological poisoning was metformin (25.7%) while aluminium phosphorus (17.1%) and methanol (11.4%) were mostly identified as the cause of toxic poisoning. No impact of type of intoxication (pharmacological or toxic) was revealed over mortality. The main indications for dialysis were metabolic acidosis in 88% of cases, hy- perkalemia in 20%, and the presence of dialyzable substances in 8.6%. The indication for hemodialysis was made at admission in 41.8% of cases using mainly femoral catheter (71.4%). The mean duration of the dialysis session was 6.2 ± 2.86 hours (2 to 12 hours).

Conclusion

Hemodialysis is a cornerstone in the management of acute and life-threatening intoxication. Severe metabolic acidosis is the principal indication.

P424

SCREENING FOR DEPRESSION IN CHRONIC HEMODIALYSIS PATIENTS

Si Hadj Mohand Amel, Frigaa Hichem, Benabed Achraf, Rahmouni Khalifa

Department of Nephrology, University Hospital, Annaba - Algeria

Introduction

Depression is a well-established mental health issue prevalent among individuals with end-stage renal disease (ESRD). It is associated with both morbidity and mortality. However, depression in this population remains difficult to assess and is often under-treated. Current estimates suggest a prevalence of 20-30% of depression meeting diagnostic criteria in this population. The aim of this study was to determine the prevalence of de- pression among chronic hemodialysis patients and identify factors contributing to depression in these patients.

Methods

This was a cross-sectional study on depression among 70 chronic hemodialysis patients recruited from the Nephrology Department of CHU Annaba and two private dialysis centers. Depression was diagnosed using the Beck Depression Inventory (BDI) score and a semi-structured interview administered by a clinician

Results and discussion

The average BDI score was 12.1 ± 9.8. Only 13% of patients reported currently receiving treatment, and just 5% had been prescribed psychiatric medication by their doctor. Overall, 7.1% were found to have major de- pression or depression coexisting with an other psychiatric disorders, regardless of their general health status. Factors contributing to depression in our population included the duration of dialysis (32%), the presence of comorbidities (28.7%), and

being female (27%).

Conclusion

Depression is common among patients undergoing regular hemodialysis. Managing chronic hemodialysis should involve a multidisciplinary approach (nephrology and psychiatry) to ensure a better quality of life for patients.

P425

FRAILTY IN HEMODIALYSIS PATIENTS: IMPACT ON MENTAL HEALTH AND SLEEP QUALITY

Riguen Mouna[1], Toumi Salma[1], Ammous Ashwek[2], Fendri Baya[1], Abid Hanen[1], Agrebi Ikram[2], Dammak Najla[1], Yaich Soumaya[1], Ben Hmida Mohamed[1], Kammoun Khawla[1]

1 Department of Nephrology, Hedi Chaker University Hospital, Sfax - Tunisia,

2 Research Laboratory of Renal Pathology LR19ES11, Faculty of Medicine, Sfax - Tunisia

Introduction

Frailty, depression, and sleep disturbances are highly prevalent among hemodialysis (HD) patients, signifi- cantly impacting their quality of life (QoL). This study investigates the relationships between frailty, fatigue, depression, and sleep quality in HD patients.

Methods

This cross-sectional study included 44 HD patients aged ≥ 18 years, on dialysis for at least one year, attending 2–3 sessions per week, and with an arteriovenous fistula. Patients with recent Hospitalization, cognitive im- pairments, or severe comorbidities were excluded. Frailty was assessed using Fried's criteria and sleep quality using the Pittsburgh Sleep Quality Index (PSQI).

Results and discussion

The study population included 44 patients, with frail individuals being the most frequent group. Moderate-to- severe depression was observed in 40% of frail patients compared to 9% of pre-frail patients, while only 13.6% of patients reported no depression (p=0.236). Poor sleep quality (PSQI >5) was observed in 95.5% of patients, with frail patients showing the highest prevalence (97%) compared to 91% in pre-frail patients (p=0.193). The median general fatigue score was significantly higher in frail patients (41) compared to pre-frail patients (34) (p=0.002), and frail patients had higher scores in reduced motivation (p=0.018). Quality of life (QoL) was si- gnificantly lower in frail patients, particularly in the physical (p=0.002), psychological (p

Conclusion

Frailty is common among HD patients and closely linked to impaired sleep quality, depression, and diminished QoL. Early detection and focused interventions are essential to enhance patient outcomes and overall quality of life.

P426

UNPLEASANT DIALYSIS RELATED SYMPTOMS IN A TUNISIAN HEMODIALYSIS CENTRE

Asma Hadhri, Souha Mahroug, Mahdi Nairi, Mayssa Haj brahim, Amel Ayed, Mariem Guizani, Asma Zguem, Amel Echouk, Lazhar Jaballah, Zohra El Ati

Department of Nephrology, Taher Sfar University Hospital, Mahdia - Tunisia

Introduction

Hemodialysis patients are exposed to several complications related to this extra-renal epuration method and to their co morbidities. They suffer from a high number of symptoms that may affect their quality of life. However the severity of these symptoms is not well assessed through trials. We aimed to evaluate the frequency and severity of unpleasant symptoms in our hemodialysis patients.

Methods

This is an observational study which was conducted in the hemodialysis Unit of Taher Sfar University Hospital in November 2024.

Unpleasant dialysis symptoms were assessed in patients using Dialysis Symptom Index (DSI) which is a va- lidated tool established by the university of Pisttspurgh medical center that was traduced in Arabic. It measures the presence or absence of 30 physical and emotional symptoms during a past week. Severity of all symptoms was rated by a score ranging from 0 to 120 and severity of each symptom by a score ranging from (1= not at all) to (4=very much).

Results and discussion

Fifty one patients were included. Mean age was at 55.18±14.5 with a sex ratio of 0.98. On average, patients had 12.2±5.28 symptoms. Mean severity of symptoms was at 19.9±11.49. The most frequent physical symp- toms were: fatigue (62.5% of patients), decreased appetite (60.6%) and dry skin (60.6%). The most frequent emotional symptoms were: worrying (72.5% of patients), feeling nervous (69.7%) and feeling anxious(63.6%).

Conclusion

Unpleasant symptoms are frequent in hemodialysis patients. Their presence and severity may be related to some modifiable factors that have to be identified by prospective studies to better support these patients and improve their quality of life.

P427

EVALUATION OF PRURITUS IMPACT IN HEMODIALYSIS PATIENTS USING THE 5D PRURITUS SCALE

Thabet Nesrine, Badri Cheyma, Ghenam Nehed, Sonia Dziri, Fradi Asma, Amor Samira, Boukadida Raja, Ben Aicha Narjes, Awatef Azzabi, Zellama Dorsaf

Department of Nephrology, Sahloul University Hospital, Sousse - Tunisia

Introduction

CKD-associated pruritus (chronic kidney disease-associated pruritus) is one of the common symptoms in he- modialysis patients affecting their daily lives and sleep quality. This study assessed the severity and impact of pruritus among hemodialysis patients at the dialysis unit of Sahloul Hospital in Sousse, using the 5D Pruritus Scale.

Methods

This study was conducted among patients under chronic hemodialysis at the dialysis unit of Sahloul Hospital in Sousse. Inclusion criteria were chronic HD patients aged ≥18 years, undergoing HD for at least six months, and reporting pruritus. Pruritus impact was evaluated using the 5D Pruritus Scale, which assesses five di- mensions: duration, frequency, intensity, distribution, and impact on daily activities. Scores range from 5 to 25, with higher scores indicating more severe pruritus.

Results and discussion

Among the 76 patients included, 11 (14.5%) reported pruritus and completed the DLQI questionnaire. The study population included 6 men (54.5%) and 5 women (45.5%), with a median age of 52 years (range: 38– 70). The median dialysis duration was 5 years (range: 2–12). Arteriovenous fistula (AVF) was the most com- mon vascular access, used in 72.7% of patients, while central venous catheters were used in 27.3%. 5D Pruritus scores ranged from 6 to 23, with a median score of 16. Severe pruritus (5D score ≥ 20) was reported in 27.3% of patients. The presence of severe pruritus was significantly associated with elevated serum phos- phorus (p = 0.03) and PTH levels (p = 0.02). Sleep disruption was noted in 72.7% of patients with severe pru- ritus (p = 0.01).

Conclusion

The 5D Pruritus Scale highlights the multidimensional nature of pruritus in HD patients and its significant im- pact on daily life. Addressing the underlying biological factors, such as secondary hyperparathyroidism, along- side symptom management, is critical to improving patient quality of life.

P428

CORRELATION BETWEEN AMS SCORE AND HORMONE STATUS IN MALE HEMODIALYSIS PATIENTS: A MULTI-CENTER CROSS-SECTIONAL STUDY

Ayed Amel[1], Khedhiri Azza[2], Bouzidi Hssen[3], Hadhri Asma[1], Hadj brahim Mayssa[1], Jaballah Lazhar[1], Elati Zohra[1]

1 Department of Nephrology, Taher Sfar Hospital, Mahdia - Tunisia,

2 Department of Hemodialysis, Polyclinic CNSS, Sfax - Tunisia,

3 Biology Laboratory, Taher Sfar Hospital, Mahdia - Tunisia

Introduction

Androgen deficiency is a common disorder, often unrecognized in hemodialysis. Lack of testosterone can lead to hypofertility, anemia, osteoporosis, muscle deficiency and even cognitive and sleep disorders, thus impairing patients' quality of life and increasing cardiovascular mortality. The aim of this study was to evaluate the reliability of using the AMS, a score that had already been validated in elderlies, to screen for androgen deficiency among chronic hemodialysis patients and to assess its preva- lence.

Methods

This is a cross-sectional study of adult male hemodialysis patients in the nephrology department of Taher Sfar Mahdia University Hospital and in the dialysis unit of polyclinic CNSS in Sfax.

Results and discussion

A total of 66 male adults were included. The mean age was 51 ± 15 years and the median dialysis vintage was 3 years [0.5 ; 25]. Twenty six patients had diabetes mellitus (39.4%). The mean AMS score was 40.71 ±11,4 and it was pathologic in 80% of cases. The mean testosteronemia level was 3.8ng/ml with low levels in 42% of cases and low normal testosteronemia in 43% of cases. Gonadotropin medians are around 7 IU/L for FSH and LH. More than half of the patients presented hypogonadotropic hypogonadism (54%). The mean dialysis dose was statistically significantly lower in the hypogonadism group (p=0.02). Comparing the two

groups, the total score AMS was higher in hypogonadism group (p=0.058), and the somatic sub-score is sta- tistically higher in hypogonadism (p=0.009). Diabetes does not appear to be a factor significantly associated with low testosteronemia (p=0.35). There was a moderate positive correlation between testosterone levels and dialysis dose KT/V (r=0.44, p=0.002). For testosteronemia, we found a moderate negative correlation with the total AMS score (r=-0.34, p=0.004) as well as the somatic (r=-0.28, p=0.022) and psychological sub- scores (r=-0.3, p=0.013). No correlation was found for gonadotropins.

Conclusion

Androgen deficiency is a frequent disorder in hemodialysis, particularly in diabetics. The AMS score is valida- ted by this study as a simple and easy tool for screening our patients for this disorder and for determining the degree of severity, which is particularly correlated with the somatic sub-score.

P429

PATIENTS' PERCEPTION OF DIALYSIS: BETWEEN FEAR AND ACCEPTANCE

Elhammouti Mariam, El othemany Wafae, Bendriss alami Soukaina, Hanafi Houda, Bouchari Asmae, Assem Maryam

Department of Nephrology, University Hospital of Mohammed VI, Tanger - Morocco

Introduction

Dialysis, as a renal replacement therapy, evokes a range of emotions in patients, from fear to acceptance. This perception can significantly impact treatment adherence and clinical outcomes. This study aims to eva- luate patients' perceptions of dialysis at CHU Tangier, identifying their fears and the factors promoting accep- tance.

Methods

This descriptive cross-sectional study included 80 patients recruited between November and December 2024 during nephrology consultations at CHU Tangier. Data were collected using a structured questionnaire explo- ring patients' knowledge about dialysis, their fears, expectations, and willingness to accept this treatment. Statistical analyses were performed using SPSS version 25.

Results and discussion

Among the 80 included patients (56% female, mean age 55 ± 12 years), 62% expressed significant fear re- garding dialysis. The primary fears identified were dependency on treatment (48%), side effects (35%), and social or professional constraints (40%).

However, 58% of patients stated they would accept dialysis if medically necessary. Acceptance was signifi- cantly associated with prior adequate information ($p < 0.05$): 72% of patients who had received therapeutic education considered dialysis an acceptable option, compared to only 39% among poorly informed patients. Furthermore, 68% of participants emphasized the importance of psychological support and guidance from the healthcare team to better cope with this treatment.

Conclusion

This study highlights the ambivalence among patients toward dialysis, influenced by a mix of fears and lack of knowledge. Therapeutic education and psychosocial support appear essential to improving treatment ac- ceptance and, ultimately, optimizing clinical outcomes.

P430

EVALUATION OF ORAL AND PERIODONTAL HEALTH STATUS GRADE 3 TO 5 NON DIALYSED PATIENTS WITH CHRONIC KIDNEY DISEASE AT THE UNIVERSITY TEACHING HOSPITAL OF YAOUNDE

Victorine Nzana[1], Hermine Fouda[1], Bertrand bah Kimbu[2], Jules julien Ndjoh[2], Mahamat Maimouna[1], Charles Messanga[2], Francois Kaze[1]

1 Department of Internal Medicine and Specialities, Faculty of Medicine and Biomedical Sciences, University of Yaoundé - Cameroon,

2 Department of Dental Medicine, University of Yaounde 1, Yaoundé - Cameroon

Introduction

Oral health is affected in patients with Chronic kidney disease (CKD). Hence, addressing oral health among CKD patients is crucial, yet often neglected.

Methods

We carried out a cross-sectional study over a period of 6 months which included adults with Chronic kidney disease stages 3 to 5, followed at the University Teaching Hospital of Yaounde. We evaluated the general oral and periodontal health status using the Decay Missing Filled Teeth Index (DMFT) and Community Perio- dontal Index for Treatment Needs (CPITN). Test for normality was done with the Shapiro-Wilk test, the Fisher exact test was used to compare groups, and the test for associations was done with Mann U Whitney and Kruskal Wallis test. The threshold for statistical significance was set at $p<0.05$

Results and discussion

A total of 93 participants were included i.e 50 patients with CKD and 43 healthy subjects. The number of de- cayed teeth is significantly lower in the CKD group compared to the healthy controls (p=0.037). CKD patients had fewer filled teeth compared to healthy controls (p < 0.001). The overall DMFT score is significantly lower in CKD patients compared to healthy controls (p=0.036). None of the CKD patients had a healthy periodontal status, whereas 11.6% of the controls were healthy (p < 0.001). Calculus was common among CKD patients (44.4% in Grade 3, 60% in Grade 4, and 47.1% in Grade 5) and was also prevalent in controls (48.8%). Pe- riodontal Pockets (4-5 mm) were more frequent in CKD patients (50% in Grade 3, 33.3% in Grade 4, and 41.2% in Grade 5) compared to 30.2% in controls(p=0.002). Periodontal Pockets ≥ 6 mm were seen in 5.6% of Grade 3 CKD patients, 6.7% of Grade 4, and 11.2% of Grade 5 CKD patients while none of the controls had pockets of this severity with p < 0.001.

Conclusion

Chronic Kidney Disease patients exhibit significantly better oral health but a poorer periodontal health com- pared to healthy controls.

P431

THE PREVALENCE OF INFECTIONS IN CHRONIC HEMODIALYSIS WITHIN A CENTRE'S HEMODIALYSIS UNIT

Leila Belkacemi[1], Nadia Chaouchi[2], Fouad Rebahi[3], Athmane Seba[4]

1 Department of Nephrology,Nafissa-Hamoud University Hospital, Hussein-dey - Algeria,

2 Department of Nephrology, Faculty of Medicine Mouloud Mameri, Tizi Ouzou - Algeria,

3 Department of Urology, Mustapha University Hospital, Algiers - Algeria,

4 Department of Nephrology, University Hospital , Hussein-dey - Algeria

Introduction

Infections occurring during hemodialysis remain a major cause of mortality and morbidity in chronic patients Considering the immunodeficiency during renal failure and the environment of the hemodialysis unit conducive to nosocomial risk,

Methods

This is a retrospective study conducted over a period of 03 months on all subjects undergoing hemodialysis in the hemodialysis unit of a Hospital centre. All patients in hemodialysis at the centre without age limit were included.

Results and discussion

We have collected 19 patients with chronic renal insufficiency that are hemodialysis for at least 03 months in our center. The average age of our patients is 52 years (extremes 37 to 67 years). 8 women (42%); 11 men (58%) . The causal nephropathy was vascular in 21.04%, glomerular in 31.6%, tubulo-interstitial nephropathy 10.53% and renal polycystosis in 5.3%. For 31.54% of patients, the cause remained undetermined. All our patients receive 3 sessions per week. Among the 19 patients with chronic hemodialysis in the service, 18 had a prevalence of 94.73% and had at least one infectious episode. The prevalence of these infections is viral. Hepatitis C serology is positive in 14 of our patients, or 73.7%. He- patitis B co-infection is found in 5 of our patients. Among 14 patients infected with hepatitis C, 11 patients are cured (78.6%) and 3 patients had chronic hepatitis C (21.4%). Hepatitis B serology is positive in 8 of our pa- tients, or 42.10%. Among 8 patients infected with hepatitis C, 6 patients are cured (75%) and 2 patients had chronic hepatitis B (25%)

Discussion: The prevalence of HBV infection has decreased significantly in renal insufficiency since screening, hygiene and prevention measures were implemented. The prevalence of hepatitis B in our centre is 42.10% among former dialysis patients .The prevalence of hepatitis C in patients undergoing hemodialysis varies from country to country but is still higher than in the general population.

Conclusion

In our series,hepatitis C prevalence is higher at 73.7%. Nosocomial transmission plays a very important role.It is strongly linked to the age of dialysis. Compliance with hygiene measures is a very essential element.Isolation of the infected patient is no longer recommended.

P432

SATISFACTION OF HEMODIALYSIS PATIENTS IN MAURITANIA

El Atigh Aminetou, Lemrabott Mohamed, Ehbibi Behah, Awa Jemal, Sidi Aly Abdellatif, Mohameden Meyen, Yahya Izidbih, Mah Sidi Mohamed

Department of Nephrology, National Hospital, Nouakchott - Mauritania

Introduction

The care of chronic hemodialysis patients must be evaluated based on survival, morbidity, and satisfaction with the care provided. Patient satisfaction measurement is crucial for assessing the quality of care. The pur- pose of this study is to measure the degree of satisfaction among chronic hemodialysis patients and to deter- mine the factors of dissatisfaction

Methods

This was a cross-sectional study conducted between November 17, 2021, and January 10, 2022, including patients who had been on chronic hemodialysis for at least 3 months. Satisfaction scores for various dimen- sions and the overall average satisfaction score of our entire population were established

Results and discussion

In our population of 200 patients, the average age was 52 years ± 15.8, with a sex ratio of 0.9. 47.5% of pa- tients had some level of education, but 65% had not completed primary school. 14.5% of patients were em- ployed, 40% of hemodialysis patients had a duration of between 5 to 10 years, and 87% had an arteriovenous fistula (AVF).

The overall average satisfaction score in the population was 43.7 ± 19.3.

The scores for different dimensions were as follows: D1: 43; D2: 45.5; D3: 51.6; D4: 40.3; D5: 39.5.

There was a statistically significant link between education and the overall average satisfaction score ($p<0.01$)

Conclusion

Our population is not satisfied with the quality of care provided in the centres in our study.

P433

CATHETER-RELATED BLOOD STREAM INFECTIONS AND ASSOCIATED FACTORS AMONG HEMODIALYSIS PATIENTS IN A TERTIARY CARE HOSPITAL

Weledegebriel Migbnesh Geberemedhin[1], Nigusse Afewerki Tesfahunegn[2], Gebrearegay Hailemariam[3]

1 Department of Internal Medicine, Mekelle University - Ethiopia,

2 Department of Public Health, Mekelle University- Ethiopia,

3 Department of Pediatrics and Child Health, Mekelle University - Ethiopia

Introduction

Non-tunneled central venous catheter remains the preferred vascular access at hemodialysis initiation in de- veloping countries despite a high burden of infection complications. The goal of this study was to determine the burden, risk factors, and microbiological spectrum of catheter-related bloodstream infections at a tertiary care center in Ethiopia.

Methods

A retrospective cross-sectional study design was applied among patients who underwent central venous ca- theter insertion for hemodialysis between January 2016 and June 2022 with no native arteriovenous fistula and stayed more than 48 hours. Data were collected from the patient's registration book, patient charts, and microbiology registry and analyzed using SPSS 21. Binary logistic regression was applied to assess the re- lationship between the independent and outcome variables. P-values less than 0.05 with AOR and 95% CI were used as statistically significant variables.

Results and discussion

In this study, 353 patients were included. The mean age was 39±17.9 years and the average duration of ca- theter stay was 58 ±95 days. A hundred thirty-five (38.2%) CRBSIs were documented with an incidence rate of 7.74 episodes per 1000 catheter days. The causative microorganism was predominantly gram-negatives (57.6%). Duration of a catheter (AOR: 0.3; $P < 0.001$), previous CVC infection (AOR: 11.9; $P < 0.001$), high white blood cell count (AOR: 0.31; $P< 0.05$) were independently associated with catheter-related bloodstream infections.

Conclusion

In conclusion, the incidence of catheter-related bloodstream infection among patients on hemodialysis was high with gram-negative predominance. Early fistula must be planned to reduce the duration of temporary vascular access.

P434

IMPROVEMENT OF RENAL FUNCTION AFTER ANGIOPLASTY IN A PATIENT WITH BILATERAL RENAL ARTERY STENOSIS: ABOUT A CASE

Oueslati Emna, Ben mahmoud Nouha, Ben salem Meriem,- Ben salah Manel, Bchir Sirine, Haouala Faouzi, Letaief Ahmed, Hamouda Mouna, Skhiri Habib

Department of Nephrology,Dialysis and Transplantation , Fattouma Bourguiba University Hospital, Monastir - Tunisia

Introduction

Bilateral renal artery stenosis (BRAS), often caused by atherosclerosis, impairs renal perfusion and is a major cause of secondary hypertension. It can lead to progressive kidney dysfunction and, if untreated, end-stage renal disease. But it could have a different outcome such as recovery of normal or baseline kidney function, after angioplasty.

Methods

We report a case

Results and discussion

We report a case of a 74-year-old male with a medical history of hypertension (HTN), coronary artery disease, heart failure, chronic kidney disease (estimated-glomerular filtration rate (e-GFR) = 56 ml/min/1.73 m²) and benign prostate hyperplasia. He was admitted to our nephrology department six months ago for uncontrolled HTN despite optimal treatment and recurrent episodes of acute dyspnea. Laboratory analysis revealed a de- cline in eGFR = 16.6 mL/min/1.73m² and kidney-asymmetry was noted on sonography. Kidney worsening was attributed to excess volume-depletion due to diuretics. The patient was then discharged with an eGFR=29.35 ml/min/1.73 m² after hydration. However, he was readmitted within a month to our department due to flash pulmonary edema along with severe HTN and worsening of kidney function (eGFR=7.44 ml/min/1.73 m²). The diagnosis of BRAS was then highly suspected and was confirmed via renal magnetic resonance angiography. Hemodialysis was initiated due to persistent renal impairment. The patient underwent percutaneous angioplasty of the left renal artery. Three weeks post-procedure, a gradual recovery of renal function (18.44 ml/min/1.73 m²) was observed, accompanied by improved control of HTN and resolution of respiratory symptoms. Hemodialysis was subsequently discontinued, with close monitoring of renal function. Two months post-angioplasty, the patient had regained baseline renal function (eGFR=37.11 ml/min/1.73 m²).

Conclusion

Bilateral renal artery stenosis is a potentially reversible cause of CKD. Timely and appropriate management when indicated, can slow the progression of CKD.

P435

EMERGENCY HEMODIALYSIS FOR ACUTE KIDNEY INJURY : INDICATIONS AND TOLERANCE

Chahed Bochra, Ben Ayed Tasnim, Fattoum Safa, Agrebi Sahar, Sellami Nada, Badrouchi Samarra, Ben Hamida Fethi, Chargui Soumaya, Abderrahim Ezzedine

Department of Internal medicine A, Charles Nicolle Hospital, Tunis-Tunisia

Introduction

Emergency hemodialysis (HD) is a life-saving procedure frequently required in acute kidney injury (AKI) to manage severe metabolic imbalances. This study aimed to assess the indications for emergency HD and evaluate patient tolerance during these sessions.

Methods

We conducted a retrospective study involving 50 patients who underwent their first emergency HD session for AKI at the Dialysis Unit of the Internal Medicine Department A, Charles Nicolle Hospital, between January 1 and December 31, 2023.

Results and discussion

The mean age of the study population was 60.5 ± 14.3 years (range: 17–87 years). A male predominance was noted, with a male-to-female ratio of 1.3. A single indication for emergency hemodialysis was observed in 25 patients (50%), while 23 patients (46%) presented two combined indications and two patients had three indications. Severe metabolic acidosis was noted in 29 patients (58%), life-threatening hyperkalemia in 19 patients (38%), symptomatic hyperuricemia in 15 patients (30%) and acute pulmonary edema in 6 patients (12%). One patient required dialysis for severe hypercalcemia with ECG abnormalities. Thirty-one patients (62%) required isolated purification. Ultrafiltration (UF) was required in 19 patients (38%) with a median UF volume of 1000 ml (range: 500-4000 ml). The mean prescribed duration of hemodialysis sessions was 3.2 ± 0.4 hours (range : 2.5 - 4 hours). Hemodynamic instability was the most common intradilytic complication, affecting 10 patients (20%), all of whom required vasoactive drugs.

Two sessions were prematurely interrupted due to refrac-

tory hypotension, occurring after 30 minutes and 1.5 hours, respectively.

Conclusion

Emergency HD is a crucial intervention for managing AKI complications, with specific indications and varying tolerance profiles. Individualized prescriptions and close monitoring are essential for optimal patient care.

P436

EPIDEMIOLOGICAL PROFILE OF PATIENTS REQUIRING EMERGENCY HEMODIALYSIS FOR ACUTE KIDNEY INJURY

Chahed Bochra, Ben Ayed Tasnim, Fattoum Safa, Sellami Nada, Badrouchi Samarra, Agrebi Sahar, Ben Hamida Fathi, Chargui Soumaya, Abderrahim Ezzedine

Department of Internal Medicine, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Severe acute kidney injury (AKI) frequently requires the use of extracorporeal filtration techniques in emer- gency situations. This study aims to evaluate the epidemiological and clinical characteristics of AKI cases that necessitate emergency hemodialysis (HD).

Methods

We conducted a retrospective study of 50 patients who underwent their first emergency HD session for AKI at the Dialysis Unit of the Internal Medicine Department A, Charles Nicolle Hospital, from January 1 to December 31, 2023.

Results and discussion

The mean age of the patients was 60.5 ± 14.3 years (range: 17–87 years). Twenty-three patients (46%) were aged over 65 years. A male predominance was observed, with a male-to-female ratio of 1.3. The most common comorbidities included hypertension (44%), diabetes mellitus (42%), heart failure (8%) and malignancy (34%). Referral departments included the emergency department (37.3%), oncology and urology departments (13.7% each), intensive care unit (9.8%), internal medicine and surgery departments (7.8% each), cardiology (5.9%) and gastroenterology (2%). AKI was diagnosed in five patients in a postoperative setting. Three patients were Hospitalized in the cardiology department, two for the management of heart failure and one for ST-elevation myocardial infarction. Additio- nally, AKI was diagnosed in four patients Hospitalized in the intensive care unit for septic shock management and in another patient for hemorrhagic shock.

In the remaining cases, AKI was diagnosed in patients presenting with various symptoms, including general health deterioration in nine individuals, nausea, vomiting, and fatigue in eight, oliguria in fourteen, anuria in five, and macroscopic hematuria in one patient. Fourteen patients (28%) were receiving vasopressor therapy (norepinephrine) at the time of AKI diagnosis. Six patients (12%) were intubated and ventilated in the intensive care unit and seven patients (14%) required oxygen therapy.

Conclusion

Understanding the epidemiological profile of patients requiring emergency hemodialysis for acute kidney injury is crucial for optimizing treatment strategies and improving patient outcomes.

P437

HEMODIALYSIS IN EMERGENCY SITUATIONS FOR DIABETIC PATIENTS

Zouaoui Rihab, Ben Ayed Tasnim, Fattoum Safa, Sallemi Nada, Badrouchi Samara, Agerbi Sahar, Ben Hmida Fethi, Chargui Soumaya, Ezzedine Abderrahim

Department of Nephrology, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

The prevalence of diabetic patients among patients necessitating emergency hemodialysis (HD) is important. The aim of this study is to determine the epidemiological, clinical, and biological profiles as well as the im- mediate evolution of diabetic patients dialysed for emergency indication.

Methods

We studied all diabetic patients who underwent their first HD session in an emergency situation between January 1st, 2023, and December 31st, 2023. Data was collected from the emergency register.

Results and discussion

Our study included 196 patients, with a mean age of 65±13.6 years [24–90 years]. Male to female ratio was 1.4. One hundred and seventy-nine (91.3%) patients had Type 2 diabetes. One hundred and sixty-one (82.1%) patients were hypertensive, and thirty-one (15.8%) patients had coronary artery disease. Ninety-eight (50%) patients came from the emergency department, eleven patients were intubated and ventilated. Among all pa- tients,41(21%) had acute kidney injury and 88 (44.9%) had stage 5 of chronic kidney disease. Emergency HD was initiated for metabolic acidosis in 45.4% of cases, poorly tolerated high uremia levels in 35.7%, life- threatening hyperkalemia in 23.9%,

and acute pulmonary oedema in 20.4%. Blood transfusion and perioperative dialysis were indicated in 4.6% and 2% of cases, respectively. Pericarditis was the indication in one case and drug intoxication in one case. The average session duration was 3 hours. Ultrafiltration was necessary in 35.2% of cases. The dialysis access used was a femoral catheter in 98.5% of cases. intradialytic complications were hypotension in 8 cases (4%), one case of atrial fibrillation, one case of persistent atrioventricular block, one case of seizure, and one case of chest pain. A death was noted in 13(6.63%) pa- tients in the first week after dialysis session (3 in the first 24 hours).

Conclusion

Screening and early diagnosis of diabetic nephropathy will decrease the prevalence of these patients' starting HD in emergency situations and enhance their prognosis in the short and long term.

P438

MICROBIOLOGICAL AND THERAPEUTIC PROFILE OF HEMODIALYSIS CATHETER-RELATED INFECTIONS

Haoua Youssouf Seid, Ibrahim Hamat, Mahamat Djibrine, Mahamat Hakim

Department of Nephrology, University Hospital of National Reference, Ndjamena - Tchad

Introduction

Central venous catheters (CVC) remain crucial for vascular access in hemodialysis, but are frequently com- plicated by infection. The aim of our work was to determine the frequency of hemodialysis catheter-related in- fections (HRAI), and their microbiological and therapeutic profile.

Methods

This was a prospective, descriptive observational study conducted over an 18-month period from December 2022 to June 2024, in the Nephrology-Hemodialysis Department of CHU-RN. We included all patients with a CVC showing signs of infection and who had undergone catheter tip culture. Data were collected on a pre- established form, entered and analyzed using EPIINFO software, and word processing and tables were crea- ted using Word2016.

Results and discussion

The prevalence of hemodialysis catheter-related infections was 26.7% in 86 CVC patients, mean age 55 +/- (18-70) years, with a sex ratio of 1.19. The main comorbidities were arterial hypertension (58.7%) and diabetes (23.9%). The main comorbidities were arterial hypertension (58.7%) and diabetes (23.9%). The jugular vein was most frequently used (50%). Staphylococcus Aureus was the most common germ (30.4%), followed by Enterobacteriaceae SPP (8.7%). Sensitivity to ciprofloxacin accounted for 32.6% of cases, and methicillin resistance for S. aureus was (78.6%). The outcome was favorable in (65.2%), with complications such as sep- sis/shock in (17.3%), and death in (17.3%).

Conclusion

These results underline the problem of ILCD in our context, as well as the importance of antibiotic resistance of the germs involved.

P439

IMPACT OF IRON STATUS ON MORBIDITY AND MORTALITY IN HEMODIALYSIS PATIENTS

Abid Feryel[1], Badrouchi Samarra[1], Hajji Kawther[2], Nada Sellami[1], Ben Ayed Tasnim[1], Fattoum Safa[1], Dridi Amel[2], Krir Asma[3], Bahlous Afef[3], Abderahim Ezzedine[1]

1 Nephrology Department, Charles Nicolle Hospital2 Nephrology Department, Ettadhamen District Hospital,

3 Biochemistry department, Pasteur Institute, Tunis- Tunisia

Introduction

Iron status, reflecting iron stores, is a key factor in the management of anemia in hemodialysis patients. Ho- wever, data in the literature remain conflicting. Some studies suggest that iron overload may increase morbidity and mortality, particularly through a higher risk of infections and major cardiovascular events (MACE), while others find no significant association. this study aim to evaluate the impact of iron status on infection rates, Hospitalizations, cardiovascular events, and mortality in hemodialysis patients.

Methods

This prospective bicentric study was conducted over six months (July 2023 to January 2024). All included pa- tients received optimal anemia treatment consisting of intravenous iron and erythropoiesis-stimulating agents. Regular laboratory assessments were performed. For patients who experienced an infection, Hospitalization, cardiovascular event, or death, the mean levels of hemoglobin (Hb), ferritin, and transferrin saturation (TSAT) were calculated prior to the event. For other patients, these mean values were calculated over the entire study period.

Results and discussion

Among the 103 included patients (sex ratio = 0.77), the

mean age was 53.4 years, and the mean duration on hemodialysis was 7.6 years. The incidence of MACE was 1/100 patient-months, infections 2.3/100 patient- months, Hospitalizations 1.8/100 patient-months, and mortality 0.4/100 patient-months.

Logistic regression analysis did not reveal any significant impact of Hb or ferritin levels on infections, hospi- talizations, MACE, or mortality ($p > 0.05$). However, TSAT was significantly associated with the number of Hospitalizations ($p < 0.05$).

Kaplan-Meier curves showed a significant difference in MACE-free survival based on ferritin levels, with better survival observed in patients with ferritin levels between 200 and 500 ng/mL ($p = 0.013$). Conversely, no si- gnificant differences were observed in infection-free or mortality-free survival based on ferritin levels ($p = 0.114$ and $p = 0.717$, respectively), nor in infection-free, MACE-free, or mortality-free survival based on TSAT levels ($p = 0.095$, $p = 0.531$, and $p = 0.704$, respectively).

Conclusion

Our study suggests that while ferritin levels may influence the occurrence of cardiovascular events in hemo- dialysis patients, iron status does not significantly impact infections, Hospitalizations, or mortality.

P440

IMPACT OF AN INTRA-DIALYTIC EXERCISE PROGRAM ON POST-DIALYTIC FATIGUE

El Aissaoui Khaoula, El Ainzerroudi Ouifak

Department of Nephrology, Dialysis and Transplantation, Hassan II University Hospital, Fes - Morocco

Introduction

Post-dialysis fatigue (PDF) is a common symptom in haemodialysis patients, significantly affecting their quality of life. Although dialysis is essential for eliminating toxins and maintaining fluid balance, it can cause physio- logical and psychological imbalances, contributing to persistent fatigue. The mechanisms involved and their management remain poorly understood. The aim of our study is to investigate the incidence of FPD, its cha- racteristics, its risk factors and the impact of intra-dialytic physical exercise on the improvement of FPD.

Methods

We conducted a prospective, interventional, multicentre study in four haemodialysis centres. We included adult patients, on chronic haemodialysis for more than 3 months. Our study was carried out in three stages: inclusion and selection of patients with post-dialysis fatigue; establishment of a 12-week aerobic physical exercise programme consisting of three weekly 30-minute ergometer pedalling sessions; and finally, reas- sessment after 12 weeks using the FACIT-fatigue score, and fatigue symptoms using the KDQOL-SF 36.

Results and discussion

We included 263 haemodialysis patients with a mean age of 55.28 ± 14.69 years and a sex ratio of 1.03. The length of time on dialysis was 7.76 ± 6.29 years. Intra-dialytic hypotension was found in 22.8% of patients. The mean Kt/V was 1.71±0.82. Based on the FACIT-F score, 85 patients had post-dialytic fatigue. We showed that the main factors statistically associated with FPD were age ($p= 0.002$), body mass index ($p= 0.017$), FAV rate ($p= 0.034$), CRP ($p= 0.049$), serum calcium ($p= 0.048$), serum protein ($p= 0.049$), and intra-dialytic hypo- tension ($p< 0.017$). On the other hand, an ultrafiltration rate greater than 5% of the patient's weight was inversely associated with FPD.

Conclusion

Our work allows us to position intra-dialytic pedalling as a non-pharmacological adjuvant therapeutic modality that can improve the various aspects of FPD in haemodialysis patients, as well as their quality of life.

P441

AN ASSESSMENT OF NURSING STUDENT KNOWLEDGE AND NURSING SCHOOL CURRICULA IN FAKO DIVISION ON THE MANAGEMENT OF PATIENTS ON HAEMO-DIALYSIS

Gobina Ronald[1], Monono Maurine[2], Teuwafeu Denis[1], Ekeme Malika[2], Martin Mokake[3], Nkemayim Florence[2], Palle John[2]

1 Department of Internal Medicine and Pediatrics,

2 Department of Nursing,

3 Department of Surgery and Specialties, Faculty Of Health Sciences, University of Buea - Cameroon

Introduction

The number of patients with chronic kidney disease requiring haemodialysis in Cameroon is on the rise. Fako Division in South West Region, Cameroon hosts the lone haemodialysis center in the region and is host to several nursing schools. We set out to assess the curricula of nursing schools and the knowledge of nursing students training in Fako Division on haemodialysis care for patients with

Chronic Kidney disease.

Methods

A mixed method study was conducted and data collected using questionnaires and an interview guide. A multi stage sampling technique was used to select five nursing institutions purposively, five key informants purpo- sively and student nurses conveniently. Data analysis was done using SPSS version 28.

Results and discussion

217 nurses responded to questionnaires, the majority (93.1%) in the 20 – 29 year age group. Their nursing training programs included State Registered Nurses, Higher Nursing Diploma and Bachelor of Science in Nurses for 48.6%, 44.5% and 6.9% of respondents respectively. None of the nursing schools in Fako Division had a curriculum that included haemodialysis content. One key informant said, "When we teach renal patho- logy, we just mention haemodialysis passively" and another, "We assume that the content of anatomy and physiology of the renal system addresses haemodialysis". The existing nursing curriculum has influenced stu- dents' theoretical and practical knowledge of haemodialysis poorly, with an influence rating score of 1/7 and 0/15, respectively. Nursing students' theoretical knowledge was moderately correlated to their practical know- ledge, with a Pearson's correlation coefficient value r = 0.521 (P < 0.01). Insufficient training time, difficulty operating haemodialysis machines, poor background knowledge on haemodialysis, limited haemodialysis units and limited skilled tutors for training schools were the major challenges.

Conclusion

Over 20 years after the opening of the lone haemodialysis center and in spite of the increasing burden of pa- tients on haemodialysis in the South West Region, nursing schools have not incorporated haemodialysis content for their curricula. Theoretical and practical knowledge of nursing students in Fako Division concerning haemodialysis is poor. There is urgent need to review existing curricula to improve nurses' knowledge and optimize relevance to the increasing haemodialysis needs in the South West Region.

P442

EVALUATION OF THE DEGREE OF COMFORT WITH THE TYPE OF VASCULAR ACCESS IN CHRONIC HEMODIALYSIS PATIENTS

Bouchari Asmaa, Dami Fouad, Hanafi Houda, Beb Driss Alami Soukaina, El Hammouti Mariam, Assem Maryam

Department of Nephrology, Mohamed VI University Hospital, Tanger - Morocco

Introduction

Health is defined as "a complete state of physical, mental and social well-being". This possible person-centered approach is important in nephrology where the quality of life of dialysis patients is impaired by the upheavals related to the disease on the one hand and the constraint of vascular access on the other hand.

Methods

A descriptive and analytical study was conducted on a series of 201 cases of chronic hemodialysis (CHD) patients from the northern region of Morocco selected randomly. Data were collected by questionnaires filled out by patients anonymously.

Results and discussion

Arteriovenous fistulas (AVF) accounted for 84.6% of the vascular accesses studied. 24 patients had a tunneled catheter, mostly young women who refused AVF for aesthetic reasons. Among 79% who considered the type of their approach to be their doctor's choice, 61% declared they have not received training regarding the types of vascular approaches, 48% of them over 65 years old. Furthermore, most patients had never heard of perito- neal dialysis. In terms of physical comfort, only 14/201 CHD patients reported pain at their access and 7 to 8 patients suffered from annoying itching and redness; 19 approaches have been complicated by an infection at least once. Regarding the mental and social well-being of CHD, 33 patients were limited in terms of sport by the presence of their vascular access without considering factors related to other comorbidities, 12 patients of them preferred to keep the privacy of their disease away from others. All patients dialyzed by simple/tunneled catheter feel limited in terms of showering and swimming, a small part believe that it is a contraindication. 39/112 feel moderately to strongly limited in their intimate relationship.

Conclusion

The quality of life of CHD patients is very impaired with regard to the presence of their vascular access.A doctor-patient collaboration through medical training on the one hand, and considering the subjective perception of patients in terms of comfort on the other hand is therefore a priority for these patients in order to determine the margin of inclusion of their choice in optimal care according to the latest recommendations.

P443

STUDY OF BONE MINERAL DENSITY BY DUAL-ENERGY X-RAY ABSORPTIOMETRY IN HEMODIALYSIS PATIENTS: ABOUT 18 CASES

Mahmoud Bousakhria

Department of Nephrology, Military Hospital, Faculty of Medicine, Salah Boubnider University, Constantine - Algeria

Introduction

Chronic renal failure is a common pathology that causes early disturbance of phosphate and calcium meta- bolism, leading to secondary hyperparathyroidism, affecting bone and mineral metabolism, and bone loss is common and silent. It is characterized by osteopenia, deterioration of bone quality, and altered bone structure. Our work aims to determine bone status by examining the clinical, biological characteristics and bone mineral density (BMD) of hemodialysis patients at Constantine Military Hospital (CMH).

Methods

This was a prospective study involving all CMH hemodialysis patients. Biological assessment assesses bone damage and the elements used in current practice (calcemia, phosphate and parathyroid hormone) and two- photon absorptiometry (DXA) assesses BMD.

Results and discussion

This study involved 18 male and female patients with a sex ratio of 1 and a mean age of 50.94 ± 17.46 years who received hemodialysis for a mean treatment duration of 8.72 years. Hypocalcemia accounted for 44.4%, hyperphosphatemia accounted for 61.1%, and hyperparathyroidism accounted for 50%. The mean BMD for our entire population was 0.871 ± 0.174 g/ cm² in the lumbar spine and 0.679 ± 0.099 g/cm² in the left hip. Mean T-scores were -1.628 ± 1.197 SD for the lumbar spine and -1.861 ± 0.622 DS for the left hip. We found 33.3% osteoporosis (83.3% trabecular osteoporosis) and 66.7% osteopenia, including 83.3% cortical osteo- penia. Multivariate analysis could identify 03 risk factors for osteoporosis in a statistically significant manner, namely, duration of hemodialysis greater than 10 years, hypocalcemia, and hyperparathyroidism greater than 500 Pg/ml.

Conclusion

Disturbed calcium phosphate metabolism and its skeletal consequences are certain and common complica- tions in hemodialysis patients. It has a greater effect on cortical bone. Early detection and preventive measures are necessary.

P444

MINERAL AND BONE DISORDER IN PATIENTS ON MAINTENANCE HEMODIALYSIS: INSIGHTS FROM A SATELLITE HEMODIALYSIS UNIT IN KENYA

Nguring'a Kevin

Department of Nephrology, Parklands Kidney Center, Nairobi - Kenya

Introduction

Patients with end-stage kidney disease (ESKD) on maintenance haemodialysis (HD) are at an increased risk of developing chronic kidney disease mineral bone disorder (CKD – MBD). Routine evaluation is recommen- ded to ensure timely diagnosis thereby avoiding long term complications. In Kenya, the number of patients on dialysis is growing but there isn't enough data available about HD patients mineral bone disorders.

Methods

This was a retrospective cross sectional study conducted between 1st January 2023 to 1st January 2024 at Parklands kidney center, renal unit, Nairobi. The study population was adults aged 18 years and above who were on maintenance haemodialysis. We evaluated the serum/ plasma intact parathyroid hormone (iPTH), corrected calcium, phosphate, total alkaline phosphatase (TALP) and 25 [OH] vitamin D levels of one hundred and eighteen patients.

Results and discussion

A hundred and eighteen patients (118) on maintenance haemodialysis were evaluated (78 men, 40 women) they had a mean age of 61.7 ± 15.3 years and a mean single pooled kt/V of 1.49 ± 0.39. The prevalence of hyperparathyroidism (iPTH >150 pg/ml), hyperphosphataemia (> 1.45 mmol/L), hypocalcaemia (< 2.1 mmol/L) and 25 [OH] vitamin D deficiency (< 30 ng/ml) was 87.3 %, 55.9 %, 28.8 % and 73.7 % respectively. The combination of markers of bone turnover (iPTH > 150 pg/ml and TALP > 120 U/L) suggestive of high turnover bone disease, was present in 58.5 % of the study population. In logistic regression analysis for predictors of hyperparathyroidism only age 1.0 (0.9 – 1.0) 0.025 was statistically significant. Fifty-three (44.9 %) of patients had iPTH (150 – 600 pg/ml) within the recommended kidney disease improving global outcome (KDIGO) gui- delines.

Conclusion

The overall prevalence of hyperparathyroidism (> 150 pg/ ml), hyperphosphatemia (1.45 > mmol/L), hypocal- caemia

(< 2.1 mmol/L) and 25 [OH] vitamin D deficiency (< 30 ng/ml) was 87.3 %, 55.9 %, 28.8 % and 73.7 % respectively. The combination of markers of bone turnover (> 150 pg/ml and TALP > 120 IU/L) suggestive of high turnover bone disease, was present in 58.5 % of the study population. Patients within KDIGO recom- mended targets for calcium, phosphate and PTH were 59.3 %, 37.3 %, and 44.9 % respectively.

P445

ASSOCIATIONS BETWEEN VASCULAR CALCIFICATION AND BONE MINERAL DENSITY IN CHRONIC HEMODIALYSIS PATIENTS : A SINGLE MOROCCAN CENTER EXPERIENCE

Narjiss Labioui, Errihani Majdouline, Hassani Kawtar, Benbria Sanaa, Zajjari Yassir, Elkabbaj Driss

Department of Nephrology, Dialysis and Kidney Transplantation, Military Hospital of Mohamed V, Rabat - Morocco

Introduction

Chronic kidney disease-mineral and bone disorders (CKD-MBD) is characterized by generalized vascular cal- cification (VC) and impaired bone health. We aimed to investigate the relationship between VC and bone mineral density (BMD) in chronic hemodialysis patients.

Methods

A cross-sectional study included 40 chronic hemodialysis patients for at least 6 months. For the assessment of VC, abdominal aorta lateral lumbar X-rays were used, and for the analysis of bone mineral density, dual- energy X-ray absorptiometry (DXA) at the lumbar spine (LS) and femoral neck (FN) was provided.

Results and discussion

Forty patients were included; the average age was 59 ± 16 years, 47% were women, and the median of he- modialysis duration was 54 months .The prevalence of AAC was 57.5% ; and the median AAC score was 3. The prevalence of osteoporosis at the lumbar spine was 27.5%, while at the femoral neck it was 32.5%. The mean BMD at the lumbar spine was 0.999± 0.213; and at the femoral neck, it was 0.814± 0.239.

In the correlation analysis, there was a significant association between AAC and BMD; ACC was inversely correlated with BMD of the spine (r = -0.368, p=0.019) and femoral neck (r = -0.578, p In linear regression analysis, with AAC as the dependent variable, there was a statistically significant negative relationship with BMD of the spine (p=0.024), and BMD of the femoral neck (p=0.002).

Conclusion

Our study demonstrated that the presence of CV reduces BMD in hemodialysis patients; this implies the need for early diagnosis and optimal management of CKD-MBD. We believe that the results of our study will help in the planning of future research, as they also confirm the existence of the vascular-bone axis.

P446

MINERAL-BONE DISORDERS IN HEMODIALYSIS

Aragon Imane

Department of Nephrology, Military Hospital Mohammed V, Rabat - Morocco

Introduction

Mineral-bone disorders (MBD) are common in chronic hemodialysis patients, and are responsible for high morbidity and mortality, hence the necessity for early diagnosis.

Methods

Cross-sectional, monocentric, descriptive and analytical study of 36 patients undergoing hemodialysis in the unit of the Nephrology, Dialysis and Renal Transplant Department at HMIMV for a period of 6 months.

Results and discussion

The study included 19 women and 17 men with a mean age of 58.1 ± 17.6 years. Initial nephropathy was un- determined in 30.5% of cases. The mean duration of dialysis was 9.4 ± 5.6 years. Clinically, 61% of our pa- tients presented with bone pain, 50% with arthralgia, 22.2% with bone deformity, and 8.3% with a history of spontaneous fractures. Biologically, 52.8% had secondary hyperparathyroidism (SHPT). According to KDIGO, 38.9% of patients had PTH levels within the target range. Standard X-RAY revealed signs of SHPT in 58.3% of cases. Therapeutically, Cinacalcet was administered in 8 patients, and parathyroidectomy was performed in 8 patients. Factors associated with SHPT in our study were: female gender (p=0.047), duration of dialysis (p=0.018), hyperphosphatemia (p=0.042) and elevated alkaline phosphatase (p=0.019).

Conclusion

MBD have a high prevalence in chronic hemodialysis, hence the importance of their systematic screening in the early stages of CKD in order to manage them and avoid their complications.

P447

RISK FACTORS FOR OSTEOPOROSIS IN CHRONIC HEMODIALYSIS PATIENTS

Aragon Imane, Errihani Majdouline, Hassani Kawtar, Zajjari Yassir, El Kabbaj Driss

Department of Nephrology, Military Hospital Mohammed V, Rabat - Morocco

Introduction

Osteoporosis associated with chronic kidney disease is a complex entity with a significant morbimortality re- lated to fracture risk. Its prevalence is high, but the clinical and biological factors involved remain poorly iden- tified.

Methods

Cross-sectional study including 40 hemodialysis patients for a minimal period of 6 months, who underwent bone densitometry measured by dual-energy X-ray absorptiom- etry (DXA) to assess Bone Density at the lum- bar spine and femoral neck. Patients were divided into 2 groups based on T-score to define osteoporotic (t score≤2.5) and non-oste- oporotic (t score>2.5). Logistic regression was used to in- vestigate risk factors [(age, length of time on hemodialysis, parathyroid hormone (PTH), alkaline phosphatase (ALP), abdominal aortic calcification (AAC)] and osteoporosis.

Results and discussion

The mean age was 59 ± 16 years, 47% were women with a median duration on hemodialysis of 54 months [31,108]. The prevalence of osteoporosis in the lumbar region was 27.5% and in the femoral neck region 32.5%. At spinal level, the factors associated with osteoporosis retained in uni- variate analysis were age (p=0.034), PTH (p=0.024) , AAC (p=0.024) , ALP (p=0.027) and in multivariate analysis, only PTH was significantly as- sociated (p=0.019). At femoral neck level, the factors associated with osteoporosis re- tained in univariate analysis were age (p= 0.03), ACC (p= 0.01), ALP (p=0.04) and in multivariate analysis was ALP (p= 0.035).

Conclusion

Osteoporosis is associated with abnormalities in phos- phocalcium metabolism in haemodialysis patients, hence the importance of early correction of these disorders and screening for fracture risk using DXA.

P448

HEMODIALYSIS CATHETER-RELATED IN- FECTIONS IN THE KAYES REGION, MALI

Samaké Magara[1], Sy Seydou[2], Diakite Niakalé[1], Tounkara Pinda[1], Yattara HamadounCoulibaly Sah Dit Baba[3], Maiga Djeneba[2], Coulibaly Moctar[4], Djiguiba Singadou ousmane youssouf [5], Fongoro Saharé[6]

1 Nephrology Department, Kayes University Hospital

2 Department ofNephrology and Hemodialysis, Point G Hospital, Bamako,

3 Nephrology and Hemodialysis Department,Medical and Chirurgical Center of Armies, Bamako

4 Nephrology Department, Mali Gavardo Hospital, Bamako,

5 Nephrology Department ,Commune IV District Hospital, Bamako University of Science, Technical and Technologies of Bamako - Mali

Introduction

The objective of this study was to determine the microbio- logical profile of dialysis patients with hemodialysis cathe- ter-related infections in the Kayes region of Mali.

Methods

This was a retrospective, multicenter, descriptive study conducted between November 1, 2021 and November 1, 2024, including clinically suspected hemodialysis cathe- ter-related infections with microbiological documen- ta- tion, in the nephrology unit of the regional Hospital and at the SEWA medical polyclinic in Kayes.

Results and discussion

During the study period, 34 cases of catheter infection were recorded out of 287 hemodialysis catheters in- sert- ed. The mean age of patients was 51.26±12.32 years, with extremes of 23 and 71 years. Females predo- minated, ac- counting for 64.7% of cases. The mean number of cath- eterizations per patient was 2.82±1.19. Sepsis was pres- ent in 58.8% of patients, versus 17.6 with severe sepsis. Leukocytosis was found in 88.2% of cases, the mean CRP level was 81.88±35.90 mg/l and procalcitonin (N=26) was 17.41±28.09 ng/ml. Germs found on catheter tip culture were dominated by the Gram-Positive Cocci group, namely Staphylococcus epi- dermidis 11 cases (32.4%), Staphy- lococcus aureus 9 cases (26.5%) and coagulase-negative Staphylococcus 4 cases (11.8%) and Enterococcus fae- cium 2(5.9%). Blood culture bacteremia was positive in 16 patients (N=21), with Staphylococcus epidermidis in 5 cases (31.3%), Staphylococcus aureus in 9 cases (56.3%) and Acinetobacter baumannii in 2 cases (5.9%). Regarding the antibiogram profile for catheter germs, Gram-Positive

Cocci showed clear resistance to ery- thromycin (88.9%), oxacillin (66.7%), ceftriaxone (59.3%), quinolones (51.9%), and amoxicillin (51.9%). They were more sensitive to aminoglycosides (85.2%), glycopeptides (84.3%) and carbapenems (70.4%). The two A. baumanii strains identified by blood culture were 100% multidrug-resistant. The outcome was favorable in 29 patients, versus 5 cases of death in the context of severe septic shock in 3 diabetics, one HIV-positive and one immunocompetent patient.

Conclusion

In view of the emergence of multi-resistant bacteria, bacteriological examinations should be carried out systematically in all cases of febrile syndrome in febrile dialysis patients with a catheter.

P449

THE FIRST STEPS OF THE DIALYSIS CENTER AT THE FOUSSEYNI DAOU HOSPITAL IN KAYES, MALI

Samaké Magara[1], Fofana Aboubacar sidiki[1], Sy Seydou[2], Diarra Samou[1], Coulibaly Sah Dit Baba[3], Yattara Hamadoun[2], Diarra Bakary[2], Kamissoko Famory[2], Tounkara Penda[1]

1 Nephrology Department, Fousseyni Daou Hospital, Kayes,

2 Nephrology Department, Point G University Hospital, Bamako,

3 Nephrology Department, Armed Forces Medical Service, Bamako - Mali

Introduction

Inaugurated in July 2023, the Fousseyni DAOU Hospital dialysis center in Kayes is the first public dialysis center in Mali's first administrative region. The aim of this study was to determine the socio-demographic, cli- nical and evolutionary characteristics of patients dialyzed in the HFDK dialysis center.

Methods

this was a descriptive, monocentric study with retrospective data collection from July 23, 2023 to December 1, 2024. All patients dialyzed in the said dialysis center and having a usable medical record were included.

Results and discussion

We enrolled 230 patients. Males predominated with 51.3% (118 patients), a sex ratio of 1.05. Patients under 60 years of age accounted for 90% (200 patients), with an average age of 44±18 years and extremes of 3 and 88 years. Housewives accounted for 48.7% (112 cases). Eighty-three point five percent (167 patients) came from the Kayes district. Dialysis was indicated at the first consultation in 98.2% (226 cases). Coma 81 cases (35.2%), uremic syndrome 63 cases (27.4%) and acute pulmonary edema 39 cases (17%) were the main indications for dialysis. Ninety-eight point two percent (226 cases) had started dialysis with a central ve- nous catheter. The mean duration of dialysis catheter use was 23 days ±8, with extremes of 7 days and 5 months. Catheter dysfunction and functional arteriovenous fistula were the main reasons for catheter removal. Seventy-eight point seven percent (181 cases) of patients had no health insurance. Two hundred and eighty- four central lines were inserted. The majority of patients had no medical coverage, 181 cases (78.7%). The evolution was marked by chronic dialysis, 135 cases (58.7%); cure, 19 cases (8.3%); death, 40 cases (17.4%); abandonment, 21 cases (12.1%).

Conclusion

Dialysis patients were predominantly young and male. The indication for dialysis was given in the case ofabsolute emergencies as early as the first nephrological consultation.

P450

INFECTIVE ENDOCARDITIS IN CHRONIC HEMODIALYSIS PATIENTS

Farouq Nour-Elhouda, Al Banyahyati Nissrine, Elhabchi Amina, Benabdelhak Mohammed, Machmachi Imane, Haddiya Intissar, Bentata Yassamin

Department of Nephrology, Dialysis, and Transplantation, Mohammed VI University Hospital Faculty of Medicine and Pharmacy, Oujda - Morocco

Introduction

Patients on chronic hemodialysis have an increased incidence of developing infective endocarditis, estimated at 267 cases per 100,000 individuals annually. The prevalence is influenced by the nature of invasiveprocedures and the healthcare environment associated with chronic hemodialysis.

Methods

This is a descriptive retrospective study conducted at the Nephrology-Hemodialysis-Renal Transplant De- partment of the Mohammed VI University Hospital in Oujda over a period of 12 years and 7 months, from December 1st 2010 to July 17th 2023.

Results and discussion

The study included 39 chronic hemodialysis patients, including 20 women (51.2%) and 19 men (48.7%), with a

male-to-female ratio of 0.95. The mean age was 49 ± 17.20 years. . The most common underlying cause of end stage kidney disease was hypertensive nephropathy, accounting for 41% (n=16) of cases. The average duration of hemodialysis patients was 6.5 months . 37.5% had a duration of less than 3 months. The most recent vascular access was a native arteriovenous fistula in 28.2% of the cases, a tunneled vascular catheter in 46.2%, and a non-tunneled catheter in 25.6% cases. The most commonly reported symptoms were deterioration in general condition, observed in 43.6% of pa- tients, and respiratory symptoms (cough, hemoptysis,..) in 43.6%, this was followed by dyspnea in 10.3%, palpitations in 7.7%, and altered consciousness in 5.1% of the cases. 97.4% of patients presented at least one echocardiographic sign of infective endocarditis, while 2.6% showed no such signs. 38.5% involved infective endocarditis of the right heart and 59% of the left heart. The causative bacteria source was identified in 82.05%. The venous catheter was the most common source of infective endocarditis representing 64.1%. The majority of complications were embolic, occurring in 41.0%, with an additional case of hemorrhagic stroke reported. The intraHospital mortality rate was 51.3%, and the average length of Hospital stay between diagnosis and death was 19.23 days.

Conclusion

Infective endocarditis is a common and severe complication within the hemodialysis patients. It is associated with high morbidity and mortality rates. Its management requires close collaboration between cardiologists, nephrologists, infectious disease specialists, microbiologists, and cardiovascular surgeons.

P451

REPARTITION OF HEMODIALYSIS CENTERS AND MACHINES IN TUNISIAN REGIONS (PRIVATE AND PUBLIC SECTORS) 2022-2023

Ben Youssef Fatma[1], Bouguerra Hind[1], Gam Wiem[1], Brayek Amel[1]

1 Studies and Planning Directorate, Ministry of Health, Tunis-Tunisia

Introduction

Tracking the distribution of hemodialysis centers is crucial to assess the health needs of populations. Renal diseases are an important issue in Tunisia.We aimed to describe the distribution of hemodialysis centers and machines per 100 000 inhabitants per region.

Methods

We conducted a cross-sectional study based on the Tunisian Health Map in 2023.For each sector (private and public), we calculated the number of hemodialysis centers (HC) and machines (HM) per 100 000 inhabi- tants for each region of Tunisia (Grand Tunis (GT), North-West (NW), North-East (NE), Center-West (CW), Center-East (CE), South-West (SW) and South-East (SE).

Results and discussion

Overall, HC and HM are higher in the private sector (82.5 and 1231.5) compared to the public sector (175 and 2093.5). In the public sector, SW, SE and NW had the highest numbers of HC per 100 000 inhabitants (1.17, 1.11 and 0.88 respectively) and the highest numbers of HM per 100 000 inhabitants (18.2, 14.7 and 14.1). GT, NE and CW had numbers of HC per 100 000 inhabitants (0.43,0.63 and 0.62) and numbers of HM per 100 000 inha- bitants (5.64, 8.74 and 9.79) lower than the national HC per 100 000 inhabitant (0.7) and the national HM per 100 000 inhabitants (10.4). On another hand, in the private sector, GT, SE and NE had the highest number of HC per 100 000 inhabitants (1.88, 1.66 and 1.62) and HM per 100 000 inhabitants (22.6,19.9 and 18.3). NW, CE, SW and CW had number of HC per 100 000 inhabitants (1.39,1.35,1.17 and 0.85) and numbers of HM per 100 000 inhabitants (16.5, 16.4, 15.4 and 10.4) lower than the national HC per 100 000 inhabitants (1.5) and the national HM per 100 000 inhabitants (17.7).

Conclusion

HC and HM offer was complementary in public sector and private sectors with disparities between the regions: for GT and NE private sector offer was higher and for SW, NW and CE public offer was higher. Offer of public and private sector remains low for SW. Further analysis of the use of these centers is needed to evaluate further the regional disparities.

P452

YEAR SURVIVAL FACTORS OF NATIVE ARTERIOVENOUS FISTULAS IN CHRONIC HEMODIALYSIS PATIENTS

Ndiaye Fatou[1], Faye Moustapha[1], Ba Bacary[1], Fate Maria[1], Keita Niakhalen[2], Lemrabott Ahmed Tall[1], Ka El Hadj Fary[1]

1 Department of Medicine, Military Hospital Ouakam, Dakar,

2 Department of Medicine, Hospital Dalal Jamm, Dakar - Sénégal

Introduction

The survival of arteriovenous fistula (AVF) for hemodialysis at one year of manufacture varies between 68 and 92%. The objectives of our study were to determine the survival of AVF at one year as well as its pro- gnostic factors.

Methods

This was a retrospective cohort study that included all AVF data from January 2010 to December 2023. The date of preparation of the FAV had been collected as well as the date of loss of the FAV or administrative cen- sorship (one year). A p-value of less than 0.05 was considered significant.

Results and discussion

Two hundred and three (203) AVFs were included. The survival of AVF at one year of follow-up was 84.7%. In a multivariate analysis of the 203 AVFs, the notion of 2 tunnelized central catheterizations (HR.[95% CI]: 5.91[1.55, 22.5]), stenosis (4.01[1.74, 9.23]) and maturation defect (8.07[2.26; 28.8]) were associated with one-year survival of AVF. In sensitivity analysis, covering the first AVFs (n=179), age > 60 years (p=0.03), fe- male sex (2.39 [1.05-5.46]), heart disease (3.78 [1.21-11.8]), the notion of more than 2 anterior central cathe- terizations (6.97 [1.78-27.2]), the presence of upper limb edema after manufacture (3.56 [1.12-11.3])), stenosis (3.42 [1.32-8.85]) and defect in maturation (8.33-1.88) were associated with 1-year AVF survival.

Conclusion

One in 7 AVFs became non-functional during one year of follow up. The associated prognostic factors were: age > 60 years, female sex, > two anterior central catheterizations, the notion of heart. disease, stenosis, lack of maturation and the presence of upper limb edema.

P453

LEFT CERVICAL MASS IN APATIENT UNDERGOING HEMODIALYSIS

Hamat Ibrahim, Djibrine Mahamat djibrine, Haoua Youssouf Seid

Department of Medicine, University Hospital, N'djamena - Tchad

Introduction

Cervical infections are a frequent, life-threatening medical emergency.

Methods

We report to you a clinical case

Results and discussion

Observation :

We report the case of Mr Y, aged 32, with no major antecedents. A chronic haemodialysis patient since February 2021, his basic nephropathy is vascular having benefited from several catheter placements, two confections of arteriovenous fistula (AVF) respectively in 2022 and 2023, left radio-radial. He dialysis twice a week. In August 2023, he presented with a slight swelling of the left cervical vertebra. We performed an echo doppler of the supra-aortic trunk (TSA) which revealed an obstructive thrombosis of the left common jugular vein re- quiring the administration of a VKA (Previscan 20 mg) for 6 months. The outcome was clearly favourable September 2024, the patient presented with a very painful left cervical swelling, clinical examination on ad- mission: haemodynamic parameters stable, neck examination revealed a painful hard left laterocervical mass extending as far as the left sternocleidomastoid muscle . Anterior rhinoscopy suggested allergic rhinitis and otoscopy showed eardrums suggesting bilateral seromucous otitis. Paraclinical tests revealed a hyperleukocytosis of 13,500 mm3, with a CRP of 125 mg/l. Morphology: Doppler ultrasound of the supra-aortic trunks revealed segmental thrombosis of the left internal jugular vein associated with adenitis of the left chain III of the neck. A cervical CT scan revealed a left cervical mass with a dense, thick fluid centre and raised wall, measuring 52 x 63 mm, suggesting abscesses, multiple cervical adenopathies, thrombosis of the left jugular vein, patency of the carotid arteries, and normal appearance of the left submandibular and parotid thyroid glands. He flattened in the operating theatre, which revealed a purulent abscess aspirated at around 250cc. A cytobacteriological sample of the pus was sent to the laboratory in favour of multi-sensitive klebsiella pneumoniae bacteremia.

Conclusion

First case of an abscess on a thrombosis of the left internal jugular vein in our haemodialysis unit in a patient with multiple vascular access problems on the same route.

P454

PREVALENCE AND RISK FACTORS FOR CARPAL TUNNEL SYNDROME IN CHRONIC HEMODIALYSIS PATIENTS

Hajar Laasli, Taoufik Aatif, Driss Elkabbaj

Department of Nephrology, Military Hospital Mohamed V, Rabat - Morocco

Introduction

Carpal tunnel syndrome (CTS) is the set of signs and symptoms related to compression of the median nerve in the carpal tunnel. This manifestation of beta2-microglobulin amyloidosis is a common complication of long-term hemodialysis. The objective of this work is to analyze the characteristics of CTS and to determine the factors related to its occurrence in chronic hemodialysis patients.

Methods

Descriptive and analytical single-center cross-sectional study: 30 patients agreed to participate in the study. The average age is 60 ± 15 years old with a sex ratio of 0.87. All of our patients are right-handed. They all benefit from chronic intermittent hemodialysis for 10 to 12 hours per week using the same type of dialysis membrane, which is a high-permeability membrane

Results and discussion

Functional signs observed were paresthesia in the median nerve region in 63.3% of patients (19 cases); Burns 12% of cases (7 cases). Exacerbation of symptoms during hemodialysis sessions is reported by 8.5% (5 cases). Clinical examination revealed Phalen's sign in 20% of cases (6 cases), Tinel's sign in 33.3% (10 cases) and thenar atrophy in 23.3% (7 cases). No cases of hypoesthesia were noted. The prevalence of CTS in our centre is 46.7%. Electromyogram (EMG) confirmed the clinical suspicion of SCC in 11 patients and diagnosed SCC in 3 asymptomatic patients. Statistical comparison between the two groups of patients with and without SCC showed that the occurrence of this syndrome is related to: duration of dialysis, female sex (p = 0.038), residual diuresis (p = 0.07), and vascular intake.

Conclusion

CTS remains a disabling pathology in hemodialysis patients requiring EMG in any patient with typical symptoms and annually in any patient from the 5th year of dialysis, in order to improve the prognosis.

P455

WHAT INCREASES CARPAL TUNNEL SYNDROME IN CHRONIC HEMODIALYSIS PATIENTS ? A MOROCCAN PERSPECTIVE

Mohamed Essayah

Department of Nephrology, Dialysis, and Transplantation, Mohammed VI University Hospital, Faculty of Medicine and Pharmacy, Mohammed I University, Oujda - Morocco

Introduction

Despite significant advances in hemodialysis practices, Carpal Tunnel Syndrome (CTS) remains prevalent among patients undergoing chronic hemodialysis. This study aimed to evaluate the prevalence of CTS and identify associated factors in chronic hemodialysis patients.

Methods

A cross-sectional study was conducted in December 2022 among consenting chronic hemodialysis patients with a minimum dialysis duration of three months at a reference center in Oujda, Eastern Morocco. CTS diagnosis was based on clinical signs, symptoms, and Tinel's and Phalen's maneuvers. Symptomatic patients underwent electromyography (EMG) on non-dialysis days, performed by the same neurologist under standardized conditions.

Results and discussion

Among 112 chronic hemodialysis patients, CTS was confirmed in 9.82% via nerve conduction studies. Diabetic nephropathy was the most common underlying condition in CTS patients (36.3%). Patients with CTS were older (p: 0,002), predominantly male (63.6% vs. 55.4%), and had higher active smoking rates (p: 0,02). These patients had longer hemodialysis vintage (p < 0,001), and exhibited higher rates of diabetes mellitus (p: 0,001), Hepatitis C virus (HCV) infection (p: 0,002), and severely reduced urine output <100 ml/day (p: 0,03).

Conclusion

Prolonged dialysis, positive HCV status, and diminished residual renal function are associated with increased CTS risk in chronic hemodialysis patients. Further studies are needed to elucidate the pathogenesis of CTS in this population.

P456

THERAPEUTIC MANAGEMENTS OF RELATED HEMODIALYSIS PSEUDOPORPHYRIA:A MONOCENTRIC EXPERIENCE

Hanen Abid[1], Asma Amouri[1], Salma Toumi[1], Beya Fandri[1], Abderrahmen Masmoudi[2], Mohamed Ben Hmida[1], Hanen Chaker[1], Hamida Turki[2], Khawla Kammoun[1]

1 Department of Nephrology, Dialysis and Renal Transplantation, Renal Pathology Laboratory LR19ES11, Hedi Chaker Hospital, Faculty of Medicine,Sfax-Tunisia,

2 Department of Dermatology, Hedi Chaker Hospital, Sfax - Tunisia

Introduction

End-stage chronic kidney disease (ESCKD) and long-term hemodialysis (HD) can lead to porphyria cutanea tarda (PCT), a rare disorder caused by uroporphyrinogen decarboxylase deficiency. PCT is characterized by skin fragility, blisters, and hyperpigmentation, and its etiology in dialysis patients often remains unclear. Treatment is non-standardized, though oral N-acetylcysteine has shown potential benefit. This work aims to provide a deeper understanding of the clinical features, treatment strategies, and progression of PCT on hemodialysis patients.

Methods

This retrospective observational study was conducted at the dialysis unit of the nephrology department of Hedi Chaker University Hospital, Sfax, over the period of 2000–2022. It focused on hemodialysis patients diagnosed with PCT.

Results and discussion

Our study included five patients (4 men and 1 woman) with an average age of 50.4 years (range: 45–60) at the onset of PCT. The primary nephropathy was membranoproliferative glomerulonephritis in one patient, while the etiology remained undetermined in the others. The duration of HD prior to PCT onset was 9 years on average (1–14 years). One patient had been on peritoneal dialysis for 9 years before switching to HD 1 year prior to PCT onset. The clinical presentation included skin fragility, blistering lesions, erosions, and scarring in photo-exposed areas. Plasma, urinary, and fecal porphyrin levels were not assessed, and no iron overload was identified. Treatment included N-acetylcysteine and photoprotective creams, leading to significant improvement and lesion resolution, leaving scars within 10 days. In one case, bullous dermatosis resolved shortly after kidney transplantation.

Conclusion

PCT is a rare complication in HD patients, with often unidentified etiologies. Treatment remains challenging despite various modalities explored. Our findings highlight the consistent efficacy of N-acetylcysteine in managing PCT, suggesting it as a promising therapeutic option. The improvement observed points to oxidative stress, exacerbated by dialysis, as a plausible contributing factor in PCT pathogenesis.

P457

INTRA-DIALYTIC HYPOTENSION : PREVALENCE, RISK FACTORS AND MANAGEMENT RETROSPECTIVE STUDY IN SOUTHERN MOROCCO

Ali El Khand, Mohammed Bouchoual, Mouad El Ouazzani, Sara Anibar, Marouane Jabrane, Mohamed Arrayhani

Department of Nephrology, Haemodialysis and Transplantation, Hospital University Souss Massa, Agadir - Morocco

Introduction

Intra-dialytic hypotension (IDH) remains a frequent but serious complication of haemodialysis sassociated with increased mortality and significant morbidity. Our study aims to determine the prevalence of intradialytic hypotension, identify its risk factors, and specify the appropriate management.

Methods

We performed a multicenter, cross-sectional, analytical study from July 2023 to July 2024. All consenting chronic haemodialysis patients from southern Morocco were included. In the absence of a standardized definition, we defined intradialytic hypotension as a decrease in systolic arterial pressure ≥ 20 mmHg, with or without symptoms.

Results and discussion

We included 1,800 patients in our study, with a mean age of 57,21 ± 15,5years and a slight male predominance (Sex ratio M/F : 1,23). About half our patients had been on hemodialysis for less than 5 years, and 60.8% had an AV fistula as their vascular access for hemodialysis. The most common antecedents in our study were: hypertension, diabetes and cardiac disease in 61,2 %, 38,1 % and 12,7 % respectively. Of the 260 550 dialysis sessions studied, 9150 were complicated by episodes of IDH (3.5%). The management of intradialytic hypotension consisted of : a reduction in ultrafiltration for all symptomatic patients, saline infusion for half of the patients, and temporary discontinuation of antihypertensive treatments for all hypertensive patients. Using logistic regression, we identified dyslipidemia (p= 0,01), a reduced number of sessions per week (p=0,05), high-permeability membranes (p <0,001), a lower dry weight (p=0,005), sleep disorders (p=0,01), and depression (p=0,003) as the main risk factors for the occurrence of intradialytic hypotension.

Conclusion

Despite the progress made in hemodialysis, IDH remains a challenge for the nephrologist. It is a silent, asymptomatic

event and is therefore only detected through blood pressure monitoring. Its management is primarily preventive, based on the clinical assessment of the patient, lifestyle and dietary habit control, along with better prescription of dialysis parameters.

P458

ASSESSMENT OF PHYSICAL ACTIVITY IN CHRONIC HEMODIALYSIS PATIENTS: A MULTICENTRIC STUDY IN SOUTHERN MOROCCO

Souhail Smaali, Mouad El Ouazzani, Mohammed Bouchoual, Sara Anibar, Marouane Jabrane, Mohammed Arrayhani

Department of Nephrology-Hemodialysis and Renal Transplantation, Faculty of Medicine and Pharmacy, Ibn-Zhor University, Agadir - Morocco

Introduction

The evaluation of physical activity in chronic hemodialysis (CHD) patients represents a novel approach that has garnered significant interest in recent studies. This research aims to analyze the physical activity levels in CHD patients, identify risk factors for reduced physical activity, and propose therapeutic interventions.

Methods

This is a multicentric, descriptive, and analytical cross-sectional study conducted over a one-year period, from July 2023 to July 2024, encompassing all public and private dialysis centers in the Souss Massa region of southern Morocco. The study employed the Baecke Physical Activity Questionnaire, translated and validated in Moroccan Arabic dialect.

Results and discussion

A total of 1,800 participants were included, with a slight male predominance (sex ratio: 1.23). The mean age was 57.21 ± 15.54 years. Diabetic nephropathy and vascular nephropathies were the leading causes of chronic kidney disease in 38.8% and 17.8% of cases, respectively. Hypertension was present in 61.4% of patients, diabetes in 38.8%, and sedentary behavior in 13.8%. Additionally, 12.8% had a history of cardiac disease, 7.9% were obese, and 10.2% reported toxic habits. The average dialysis duration was five years, with 60.8% of patients using an arteriovenous fistula. The Baecke questionnaire revealed an average Sports Activity Index (SAI) of 2.7 ± 0.44 and a Leisure Activity Index (LAI) of 2.87 ± 0.76 among physically active patients. These scores reflect limited physical activity across various aspects of daily life for CHD patients. A multivariate analysis identified statistically significant associations between reduced physical activity and urban residence (p=0.04), advanced age (p=0.04), vascular access complications (p=0.04), anxiety (p=0.002), hypocalcemia (p=0.04), and hyperphosphatemia (p=0.04). However, no significant correlations were observed for sex, rural residence, or dialysis duration.Consistent with previous studies, our results confirm that physical activity levels are significantly reduced in patients with CHD due to a number of factors. Emphasis should be placed on modifiable factors to improve physical activity and encourage regular exercise in patients with CHD. Adapted physical activity programs should be developed to improve these patients' quality of life.

Conclusion

While this study achieved its objectives, further specialized research is necessary to better characterize physical activity profiles in CHD patients.

P459

PREVALENCE OF CHRONIC KIDNEY DISEASE AMONG RELATIVES OF CHRONIC HEMODIALYSIS PATIENTS

Omar Mariam [1], Elkeraie Ahmed[1], Naga Yasmine[1], Sultan Eman[2]

1 Department of Internal Medicine and Nephrology,

2 Department of Community Medicine, Alexandria University Hospital - Egypt

Introduction

Early detection and management of CKD can help prevent disease progression in its early stages and alleviate its socioeconomic burden since it may progress to ESKD requiring renal replacement therapy. An increased incidence of CKD has been identified among family members of patients with ESKD. In our study we approached first- and second-degree relatives of ESKD patients in Alexandria University Hospitals to estimate the prevalence of CKD and assess possible risk factors for familial aggregation.

Methods

We evaluated all ESKD patients in HD units of Alexandria University Hospitals and recruited 210 of their first- and second-degree relatives, who were then screened for CKD by detailed history taking, thorough physical examination, and laboratory assessment of renal functions, urinary albumin/creatinine ratio, and eGFR estimation by the CKD-EPI 2021 equation.

Results and discussion

The prevalence of CKD was 22.4% (47 out of 210) among first- and second-degree relatives of ESKD patients, out of whom there were 3.3% (7 patients) ESKD-afflicted relatives on RRT. More than one third (37.7%) of ESKD patients reported a positive family history of kidney disease, and consanguinity was reported in 33.8% of relatives. CKD patients were distributed on the KDIGO heat map that was acknowledged for CKD classification in the recent KDIGO guidelines. The median eGFR of the whole group was 109. Then we divided screened relatives into CKD and non-CKD groups and compared them. Gender distribution showed no significant difference, but individuals aged ≥ 65 years were more prevalent in the CKD group. CKD patients were more likely to be smokers ($p < 0.001$) or have a history of diabetes mellitus, hypertension, cardiovascular disease, hepatic disease, COPD, and obesity (all $p < 0.05$). They also had greater exposure to renal risk factors like renal stones, recurrent UTIs, contrast media, and NSAID abuse (all with p value < 0.05). Family history of kidney disease was significantly higher in the CKD group ($p = 0.001$), whereas degree of relation, consanguinity, and original kidney disease didn't show significant differences.

Conclusion

CKD is frequent among first- and second-degree relatives of ESKD patients, indicating possible familial clustering.

P460

NURSE'S ROLE IN THE PRESERVATION OF VASCULAR ACCESS IN CHRONIC KIDNEY DISEASE

Chekir Sarra

Department of Nephrology, University Hospital of Monji Slim, La Marsa, Tunis - Tunisia

Introduction

Preserving vascular access in chronic kidney disease (CKD) is a key aspect of pre-dialysis care. Nurses play a crucial role in prevention through monitoring, education, and techniques to protect veins and reduce complications. This study aimed to evaluate nurses' practices and knowledge on vascular access preservation using a structured questionnaire.

Methods

This study was conducted in November 2024 and involved nurses working in the nephrology (66%), cardiology(29%) and emergency departments (5%) of Mongi Slim Hospital.

Results and discussion

Thirty-three nurses participated in the study. The average age was 76% between 20 and 30 years old, 18% between 30 and 40 years old, 3% between 40 and 50 years old and finally 3% more than 50 years old. The average length of care experience was 8.25 years. Sixty-one percent of the nurses had not received specific training on the importance of vascular access preservation. Forty-three percent identified the back of the hands as the preferred puncture site. In 52% of cases, the limb with the most visible veins was selected, while 33% never considered the patient's dominant limb before venous sampling. Forty-seven percent of the nurses agreed that preserving vascular access is critical from the early stages of CKD. For blood sample collection, syringes were used in 79% of cases. Intra-catheter needles were 22 gauges in 52% of cases and 20 gauges in 36%. The most frequently reported complications were hematomas (49%) and bruises (33%).

Conclusion

This study reveals significant gaps in nurses' training on vascular access preservation in patients with CKD. Enhancing training on theoretical knowledge, best care practices, and raising awareness about the importance of vascular access preservation is essential to improve care and to maintain the integrity of the veins.

P461

PREVALENCE AND ASSOCIATEDFACTORS WITH INTRADIALYTIC HYPOTENSION IN CHRONIC HEMODIALYSIS PATIENTS IN TWO HEMODIALYSIS CENTERS IN ABIDJAN

Modjaha Marie Dominique Kouadio, Eteka Evariste, Aka Affi Astrid Jean, Diopoh Sery Patrick Olivier, Konan Serges Didier, Ouattara Kolo Claude, Sanogo Sindou, Yao Kouamé Hubert

Department of Internal Medicine D - Nephrology, University Hospital of Treichville, Abidjan- Côte d'Ivoire

Introduction

Intradialytic hypotension (IDH) is one of the per-dialytic complications in hemodialysis patients.The objective was to study intra-dialytic hypotension in our practice setting, with a view to improving its management.

Methods

We conducted a prospective analytical study over a 6-month period from April 2022 to September 2022 in the Treichville and Cocody hemodialysis centers. HID was defined as systolic blood pressure below 100 mmHg during the hemodialysis session.

Results and discussion

Out of 96 chronic hemodialysis patients, intradialytic hypotension was diagnosed in 36, for a prevalence of 37.50%. The mean age of patients was 48± 12 years, and the sex ratio was 2 in favor of men. Clinical manifestations included dizziness (97.2%), asthenia (91.6%), cramps (85.5%), obnubilation (75%) and nausea/vomiting (44.4%). Immediate interventions were Trendelenburg position at least once for 97.22%, temporary interruption of ultrafiltration for 81%, fluid introduction at least once for 94.44%, and stopping the dialysis session was necessary in 19% of cases. Factors such as significant interdialytic weight gain (p=0.00000001), hourly ultrafiltration greater than 10ml/kg/h (p=0.00000001), session duration of 3 hours (p=0.0002), normal body mass index (p=0.002) and hemoglobin less than 8g/dl (p=0.019) were associated with the risk of IDH.

Conclusion

Intradialytic hypotension affects just over one in three chronic hemodialysis patients. Avoiding risk factors could help prevent its occurrence.

P462

PRACTICE AND PERCEPTION OF PHYSICAL ACTIVITY AMONG HEMODIALYSIS PATIENTS IN LA RABTA UNIVERSITY HOSPITAL: AN OVERVIEW

Emna Hammas[1], Boukhtioua Mariem[1], Ghabi Hiba[1], Tlili Syrine[1], Mami Ikram[1], Rais Lamia[1], Ben Hmida Fehi[2], Zouaghi Mohamed Karim[1],

1 Department of Nephrology, Dialysis and Transplantation, La Rabta University Hospital, Tunis

2 Research Laboratory LR00SP01, Charles Nicolle University Hospital, Tunis - Tunisia

Introduction

Although the benefits of physical activity (PA) in dialysis patients are increasingly recognized, inactivity remains common. This may result from insufficient guidance on exercise or from patients perceiving barriers as outweighing the potential benefits.

Methods

The aim of our study was to evaluate PA levels and identify barriers to exercise in hemodialysis patients. We conducted a prospective descriptive study at La Rabta University Hospital, including adult patients undergoing chronic hemodialysis. A questionnaire was used to assess PA, daily activities, and leisure pursuits, classifying patients into three groups: very sedentary patients (Group 1), patients with questionable endurance and exercise capacity requiring evaluation (Group 2), and very active patients (Group 3). We also asked about barriers to engaging in regular PA.

Results and discussion

A total of 55 patients were enrolled, with a sex ratio of 2.67 and a median age of 54 years [42–63]. The most common comorbidities were hypertension (81.8%), diabetes (40%), heart failure (25.5%), and coronary artery disease (21.8%). Diabetic nephropathy and chronic glomerular disease were the most prevalent, noted in 27.2% of patients. Regarding biological findings, 52 patients had anemia, and 5 had malnutrition. Hypocalcemia was present in 43 patients, and hyperphosphatemia in 26. Twenty-seven patients (49.1%) belonged to Group 1, 18 (32.7%) to Group 2, and 10 (18.2%) to Group 3. Univariate analysis revealed a significant association between PA and diabetes (p=0.016), male sex (p=0.029), and albumin levels (p=0.005). PA was reported to improve mood in 85.5% and physical condition in 76.4% of patients. Fifty-one patients considered PA beneficial for health. Fatigue was the most significant barrier to PA (41.8%), followed by shortness of breath (38%) and muscle weakness (14.5%). Only three patients reported no barriers. Regarding suggestions to improve PA, 24 patients (43.6%) preferred advice from their nephrologist, 29 (52.7%) proposed systematic exercise on non-dialysis days, and 2 preferred joining dedicated motivational groups.

Conclusion

PA levels remain low among hemodialysis patients, but patient suggestions could help improve participation in physical activity.

P463

PREVALENCE AND RISK FACTORS OF CARDIAC VALVULAR CALCIFICATIONS IN CHRONIC HEMODIALYSIS PATIENTS

Farjan Anass

Department of Nephrology, Military Hospital Mohamed V, Rabat - Morocco

Introduction

Cardiac valvular calcifications (CVC) commonly occur in patients with chronic kidney disease and are a significant risk factor for cardiovascular complications. This study aimed to assess the prevalence and risk factors of CVC in hemodialysis patients.

Methods

We conducted a single-center, descriptive, and analytical cross-sectional study involving 50 hemodialysis patients at the Mohammed V Military Hospital's hemodialysis center in Rabat. Demographic characteristics, clinical data, and laboratory parameters were collected. The presence of CVC was detected by transthoracic echocardiography.

Results and discussion

The average age was 60.45 ± 15.84 years, with a sex ratio of 1. Vascular calcifications (VC) were found in 50% of patients; 26% had isolated aortic calcifications, 14% had isolated mitral calcifications, and 10% had both mitral and aortic calcifications. In univariate analysis, the presence of VC was associated with advanced age, hemoglobin (Hb) levels <10 g/dL, lower diastolic blood pressure, low 25OH Vitamin D levels, and residual diuresis. Multivariate analysis showed that increased age (p = 0.005, OR = 1.10), 25OH Vitamin D levels <30 ng/L (p = 0.022, OR = 8.55), and Hb levels <10 g/dL (p = 0.019, OR = 8.77) were independent risk factors for VC, whereas residual diuresis (p = 0.014, OR = 0.06) was a protective factor. While other risk factors such as hyperphosphatemia, dyslipidemia, inflammation, malnutrition, and left ventricular fisophy were not implicated in our series, they are recognized as important factors in CVC development.

Conclusion

Further studies are warranted to confirm these findings, particularly regarding the involvement of residual diuresis as a key risk factor in our study, and to evaluate the efficacy of various treatments in preventing and slowing the progression of CVC in hemodialysis patients.

P464

ORAL STATUS OF CHRONIC HAEMODIALYSIS PATIENTS: EPIDEMIOLOGICAL AND CLINICAL REALITIES AT THE DONKA NATIONAL HAEMODIALYSIS CENTER

Diakité Fousseny[1], Kouroma Alphonse[2], Appagni Adjoua Linda Sandrine[2], Kolié Augustin[2], Kaba Mohamed Lamine[1]

1 National Center of Hemodialysis, Donka,

2 Department of Odontology Gamal Abdel Nasser University,Conakry - Guinea

Introduction

Chronic renal failure affects the whole body, particularly the oral cavity. Our aim was to describe the epidemiological and clinical aspects of oral diseases in haemodialysis patients.

Methods

Our study was a cross-sectional descriptive study lasting 6 months, from May 1 to October 31, 2023. All hemodialysis patients who presented with oral hard and/or soft tissue involvement were included. Variables were qualitative and quantitative.

Results and discussion

In our study, we enrolled 202 patients, 121 men and 81 women, with a sex ratio of 1.49. The mean age was 41.6±14.72 with extremes of 16 and 74 years. Patients over 55 were the most affected. Shopkeepers, followed by housewives, were the most numerous. Our patients had poor plaque control in 44.1% of cases, and the mean simplified oral hygiene index was 2.64±1.08. The mean CAO index was 1.52. Among the oral disorders encountered in these patients, halitosis accounted for 57.9%, followed by taste disorders.

Conclusion

Chronic haemodialysis patients present a defective oral condition due to poor oral hygiene associated with the consequences of chronic renal failure.

P465

ASSESSMENT OF QUALITY OF LIFE IN CHRONIC HEMODIALYSIS PATIENTS

Krimi Farah[1], Thabet Nesrine[1], Ben Cheikh Asma[2], Mahfoudh Olfa[1], Fradi Asma[1], Boukadida Raja[1], Dziiri Sonia[1], Dahmen Rihem[1], Guedri Yosra[1], Zellama Dorsaf[1]

1 Department of Nephrology, University Hospital of Sahloul, Sousse- Tunisia,

2 Department of Prevention and Security of Care, Sahloul University Hospital, Sousse - Tunisia

Introduction

Chronic Kidney Disease (CKD) is a major public health concern. It deeply impacts the daily lives ofpatients. Beyond the health-related restrictions, CKD patients face decline in their physical, psychological, and social well-being. Therefore, evaluating their quality of life (QoL) is essential to adapt therapeutic approaches

Methods

A descriptive cross-sectional study conducted in Sousse, Tunisia, during March and April 2024. It included 168 patients with CKD undergoing hemodialysis in three randomly selected public and private centers. Data collection was performed by a physician using the KDQOL-36(Kidney Disease Quality of Life) questionnaire, and clinical data were extracted from medical records. The KDQOL-36 questionnaire evaluates five domains: physical component (SF-12), mental component(SF-12), symptoms and problems of kidney disease(SPKD) , effects of kidney disease(EKD), burden of kidney disease(BKD), and an overall Kidney Summary Score (KSS) : KSS under 50, Indicates poor QoL and a KSS over 50 indicates a good Qol.

Results and discussion

The mean age of participants (n=168) was 55.89 ± 15.22 years, with 66.7% over the age of 50. More than half of the participants were male (55.95%). Among them, 17.86% were illiterate, while 16.07% held a university degree. Most patients were independent (89.3%) and lived with their families (95.2%). The KDQOL-36 domain scores revealed a mean Kidney Summary Score (KSS) of 61.64, with the physical and mental components (SF-12) scoring respectively, 38.80 and 45.78. The symptoms/problems, effects of kidney disease, and burden of kidney disease domains had mean scores of 70.67, 67.60, and 46.68 ,respectively. 65,5% of our patients had good QOL.The results of the domains are summarized in the table below. DOMAINSPCSMCSSPKDEKD BKD Score<50 79.8%43.6%11.3%23.8%51.8% Score ≥5020.2%56.4%88.7%76.2%54.2% Significant correlations were observed between the mental component (SF-12) score and sociodemografic factors such as gender, age, living conditions, and comorbidities. Additionally, the KSS score was significantly associated with the presence of comorbidities, and the burden of kidney disease score was significantly associated with living conditions.

Conclusion

Our findings align with other studies highlighting the correlation between the QoL of chronic hemodialysis patients and sociodemographic factors.

P466

FREQUENCY OF 25 (OH) VITAMIN D3 DEFICITS AMONG NEW HEMODIALYSIS PATIENTS

Bougueddima Ahmed, Khalfaoui Safoine, Beji Maher, Baffoun Anis, Khalil Rania

Department of Blood Epuration and Metabolic Resuscitation Unit, Military Hospital, Tunis - Tunisia

Introduction

Vitamin D is a steroid hormone with many effects. It plays a key role in the immune system and its deficiency was associated, with many diseases such as severe forms of COVID-19 pneumonia, inflammatory bowel diseases, asthma, lupus, depression, cancer and rheumatoid arthritis. The objective of our work was to evaluate the vitamin D reserves of new hemodialysis patients in the blood purification and metabolic resuscitation unit during the year 2024.

Methods

We proceeded to the dosage of 25 hydroxy-vitamin D3. This assay was performed for all new end-stage chronic kidney disease (ESCKD) patients, at the military Hospital of Tunis. The vitamin D status was considered insufficient <30 ug/l.

Results and discussion

From 1 January to 15 December 2024, 1752 emergency hemodialysis sessions were performed for 251 patients admitted in the Hospital. The total number of patients (new ESCKD) included in the study was 39, of which 15 were female. The average age was 52 years (ranging from 19 to 89 years). The type of initial nephropathy was diabetic in the third of cases.The results of the vitamin D assay confirmed the presence of a vitamin deficiency in all the patients. The serum rate of 25 hydroxy-vitamin D3 varied from 20 to 27 ug/l, in 7 cases, between 10 and 20 ug/l in 14 cases (36.9% of cases) and less than 10 ug/l in 18 cases (46%). In addition to nutritional and sunlight exposure, many other

factors can affect the prevalence of vitamin D deficiency in ESCKD.

Conclusion

The frequency of vitamin D deficiency is very high in end-stage chronic kidney disease. Vitamin D3 supplementation at least a dose of 2000 IU per day(or 50000 IU per month) should be systematic to patients followed for ESCKD.

P467

PREVALENCE OF VITAMIN D DEFICIENCY IN DIALYSIS PATIENTS

Bougueddima Ahmed, Beji Maher, Khalfaoui Safoine, Khalil Rania, Baffoun Anis

Department of Blood Epuration and Metabolic Resuscitation Unit, Military Hospital, Tunis - Tunisia

Introduction

Vitamin D (1,25[OH]2D3) is a hormonal system. It is usually acknowledged for the maintenance of bone health and calcium-phosphorus metabolism. It has been reviewed as one of the factors that affect the severity of COVID-19. Clinical practice of screening and treatment of vitamin D deficiency are highly variable in patients with chronic kidney disease. Then in addition to nutritional and sunlight exposure, other factors can affect the prevalence of vitamin D deficiency. The aim of this study was the determination of the vitamin D deficiency prevalence in patients followed for End-Stage Chronic Kidney Disease (ESCKD).

Methods

The study was retrospective. Its duration was two years (2021-2022). Participants were 132 patients, treated in the Blood Epuration and Metabolic Resuscitation Unit.

Results and discussion

The number of enrolled patients in the current study was 132, fifty-one of them were treated in an ambulatory. Among patients, the mean age was 56 years (varied from 17 to 93 years). The sex ratio predominates towards female sex. The mean duration in dialysis was five years.On adopting the cutoff concentration of serum 1,25[OH]2 D3 as <30 ng/ml for defining vitamin D deficiency, the prevalence of this deficiency was 71% (93/132).In the category of recently dialyzed patients and others not supplemented with vitamin D, the prevalence of vitamin D deficiency was respectively 100 % (25/25) and (47/47).

Conclusion

The results of this study showed a high prevalence of vitamin D deficiency, which leads to many complications and increases the fatality rate. Like many authors, we recommend mass administration of vitamin D supplements (2000 to 8000 UI/day) to ESCKD patients.

P468

COMPLICATIONS OF HEMODIALYSIS IN PATIENTS UNDER 20 YEARS OF AGE IN CONAKRY

Camara Mlt, Bangoura S, Traore A, Tolno A, Barry K B, Diallo Ay, Diallo Mm, Bah Ao, Kaba Ml. D

Department of Nephrology and Hemodialysis, University Hospital of Donka, Conakry - Guinea

Introduction

End-stage renal disease (ESRD), requiring purification during childhood, is a rare condition and a source of high morbidity and mortality. The aim was to determine the frequency of complications associated with chronic hemodialysis in patients under 20 years of age.

Methods

This is a retrospective study of chronic end-stage renal disease in patients under 20 years of age who underwent chronic hemodialysis in an adult hemodialysis center. We included in our study the records of patients under 20 years of age, with a creatinine clearance of less than 15 mL/min/1.73m2 according to the Schwartz formula.

Results and discussion

55 patients under 20 years of age with end-stage renal disease, a frequency of 8%. Of 55 patients under 20 years of age with end-stage renal disease,34 patients who had received chronic hemodialysis, the main complication was heart failure.

Conclusion

The aim of this retrospective study of end-stage renal failure in patients under 20 years of age was to obtain a Hospital frequency equal to 8%. The main complication was heart failure, leading to death, associated with several factors, including the lack of a nephro-pediatric service, and the lack of equipment for replacement therapy adapted to children.

P469

STUDY OF DEPRESSION, ANXIETY AND SLEEP QUALITY AS POSSIBLE PREDICTORS OF FATIGUE IN REGULAR HEMODIALYSIS PATIENTS

AhmedMosad Hassen[1], Ahmed Mohed Zahran[1], Salah Yassein[1], Adelaziz Kasemy[2], Saber El-Ghoreib[2]

1 Department of Medicine, 2 Department of Public Health and Community Medicine, Shebin Alkom Hospital - Egypt

Introduction

Patients on regular hemodialysis commonly complain of distressing symptoms that affect their physical and mental health negatively. Fatigue is one of the most common endured symptoms by hemodialysis patients, it is usually unrecognized, untreated, and remains a complex phenomenon. Factors that may be attributed to fatigue include demographic, psychological, physiological factors, sleep disorders, and dialysis inadequacy. Anxiety and depression are considered two of the most important psychological factors that are associated with significant morbidity and mortality in HD patients. They are strongly interrelated with fatigue in patients on dialysis. Depression has an important relationship with insomnia and fatigue in HD patients. Longitudinal analysis has demonstrated that anxiety and depression are associated with increased risk for mortality in HD patients.

Methods

A cross-sectional study was conducted on 82 patients receiving maintenance HD at Menoufia University Hospitals for one year. Demographic, clinical, laboratory data, and clinical questionnaires were recorded for each patient. Inclusion criteria included adult patients aged 18 years and older on regular HD thrice weekly for at least 1 year with mental competence and willingness to participate in the study.Exclusion criteria included patients who had previous psychological disorders, neurological diseases, previous stroke or transient ischemic attack,cognitive impairment, head trauma, history of substance abuse, alcoholism, malignancy, recent infection, and absence of informed consent.All participants were subjected to an interviewer-based questionnaire. This study followed the ethical standards and approved by the Menoufia Faculty of Medicine Committee for Medical Research Ethics. Informed consent was obtained from all participants after getting an explanation regarding the purpose of this study before the study initiation.

Results

Prevalence of fatigue, depression, anxiety, and poor sleep quality among the studied participants was 50, 73.2, 82.9, and 86.6%, respectively. Ferritin, intact parathyroid hormone, hypovitaminosis D, poor sleep quality, depression, and anxiety were the predictors of fatigue in chronic HD patients

Conclusion

Modifiable predictors of fatigue like higher levels of ferritin, intact parathyroid hormone and low vitamin D and poor sleep quality, depression and anxiety can be optimized that may help improve fatigue and quality of life of dialysis patients, which is a step toward optimum dialysis.

Modifiable predictors of fatigue like higher levels of ferritin, intact parathyroid hormone and low vitamin D and poor sleep quality, depression and anxiety can be optimized that may help improve fatigue and quality of life of dialysis patients, which is a step toward optimum dialysis.

P470

CARDIOVASCULAR RISK ASSESSMENTAMONG END STAGE KIDNEY DISEASE PATIENTS ON DIALYSIS

Abdulhafid Sheebani,

Tripoli Central Hospital - Libya

Introduction

Chronic kidneydisease increases the risk of cardiovascular disease development, and patientswho are in end stage kidney disease are at even higher risk. However, the exact 111echa11 is111 of reduced kidney-function and Its association with cardiovascular diseases risk are unclear. Thisstudy aims to investigate cardiovascularrisk onpatients with end stage kidney disease on dialysis in Kortoba Medical Center for Renal Dialysis using the Framingham risk score (FRS) to assess the 10-year risk of cardiovascular events.

Methodology

This is a cross-sectional study conducted in June2022. A total of 145 subjects aged 30-73 years were included in thisstudy. Astructured questionnaire served fordata collectioncovering socio demographic characteristics,a brief medical and drug history, and life style habits. Physical examinations were conducted and the systolic and diastolic blood pressure fo reach patient was measured. Blood was aseptically collected for biochemical assays including fasting blood sugar (FBS), total cholesterol (TC), triglycerides (TG),and high-density lipoproteins cholesterol (HDL-C).

Results and discussion

After exclusion according to the set criteria of total of 124 subjects remained. The patient's ages ranged from30-73 (with amean of49.4±13.0) and the majority of the participants were found to be male (58%). Males,in comparison with females, had a significantly higher cardiovascular risk (P=0.039). Patients aged <60 had a much higher risk than the other age groups (P=0.001). Moreover,participants aged 30-40 were at a significantly lower risk of cardiovascular disease (P=0.000). The moderate risk group had considerably more patients suffering from borderline high triglyceride levels when compared with the low-riskg roup (P=0.004). Additionally, those with high fasting blood sugar Levels hada higher cardiovascular risk (P=0.002). It was also found that neither the durationon dialysis nor whether the participant was occupied or not affected the cardiovascular risk.

Conclusion

A substantial amount (53.3%) of our study population is at moderate or high risk of developing cardiovascular disease. A male gender, increaseinage, high blood pressure, elevated serum glucose levels and Increases blood triglycerides all contribute to the increased risk. Although the previous mentioned are not all modifiable variables some can be modified or improved to decrease the risk.

AFRAN 2025 CONGRESS
Tunis, Tunisia - April 15 - 18, 2025

V- KIDNEY TRANSPLANTATION

P471

HEALTH RELATED QUALITY OF LIFE IN KIDNEY TRANSPLANT RECIPIENTS: USING WHO QOL - BREF AND KDQOL-36 QUESTIONNAIRES A SINGLE CENTRE STUDY

Caroline Gituku[1], Wambugu Benjamin[1], Kayima Joshua[2], Mcligeyo Seth[2]

1- Department of Internal Medicine, Kenyatta National Hospital, Nairobi - Kenya,

2- Department of Internal Medicine, University of Nairobi, Nairobi - Kenya

Introduction

Kidney transplantation is associated with improved quality of life(QoL). Several factors in the post-transplant period may thus influence it. KDQOL36 assess HRQoL in kidney disease while WHOQOL-BREF assess ones' QoL.

Methods

Descriptive cross-sectional study carried out at Kenyatta National Hospital from May-September 2022.Recipients with functioning graft transplanted more than 3 months at the time or recruitment were included. Medical records were retrieved for their clinical and laboratory characteristic. Acute graft dysfunction was defined as rise of baseline creatinine by >25%. Glomerular filtration rate (GFR) was calculated using the CKD-EPI formula. An average blood pressure reading of three consecutive visits was recorded.

Results and discussion

Seventy-three participants were recruited,75% were males with a mean age 46.6 (SD14.4), 65% resided in an urban setup and 42% had tertiary level education. Majority had good QOL and HRQOL. Highest scores were in psychological (75.4±8.9), environmental (76.9±13.9) and social (87.5±13.8) domains. Males had higher physical health scores (65.9±7.1 vs 58.9±10.3 p0.002) while urban residents had higher environmental scores (79.5±14.2 vs 71.8±12.0 p0.025). Blood pressure: (89.7±12.9 vs 80.5±14.6 p0.016) (80.0±12.2 vs 66.5±14.6 p Hemoglobin >12g/dl was associated high physical and psychological scores (59.4±12.2 vs 65.9±6.1 p0.004) (69.7±10.8 vs 77.4 ±7.3 p0.001) respectively. GFR>45ml/min was associated with higher physical, psychological, and environmental scores (65.9±6.4 vs 58±11.9 p0.001) (77.3±7.4 vs 68.4±10.7 p Acute graft dysfunction was associated with lower physical (59.0±12.6 vs 65.5±6.6 p0.007), psychological (71.3±10.8 vs 76.5±8.2 p0.044), and environmental domains scores (69.5±15.4 vs 78.8±13.0 p0.021). Length of time post-transplantation was not associated with high scores, however participants who had a shorter hemodialysis period (KDQOL36 and WHOQOL-BREF correlated poorly in physical and social domain; there was a moderate correlation in the psychological domain.

Conclusion

Recipients have high QoL and HRQoL. Factors that are positively impact it are male gender, urban residency, well controlled blood pressure, higher GFR and hemoglobin levels. Presence of acute graft dysfunction has a negative effect. KDQOL36 and WHOQOL- BREF questionnaires correlate poorly.

P472

DEVELOPING EVIDENCE - BASED AFRAN GUIDELINES TO EXPAND KIDNEY TRANSPLANTATION IN AFRICA: ADDRESSING BARRIERS & PROMOTING EQUITY

Van Hougenhouck-Tulleken Wesley[1], Haddiya Intissar[2], Saadi Gamal[3], Tehir Mohamed Cherif[4], Ka Elhadji Fary[5], Atuhe David[6], Davies Malcolm[7], Shebani Abdulhafid[8], Bamgboye Ebun[9], Bacha Mohamed Mongi[10]

1- Department of Medicine, Sefako Makgatho Health Sciences University, Pretoria - South Africa,

2- Department of Medicine, Mohamed I University, Oujda - Morocco,

3- Department of Medicine, Cairo University, - Egypt,

4- Department of Medicine, Annaba University Hospital - Algeria,

5- Department of Medicine, Aristide Le Dantec University Hospital, Dakar - Senegal,

6- Departnt of Medicine, Lubaga Hospital, Kampala - Uganda,

7- Department of Medicine, University of The Witwatersrand, Johannesburg - South Africa,

8- Department of Medicine, Tripoli University Hospital, Libya,

9- Department of Medicine, St. Nicholas Hospital, Lagos - Nigeria,

10- Department of Internal Medicine, Charles Nicolle Hospital& University El Manar, Tunis - Tunisia

Introduction

The burden of kidney disease in Africa is disproportionately high among African populations, yet kidney trans- plantation remains rare across the continent. To address this disparity,

the African Association of Nephrology (AFRAN) Transplant Committee developed evidence-based guidelines aimed at improving access to kidney transplantation and providing a framework for establishing sustainable programs tailored to African contexts.

Methods

The aim of the study was to develop evidence-based guidelines tailored to African contexts that improve ac- cess to kidney transplantation, and establish sustainable transplant programs across the continent. A mixed- methods, consensus-driven approach was employed, combining qualitative expert discussions with quantitative analysis of data from national reports, peer-reviewed literature, and surveys. The guidelines were developed through a modified Delphi process, with fortnightly online meetings involving a multi-country panel of experts representing 23 African nations to discuss and validate each member's contributions. This iterative process ensured comprehensive and culturally relevant recommendations.

Results and discussion

Key findings identified significant barriers to transplantation, including limited infrastructure, financial constraints, and sociocultural factors. The guidelines propose establishing legal and ethical frameworks, mul- tidisciplinary teams, public and professional education initiatives, and robust monitoring systems. Recom- mendations for integrating living and deceased donor programs were tailored to country-specific contexts. Early implementation of these strategies demonstrated improved outcomes and increased acceptance within pilot programs.

Conclusion

These guidelines provide a structured and culturally sensitive approach to expanding kidney transplantation across Africa. By emphasising equity, sustainability, and collaboration, this initiative aims to reduce thedisproportionate burden of kidney disease and foster self-reliant, ethically grounded transplant programs.

P473

POST KIDNEY TRANSPLANTATION PROTEINURIA IN LIBYAN POPULATION

Abdulhafid Shebani, Mohamed Alrutbi

Department of Biomedical Engineering, Academy of Applied Science, Tripoli - Libya

Introduction

The aim of this study is to determine the proportion of protein in the urine of patients post kidney transplantation and to find other causes of predisposing factors that might be contributing the study which subjected to review by different methodologies available for assessing proteinuria post kidney transplantation in patients who are not subjected to any invasive procedure like kidney biopsies.

Methods

This research work has been extensively studied by the assessment of proteinuria in the population of renal transplant using a sample of 127 (patients). The Samples collected for this work in random urine samples then were tested with Dipstick, and then they were classified according to sensitivity to dipstick. After that we subjected them to a further testing by measuring albumin/creatinine ratio by spectrophotometer method.

Results and discussion

The results of the study showed that the prevalence of post-kidney transplant proteinuria is high in our patients. This signifies the importance of the attention of measuring proteinuria during management and follow up of kidney transplanted patients. We found 60 patients (%47.2) were positive for proteinuria who necessitate further evaluations and 67 patients (58.8%) were negative for proteinuria. The main factors that may contribute to proteinuria are hypertension (27%) followed by post transplantation diabetes mellites (21.2 %) hyperlipidemia (14.9%) hepatitis c viral infections (11.2%). The possibility of rejection as a cause of proteinuria should be considered here but without taking kidney biopsy on these patients we can't ignore as a cause of proteinuria.

Conclusion

We conclude early detection of proteinuria is very crucial and management of the predisposing factors to pro- teinuria promptly will improve the graft and patient survival. we strongly advice on regular anticipating mea- suring proteinuria and promptly finding the accurate cause of proteinuria like diabetes mellites or hypertension other causes.Kidney biopsy should be considered in every occasion to exclude graft rejection . By using the chi-square test, a significant relationship between diabetes mellitus and proteinuria was found with correlation and statistically significant.

P474

TUBERCULOSIS IN KIDNEY TRANSPLANT RECIPIENTS: A 16-YEAR EXPERIENCE IN A TUNISIAN CENTER

Araoud Maha, Ben Aicha Narjes, Dardour Ghada, Dede Zeineb, Azzabi Awatef, Mrabet Sanda, Fradi Asma, Guedri Yosra, Sahtout Wissal, Zellama Dorsaf

Department of Nephrology, Dialysis, and Kidney Transplantation, Sahloul University Hospital, Sousse - Tunisia

Introduction

Tuberculosis remains prevalent in our country. In kidney transplant recipients, it poses a major challenge due to its atypical presentations, the risk of drug interactions, and its potential impact on graft and patient survival. This study aims to analyze the prevalence, clinical manifestations, diagnostic challenges, and management of tuberculosis in kidney transplant recipients, while exploring associated complications and their impact on graft and patient survival.

Methods

We conducted a retrospective and descriptive study on kidney transplant recipients managed at University Hospital Center Sahloul, Sousse, between January 2007 and December 2023

Results and discussion

Among 325 kidney transplant recipients, 5 cases of tuberculosis (1.53%) were identified. The patients, with an average age of 32.8 years, included 3 males and 2 females. The mean duration of hemodialysis prior to transplantation was 12 months, ranging from 0.5 months (preemptive transplant) to 36 months. All patients received grafts from living donors, with induction therapy including thymoglobulin and corticosteroids, followed by maintenance immunosuppressive therapy with corticosteroids, mycophenolate mofetil, and calcineurin inhibitors, which were later adjusted. None of the patients had a history of tuberculosis prior to transplantation. Tuberculosis occurred in two patients during the first year post-transplant and in three others at 19, 45, and 132 months post-transplant. Initial symptoms included prolonged fever (4 cases), general deterioration (2 cases), diarrhea (1 case), worsening graft function (2 cases), leukopenia (3 cases), and incidental detection of coelio-mesenteric adenopathy during routine abdominal ultrasound (1 case). Among the five patients, three had pulmonary tuberculosis with extrapulmonary involvement (digestive, he- patic, lymph node, and pleural), one had isolated digestive tuberculosis, and another had osteomedullary tu- berculosis without pulmonary involvement. Antituberculous treatment consisted of RHZE (rifampicin, isoniazid, pyrazinamide, ethambutol) for two months, followed by rifampicin and isoniazid for a total duration of 12 to 20 months. No severe complications were observed. Three patients developed hyperuricemia and experiencedsubthe- rapeutic levels of tacrolimus or sirolimus. However, there were no cases of graft rejection or patient death.

Conclusion

Although rare, tuberculosis in kidney transplant recipients represents a significant challenge. Our findings highlight that early diagnosis and appropriate management ensure effective treatment without adverse effects on graft or patient survival.

P475

SPECTRUM OF TUBERCULOSIS AFTER KIDNEY TRANSPLANTATION: A CASE-CONTROL STUDY IN A MIDDLE - ENDEMIC AREA

Tehir Mohamed cherif, Trima Lilia

Department Nephrology dialysis kidney transplantation, Annaba University Hospital, Annaba - Algeria

Introduction

Tuberculosis (TB) is the leading cause of infectious-disease death worldwide. Post-transplant TB is a problem in successful long-term outcome of kidney transplantation recipients (KT) and is often associated with high morbidity and mortality. The aim of this study was to assess the clinical features, risk factors, and outcome of TB after kidney transplantation in a middle-prevalence area.

Methods

We performed a retrospective analysis of a cohort of adult KT recipients from 2015 to 2020 at the Annaba University Hospital with follow-up until October 2022.

Results and discussion

Among 152 KT recipients evaluated, 08 developed TB, the prevalence was 5.26 %. Median time to diagnosis was 28.4 months, with 25 % of the cases occurring in the first Two year. Pulmonary TB represented 75 % of the cases, including disseminated disease. Two patients received isoniazid prophylaxis for latent TB infection and developed active infection. Median duration of treatment was 12 months. However TB was associated with a significant reduction in patient and graft survival (74% vs. 90.2% in 5 years for patient survival, P = 0.001; and 58.6% vs. 80.2% in 5 years for graft survival, P < 0.001). Death and graft loss occurred

in the first 6 months after diagnosis in one-third of the patients, 38.8% of them with disseminated disease. Disseminated disease was significantly associated with mortality compared to local disease (41.8% vs. 9.7%, P = 0.035). It should also be pointed out that Algeria is a country with an intermediate level of tuberculosis endemicity

Conclusion

TB is the archetype of opportunistic infection in KT, with significant impact on patient and graft survival. Our results emphasize the need for systematic screening for LTBI in all patients awaiting transplant. Treatment challenges in KT recipients with TB, drug interactions, drug toxicities and therapeutical adherence must be considered.

P476

REFRACTORY ANEMIA IN A KIDNEY TRANSPLANT RECIPIENT DUE TO PBV19

Zerouali Sara[1], Eid Rita[1], Snanoudj Renaud[2]

1 Department of Nephrology, Bicetre University Hospital - APHP, Paris - France

Introduction

Parvovirus B19 (PVB19) is a rare infection which causes refractory anemia in the posttransplant phase. The treatment is reduction of immunosuppressive treatment and immunoglobulin (IGIV) administration.

Methods

We report a case of 48-year-old who developed anemia 3 years after kidney transplant.

Results and discussion

Despite elevated dose of rHuEPO and classical treatment of anemia, serum hemoglobin aggravatedprogressively. Reticulocytes, vitamin B12 and ferritin values were normal. Anti-PVB19 IgM were detected in blood, but IgG where not which means it's a primary infection of PVB19. Bone marrow biopsy showed a cessation of erythropoiesis. We have reduced the dose of immunosuppressive treatment and initiated IGIV. After two weeks, anemia has improved.

Conclusion

The aim of this case is to suggest that the rHuEPO can be responsible for replication of PVB19 inimmunocompromised patients and after renal transplant.

P477

TWO CASES OF SYSTEMIC LUPUS ERYTHEMATOSUS DIAGNOSED DURING PRE-TRANSPLANT EVALUATION IN POTENTIAL KIDNEY DONORS

Thabet Nesrine[1], Ben aicha Narjes[1], Olfa Mahfoudh[1], Sonia Dziri[1], Azzabi Awatef[1], Mrabet Sanda[1], Boukadida Raja[1], Guedri Yosra[1], Sahtout Wissal[1], Dorsaf Zellama[1]

[1] Department of Nephrology, Sahloul University Hospital, Sousse - Tunisia

Introduction

Kidney transplantation is the gold standard treatment for end-stage kidney disease. Rigorous pre-operative assessments are mandatory for both recipients and living donors. We present two cases of systemic lupus erythematosus identified in potential female kidney donors.

Methods

We present two cases of women who volunteered to donate a kidney to a family member but were found to have previously undiagnosed systemic lupus erythematosus during pre-transplant evaluation.

Results and discussion

Case 1: A 38-year-old woman with no significant medical history except for a spontaneous abortion presented todonate a kidney to her 12-year-old nephew who is on chronic hemodialysis for renal insufficiency secondary to congenital renal hypoplasia. On questioning, the patient reported a few months of asthenia, inflammatory polyarthralgia, hair loss, and a butterfly rash for a year. Physical examination revealed a weight of 52 kg (BMI = 17 kg/m²), conjunctival pallor, blood pressure of 90/60 mmHg, normal cardiopulmonary auscultation, with no skin lesions or palpable peripheral lymph nodes. Laboratory tests showed microcytic anemia (HB = 9.8 g/dl, MCV = 70), leukocytes = 3970, lymphopenia 1400, platelets at 358000. Plasma creatinine was 51 micromoles/l. The 24-hour proteinuria was 0.2 g/24 hours. An immunological workup was requested, revealing a consumed complement (low C3 and C4) and positiveantinuclear antibodies. Based on the 2019 EULAR criteria, the diagnosis of systemic lupus erythematosus was retained with a score of 16. The patient was referred to internal medicine for further follow-up and management. Case n°2: A 44-year-old woman with no significant medical history except for a spontaneous abortion presented to do- nate a kidney to her 15-year-old son who is followed in pediatrics for end-stage renal disease secondary to vesicoureteral reflux. The patient reported inflammatory polyarthralgia for

several months. Physical examination showed a weight of 66 kg (BMI = 23 kg/m²), a blood pressure of 110/70 mmHg, normal cardiopulmonary auscultation, with no skin lesions or palpable peripheral lymph nodes. Laboratory testss-showed hemoglobin at 13.2 g/dl, leukocytes = 3280, lymphocytes = 1080, platelets = 106000. Serum creatinine was 55 micromoles/l. Serum protein electrophoresis showed a polyclonal hypogammaglobulinemia at 14.2 g/l. An immunological workup was requested, revealing a non-consumed complement and positive antinuclear antibodies. The patient was referred to internal medicine for further follow-up and management. The diagnosis of systemic lupus erythematosus in these two potential kidney donors led to the cancellation of their transplant procedures. These two clinical cases highlight the crucial importance of a thoroughpretransplantation evaluation. It is essential to consider a diagnosis of lupus and to perform a completeimmunological workup in the presence of systemic symptoms, especially in female patients.

Conclusion

Pre-transplant evaluation is a crucial step before transplantation for both the donor and the recipient. Thanks to a rigorous evaluation, we diagnosed 2 cases of previously undiagnosed systemic lupus erythematosus.

P478

POST-TRANSPLANT DIABETES MELLITUS IN ALGERIA : RISK FACTORS AND OUTCOMES

Belgaid Youcef Chafik

Department of Medicine, Faculty of Medicine of Mostaganem - Algeria

Introduction

Post-transplant diabetes mellitus (PTDM) is a metabolic complication that negatively impacts both graft and patient survival. It can lead to cardiovascular, renal, and infectious complications. Its risk factors can be either modifiable or non-modifiable. This study aims to determine the prevalence of PTDM in Algeria, identify its main risk factors, and assess its associated cardiovascular, renal, and infectious complications. Additionally, it seeks to describe theepidemiological and clinical characteristics of post-transplant diabetic patients and to explore the association between PTDM and patient mortality.

Methods

This is a cross-sectional analytical study conducted on a sample of 322 kidney transplant recipients recruited over a two-and-a-half-year period. The study included all renal transplant patients followed in the Nephrology and Renal Transplantation departments of the university hospitals in Sidi Bel Abbès, Constantine, Batna, and the University Regional Military Hospital of Oran (HMRUO). Clinical and paraclinical data were collected before and after transplantation. PTDM was diagnosed according to the American Diabetes Association (ADA) 2014 criteria.

Results and discussion

During a mean follow-up of 6.42 ± 6.35 years, 28.26% of renal transplant recipients developed PTDM, with a median onset time of 130 days, and 64.84% were diagnosed within the first six months. PTDM remission was observed in 11% of patients. The most strongly associated risk factors for PTDM included pre-transplant BMI ≥ 25 kg/m² (OR = 4.09), metabolic syndrome (OR = 4.11), vitamin D deficiency (OR = 6.50), focal segmental glomerulosclerosis (OR = 3.95), and transplant number (OR = 4.42). PTDM was significantly associated with an increased risk of mortality (OR = 3.51), cardiovascular complications (OR = 3.66), and infections (OR = 3.57). No significant association was found between PTDM and renal complications (p = 0.058).

Conclusion

The prevalence of PTDM in Algeria was 28.26%. Both modifiable risk factors, such as BMI, and non-modifiable factors, such as recipient age, were identified. PTDM was associated with an increased risk of mortality and cardiovascular and infectious complications.

P479

LONG-TERM OUTCOMES OF KIDNEY TRANSPLANTATION FROM LIVING DONORS IN ALGERIA

Lahfaya Saliha

Department of Medicine, University Hospital of Blida - Algeria

Introduction

Kidney transplantation is the gold standard treatment for end-stage kidney disease.

In Algeria, faced with a growing demand and the difficulty of implementing a deceased donor program, living donor transplantation remains the only alternative. This study aims to evaluate the long-term outcomes of these transplants and identify factors associated with their success.

Methods

This retrospective study included all patients who underwent a first kidney transplant from a living donor bet- ween

2012 and 2017 in four authorized centers. Clinical, biological, and immunological data, as well as com- plications encountered, were retrospectively collected. Graft and patient survival were estimated using the Kaplan-Meier method and compared between different patient groups using the log-rank test.

Results and discussion

A total of 399 patients underwent transplantation, 70.4% of whom were male. The mean age was 34 ± 10.8 years, and the mean age of donors was 45.04 ± 12 years. Parents were the most frequent donors (42.4%) followed by siblings (34.6%). In 13.3% of cases, the donor was the spouse. The initial nephropathy was un- determined in 76.9% of patients, and the mean duration of dialysis treatment was 3.36 ± 3.39 years. Only 6% of patients underwent preemptive transplantation. We noted a 15.3% acute rejection rate. A total of 25 grafts were lost during the study. Twenty patients died, including 13 with a functioning graft. The overall graft survival rate was 97%, 94.8%, and 90.6% at 1, 3, and 5 years post-transplant, respectively. The overall patient survival

rate was 96.9%, 95.5%, and 92.2% at 1, 3, and 5 years, respectively. The 10-year results are currently being evaluated.

Conclusion

These encouraging results highlight the importance of further developing this program, particularly bystrengthening organ donation awareness campaigns. The development of deceased donor programs is necessary to offer this therapeutic option to patients who do not have living related donors.

P480

INFLUENCE OF COMORBIDITIES ON THE DECISION TO EXCLUDE POTENTIAL LIVING KIDNEY DONORS

Lahfaya Saliha[1], Benkacimi Nouara[1], Merabet Amina[2], Mameri Imene[3], Kastali Mourad[1]

1 Department of Medicine, Blida1 University, Blida - Algeria,

2 Medicine, Ehs Tot, Blida - Algeria,

3 Department of Medicine, Specialized Hospital, Blida - Algeria

Introduction

Kidney transplantation is the gold standard treatment for end-stage renal disease, especially when performed with living donors. The consensus in the literature is that it provides the best outcomes in terms of quantity and quality of life for post-transplant recipients. It requires rigorous donor selection to optimise results.

Methods

Our study included 234 donor-recipient pairs who presented to our pre-transplantation consultation for a kidney transplant project between January 2021 and October 2024. We analyzed the following parameters: age, sex, donor-recipient relationship, whether or not the transplant was performed, and reasons for non-ac- ceptance.

Results and discussion

Of the 234 donors, 123 were not selected for donation (53.4%). These were 55 women and 45 men with an average age of 47.19 years (range: 20-79 years). The relationship with the recipient was: sibling in 21% of cases, spouse in 20% of cases, parents in 43% of cases, and there were 7 sons and 1 daughter, 2 cousins, 1 aunt, 3 uncles, and 1 nephew. Reasons included: 13 cases of diabetes, 6 ABO incompatibilities, 1 case of

hyperfiltration, 1 aged 73 years, 9 positive cross-matches, 7 cases of microscopic hematuria, 7 low isotopic

GFR, 3 microalbuminurias, 1 hypertension with impact, 1 urinary tuberculosis, 1 polycystic kidney disease, 1 death by traffic accident, 1 case of drug addiction, 2 pregnant donors, 1 DVNA, 4 lost to follow-up, and 2withdrawals. Counter-indications concerning the recipient were: 4 cases of neurogenic bladder, 3 diabetics with cardiovascular impact, 21 cases of DSA, 4 deaths, and 3 withdrawals for transplantation and others.

Conclusion

Potential donors must meet criteria that ensure both a high-quality graft and minimal risk to their short- and long-term health. Risk assessment based on donor morbidity must be thorough. Kidney removal is a delicate procedure without direct benefit to the donor and can expose them to an inevitable risk of major complications. The high prevalence of donors not selected for donation highlights the need to review contraindications to donation and to develop deceased donation.

P481

SWITCH TO AZATHIOPRINE FOLLOWING THE DIGESTIVE TOXICITY INDUCED BY MYCOPHENOLATE MOFETIL IN KIDNEY TRANSPLANT PATIENTS

Dede Zeinebou[1], Sahtout Wissal[1], Araoud Maha[1], Azzabi Awatef[1], Mrabet Senda[1], Boukadida Raja[1], Fradi Asma[1], Ben Aïcha Narjes[1], Guedri Yossra[1], Zellama Dorsaf[1]

1 Dpartment of Nephrology, University Hospital Sahloul, Sousse - Tunisia

Introduction

Mycophenolate mofetil (MMF) is an anti-metabolite that inhibits the proliferation of lymphocytes. It is used in combination with anticalcineurins in post-renal transplant maintenance treatment. It can cause digestivetoxicity that sometimes requires discontinuation of treatment.

Methods

We analyzed the effect of switching to azathioprine from mycophenolate on amelioration of diarrhea and graft survival. We report our experience.

Results and discussion

Among the 329 kidney transplants in our department, 11 patients (3.34%) were switched to azathioprine, Their average age was 26 years with a slight male predominance (6 men and 5 women). The dominant initialnephropathy was chronic interstitial nephropathy, two patients had a cadaveric kidney, The median delay after transplantation was 1 year with an extreme of 10 months to 11 years, The most common symptoms were chronic diarrhea and vomiting, one patient was asymptomatic, the average dose of MMF was 1.5 g/d with a median MMF AUC of 80.5, the infectious investigation and celiac serology were negative, all patients had signs of chronic gastritis at the upper digestive endoscopy with A villos atrophy in 3 patients including the pa- tient who was asymptomatic, at total colonoscopy 4 patients had signs of acute ileocolitis with rarefied and atrophic Crypts. The median response time to MMF change was 20 days with a favourable evolution noticed in most patients.

Conclusion

MMF is an excellent immunosuppressant that thanks to it reduces acute rejection, but we sometimes have to stop it because of digestive toxicity. In the face of chronic diarrhea in a kidney transplant, it is necessary to know how to eliminate infectious, neoplastic and celiac disease causes to retain the drug origin.

P482

CHRONIC KIDNEY DISEASE IN CHILDREN: FROM PERITONEAL DIALYSIS TO KIDNEY TRANSPLANTATION

Chelghoum Souad[1], Khellaf Ghalia[2], Seba Athmane[1]

1 Department of Nephrology, Hussein Dey University-Hospital, Algiers - Algeria,

2 Department Nephrology, Bab El Oued University-Hospital, Algiers - Algeria

Introduction

The incidence of end-stage renal disease (ESRD) worldwide varies by country. Malformative uropathies are the most frequent causes in the pediatric population. The treatment of ESRD in children is dialysis and/orkidney transplantation.

Methods

We present a descriptive, longitudinal, and retrospective study involving 65 children (35 boys, 30 girls) who underwent kidney transplants from June 2007 to October 2024 and were followed at CHU Hussein-Dey. A number of parameters were evaluated for each case. Age, sex, etiology of CRF, type of dialysis,immunosuppression, donor-recipient HLA compatibility and the appearance of de novo anti-HLA antibodies, medical and surgical complications, and the evolution of renal function during follow-up. A statistical analysis of quantitative and qualitative variables was conducted. The survival of patients and the graft in the short and long term was performed using the Kaplan-Meier method on the SPSS software

Results and discussion

The average age at the time of transplantation was 12.21 years with extremes (06 to 17 years). The causes of CRF are mainly: malformative uropathies (MU) (29 cases / 45%), tubulo-interstitial nephropathies (16 cases / 23.8%), chronic glomerulonephritis (11 cases / 16.6%), and 09 cases (14.3%) of undetermined nephropathy. In our series, 04 children (6%) benefited from a preemptive transplant. 75% (48) of the children were on Pe- ritoneal Dialysis and 19% (12) on Hemodialysis. The majority of the children were semi-identical HLA. 51 (78.6%), 10 cases (14.3%) were HLA identical, and 4 cases (7.1%) were HLA different from the donor. 54 children (83.3%) were on Tacrolimus and 11 cases (16.6%) were taking Cyclosporine. The actuarial graft survival is 97.4% at 1 year, 91.9% at 3 years, 89.1% at 5 years, and 73.8% at 10 years. The survival without rejection in the identical HLA group is 100%, in the semi-identical HLA recipients it is 71.8% at 10 years, and in the different HLA recipients it is 50% at 10 years.

Conclusion

Transplantation from a living donor offers better graft survival. Regarding growth, all patients were able toimprove or regularize their growth with GFR values maintained at > 60 ml/min per 1.73 m². Kidney transplantation improves the survival, growth, and social integration of children.

P483

PROGNOSIS OF PREGNANCIES IN KIDNEY TRANSPLANTATION

Chelghoum Souad[1], Khellaf Ghalia[2], Seba Athmane[1]

1 Department of Nephrology, Hussein Dey University-Hospital, Algiers - Algeria,

2 Department of Nephrology, Bab El Oued University Hospital, Algiers - Algeria

Introduction

The restoration of fertility after kidney transplantation has allowed women to successfully carry theirpregnancies to term. However, the risk for the mother and child remains significant.

Methods

From 2014 to 2024, we have recorded in our department Eight pregnancies. The average age was 32 years, all patients received a kidney from a living donor. Six out of eight pregnancies were planned; the post-transplant period of > 24 months was respected. The renal function at the time of conception was < 155 µmol/l. No patient experienced acute rejection before pregnancy.

Results and discussion

The main complications in the mother are: pregnancy-induced hypertension in two women, gestationaldiabetes in one parturient, graft function impairment in one patient, and urinary infections in three cases. Immunosuppression was adjusted by switching to azathioprine six weeks before conception. Two miscarriages at 6 and 9 weeks of amenorrhea occurred in the same person, who has lupus nephropathy. The outcome of five pregnancies was favorable with the birth of 6 viable children (1 twin pregnancy), including 3 premature (32 weeks of gestation) with IUGR, and three full-term pregnancies. One patient exhibited persistent renal function impairment post-transplantation with an eGFR of 35 ml/min/1.73 m².

Conclusion

The joint nephrological and obstetrical care of transplanted patients has successfully managed all theirpregnancies. Nevertheless, monitoring, planning, and adjusting immunosuppressants remain essential to avoid complications.

P484

RARE HISTOLOGICAL MANIFESTATIONS OF MYCOPHENOLATE MOFETIL (MMF) GASTROINTESTINAL TOXICITY: FOCUS ON CRYPT ATROPHY

Araoud Maha, Ben aicha Narjes, Dardour Ghada, Azzabi Awatef, Mrabet Sanda, Fradi Asma, Boukadida Raja, Guedri Yosra, Sahtout Wissal, Zellama Dorsaf

Department of Nephrology, Sahloul University Hospital, Sousse - Tunisia

Introduction

Mycophenolate mofetil (MMF) is a widely used immunosuppressant in transplantation. While commongastrointestinal side effects are well-documented, histological changes, such as small intestine villous atrophy, are more commonly reported. Rare colonic lesions, including crypt atrophy, remain poorly recognized andrequire greater clinical awareness.

Methods

This study aims to describe rare gastrointestinal manifestations of MMF through two cases of colonic crypt atrophy.

Results and discussion

Case 1: A 38-year-old kidney transplant recipient (2022) treated with thymoglobulin, MMF, corticosteroids, and tacrolimus presented with severe diarrhea and graft dysfunction. Extensive testing, including CMV PCR, celiac serology, stool culture, thyroid function, and COVID PCR, was negative. Endoscopy revealed erosive gastritis, and colonoscopy appeared normal. Colonic biopsy showed rarefied and atrophic crypts. Case 2: A 26-year-old kidney transplant recipient (2023) on the same immunosuppressive regimen presented with diarrhea and rectal bleeding. Testing was similar and negative. Colonoscopy revealed recent bleeding and an ileocecal ulcer. Biopsy indicated edematous and atrophic colonic mucosa with mild nonspecificinflammation. MRI confirmed colonic atrophy. Management and Outcome: In the first case, switching MMF to azathioprine resulted in a favorable outcome, with cessation of diarrhea, correction of metabolic disturbances, and improvement in renal function, along with weight recovery. However, in n the second case, despite discontinuation of MMF after three weeks, the patient experienced persistent rectal bleeding. A second colonoscopy revealed the same ulcerated appearance of the ileocecal valve, with no possibility of performing an endoscopic intervention. The patient has been referred to surgeons for anileo- cecal resection.

Conclusion

Rare colonic lesions, such as crypt atrophy, should be considered in transplant recipients treated with MMF who present with unexplained gastrointestinal symptoms. Early identification and adjustment ofimmunosuppressive therapy are crucial to prevent complications and improve patient outcomes.

P485

PRIMARY HEPATIC LYMPHOMA IN A KIDNEY TRANSPLANT RECIPIENT

Touati Dalel, Zouaoui Rihab, Selmi Yosra, Kacem Imen, Labidi Jannet

Department of Nephrology, Principal Teaching Military Hospital, Tunis - Tunisia

Introduction

Primary hepatic lymphoma is an extremely rare entity, with its prevalence estimated at 0.016% of allnon-Hodgkin lymphomas. It is defined by liver involvement without splenic, bone marrow, or other lymphatic organ involvement. We report a case of primary hepatic lymphoma diagnosed in a kidney transplant recipient.

Methods

A 42-year-old woman with class IV lupus nephropathy, diagnosed in 2009, leading to end-stage renal failure and on hemodialysis in 2012, was included in this report. The patient underwent kidney transplantation in 2015 from a living related donor,. The maintenance immunosuppressive regimen consisted on tacrolimus azathioprine and prednisone. The kidney transplantation was complicated by one episode of CMV infection and recurrent urinary tractinfections, resulting in chronic graft dysfunction with a baseline serum creatinine of 150 µmol/L. The patient was admitted on January2024, for worsening general condition and abdominal pain. Clinically, she has hepatomegaly, with a liver span estimated by 17 cm, without splenomegaly nolymphnodes. Biologically, she had anemia, normal liver function tests, elevated lactate dehydrogenase (LDH), high C-reactive protein (CRP) and an elevated CA-125 level . EBV PCR, HCV, HBV, and HIV1+2 serologies were negative.

Abdominal ultrasound and thoraco-abdomino-pelvic CT scan revealed an enlarged, dysmorphic liver with slightly irregular contours, a blunt left hepatic border, and numerous nodules affecting all liver segments,suggesting secondary involvement. The ultrasound-guided liver biopsy showed histopathological features and immunohistochemical profiling consistent with a diffuse large B-cell lymphoma of non-germinal center type. Due to the anemia, a bone marrow biopsy was performed, revealing a marrow cellularity of 2-3 and noinfiltration by B lymphoma cells. A PET scan confirmed the diagnosis, showing a hypermetabolic multinodular liver with no other metabolic anomalies in the rest of the explored volume, particularly in the lymph nodes, spleen, and bone marrow.

Results and discussion

The patient underwent R-CHOP chemotherapy (RITUXIMAB-CYCLOPHOSPHAMIDE-DOXORUBICINHYDROCHLORIDE-VINCRISTINE-PREDNISONE). the maintenance immunosupressive was changed byramapune. Patient presented severe hypoglycemic coma and died due a secondary to septic shock.

Conclusion

Given its atypical presentation, the diagnosis of primary hepatic lymphoma relies on liver biopsy. Urgentchemotherapy is necessary to ensure a better prognosis. the immunosupressive status of the patient was favo- rating this complication.

P486

CLOPIDOGREL-INDUCED RHABDOMYOLYSIS IN A RENAL TRANSPLANT RECIPIENT

Ghada Dardour[1], Wissal Sahtout[1], Maha Araoud[1], Awatef Azzebi[1], Raja Boukadida[1], Asma Fradi[1], Sanda Mrabet[1], Yosra Guedri[1], Narjes Ben Aicha[1], Dorsaf Zellama[1]

1 Department of Nephrology, Sahloul University Teaching Hospital, Sousse - Tunisia

Introduction

Rhabdomyolysis can have various causes: traumatic, infectious, metabolic, or drug-induced, particularly with clopidogrel when combined with other medications that enhance muscle toxicity.

Methods

We report the case of a kidney transplant patient from 2022, initially clinically stable, who developedrhabdomyolysis following the introduction of clopidogrel.

Results and discussion

We describe the case of a 46-year-old woman with primary focal segmental glomerulosclerosis. Sheunderwent a kidney transplant in 2022 and has been on maintenance therapy combining Ciclosporin A, MMF, and corticosteroids. She was also taking Sintrom for antiphospholipid syndrome. In July 2024, she was diagnosed with a non-ST-elevation myocardial infarction (NSTEMI) with positivetroponins, requiring initiation of optimal anti-ischemic therapy, in-

cluding clopidogrel and atorvastatin. One month later, the patient was admitted to the nephrology department due to severe muscle pain and lower limb paresis, Laboratory investigations confirmed rhabdomyolysis, with plasma creatine kinase (CPK) levels of 107,000 U/L, liver cytolysis markers elevated to 10 times the normal range, impaired kidney graft function with a serum creatinine level of 225 µmol/L, and evidence of ciclosporin overdose. As there was no significant improvement after hydration and alkalinization, the ciclosporin A dosage wasreduced, atorvastatin was discontinued, and clopidogrel was subsequently stopped . Within five days, the patient showed marked clinical and biological improvement, with CPK levels dropping to 4,500 U/L and serumcreatinine decreasing to 170 µmol/L.

Conclusion

The concomitant use of multiple drugs metabolized via the cytochrome P450 pathway (atorvastatin, ciclosporin A, and the active thiol metabolite of clopidogrel) induced rhabdomyolysis. Similar cases have been reported in heart transplant recipients who were receving these three drugs. Therefore, administering statins andclopidogrel to renal transplant recipients taking cyclosporine requires careful monitoring to reduce the risk ofsevere adverse effects.

P487

DIGESTIVE ADVERSE EFFECT OF AZATHIOPRINE: A CASE REPORT

Ghada Dardour[1], Narjes Ben Aicha[1], Zaynabo Dede[1], Awatef Azzebi[1], Asma Fradi[1], Raja Boukadida[1], Sanda Mrabet[1], Yosra Guedri[1], Wissal Sahtout[1], Dorsaf Zellama[1]

1 Department of Nephrology, Sahloul University Teaching Hospital, Sousse - Tunisia

Introduction

Azathioprine, commonly used to treat diseases associated with diarrhea such as inflammatory bowel disease, is paradoxically associated with gastrointestinal adverse effects, including diarrhea.

Methods

This report explores a case of digestive toxicity associated with azathioprine in a renal transplant recipient.

Results and discussion

we describe the case of a 34-year-old men who underwent a renal transplantation in 2016 and has been on maintenance immunosuppressive regimen combining mycophenolate mofetil (MMF), tacrolimus, andprednisone. One year post-transplantation, MMF was discontinued due to biopsy-confirmed villous atrophy, and azathioprine was introduced as an alternative. Over the last year, the patient presented with persistent chronic diarrhea, progressive weight loss totaling 10 kg, and general deterioration in physical health. The patient experienced multiple hospitalizations due tobicytopenia and acute renal graft dysfunction caused by dehydration. All biological and radiological investigations conducted to search for infectious or neoplastic causes werenegative. Measurement of 6-thioguanine nucleotide (6-TGN), the active metabolite of azathioprine, revealed elevated levels at 1333.7 pmol/8×10RBCs (reference range: 235–450 pmol/8×10RBCs), indicative of drug toxicity. Subsequent dose adjustment of azathioprine resulted in substantial amelioration of gastrointestinal symptoms and partial resolution of hematological abnormalities.

Conclusion

This case highlights the importance of recognizing drug-induced toxicity in patients receiving immunosup- pressive therapy.

P488

IMPACT OF FCGR3A V158F POLYMORPHISM IN KIDNEY TRANSPLANTATION: RISK OF ACUTE ANTIBODY-MEDIATED REJECTION

Riahi Awatef[1], Krir Dhouha[1], Marrak Mariem[1], Dhaouadi Tarak[1], Bacha Mohamed Mongi[2], Hedri Hafedh[2], Abderrahim Ezzeddine[2], Ben Abdallah Taieb[1], Gorgi Yousr[1], Sfar Imen[1]

1 Research Laboratory In Immunology of Renal Transplantation And Immunopathology (LR03SP01)

2 Internal Medicine and Nephrology Department, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Antibody-mediated rejection (ABMR) was the major limitation to long-term kidney transplant outcome.Donor-specific anti-HLA antibodies (DSA) target vascular endothelial cells, engaging natural killer (NK) cells via Fc gamma receptors (FcγR) and triggering antibody-dependent cell-mediated cytotoxicity (ADCC).Recently, the single nucleotide polymorphism (SNP) rs396991 of FcγRIIIa, which encodes a high-affinity receptor, has been associated with microvascular inflammation. The aim of this study was to evaluate the potentialimpact of this SNP on the susceptibility to acute and/or chronic active ABMR.

Methods

We conducted a retrospective longitudinal study, including 100 blood donors (control group) and 123 renal transplant

recipients subdivided into 3 groups: GI: 39 patients with HR, including 13 with acute humoralre- jection, GII: 41 recipients that developed at least one episode of acute cellular rejection, and GIII: 43trans- planted patients with stable renal allograft function, 5 years post-transplantation. Resolution Melting Analysis (HRM) with subsequent confirmation by direct sequencing were performed. Concurrently, anti-HLA antibody testing was performed using LUMINEX®.

Results and discussion

Distribution of genotypic frequencies of SNP rs396991 was comparable between recipients and controls.Mul- tivariate analysis revealed that high-affinity allele rs396991*G V158 (T/G and G/G), along with a number of HLA mismatches ≥ 3, were independent risk factors associated with ABMR (p=3.7E-16, p=8.6E-41, and p=1.2E-44, respectively). The presence of post-transplant anti-HLA antibodies (p=0.001), DSA (p=0.009), anti-MICA antibodies (p=0.002), and the interaction between rs396991*G allele and class I DSA (p=3.6E-7), were significantlyassociated with ABMR. Analysis of renal allograft survival showed that high-affinity genotype V158 FCGR3A was associated with a tendency toward increased creatinine levels (p

Conclusion

The results of our study suggest that the high-affinity FcγRIIIa allele rs396991*G may be associated with an increased risk of ABMR and impaired long-term renal allograft survival. Prospective, multicenter studiesinvestigating additional functional FcγR SNPs may identify novel biomarkers to enhance risk stratification ofalograft rejection in renal transplant recipients.

P489

GENERALIZED RECURRENT ZONA IN KIDNEY TRANSPLANT RECIPIENTS REPORT OF 2 CASES

Chaabene Wissal[1], Abid Hanen[1], Ketata Mohamed Amine[1], Masmoudi Mondher[1], Chaker Hanen[1], Mas- moudi Abderrahmen[2], Ben Hmida Mohamed[1], Yaich Soumaya[1], Turki Hamida[2], Kammoun Khawla[1]

1 Department of Nephrology, Dialysis and Renal Transplantatio & Renal Pathology Laboratory LR19ES11, Hedi Chaker Hospital, Faculty of MedicinE, Sfax - Tunisia,

2 Dermatology Department, Hedi Chaker Hospital, Sfax - Tunisia

Introduction

Herpes zoster is an opportunistic viral infection due to a reactivation of the varicella-zoster virus (VZV) amember of the herpes virus family. It occurs mainly between the first and sixth month after kidney transplantation (KT). In the majority of cases, people affected by Herpes zoster will have only one episode during their lifetime, but in 1% of cases, one or more other episodes may occur.

Methods

We report in this study 2 cases of atypical and recurrent forms of herpes zoster in 2 kidney transplant reci- pients.

Results and discussion

Case 1: A 41-year-old woman, with a history of end-stage chronic renal failure on peritoneal dialysis since 2019 and received a kidney transplant in December 2023 from a living related donor. The patient's viral serologiesshowed a previous contact with VZV. At Day 14 post KT, the patient was admitted with perimyocarditis. She was treated by beta blockers andcolchicine. At 25 days post-KT, she was hospitalized for pancreatitis and hepatic cholestasis. She developed painful generalized vesicular lesions. PCR tests for VZV came back positive. The diagnosis of complicated generalized herpes zoster was retained, and the patient was treated with acyclovir for 14 days. The evolution was marked by a clinical and biological improvement. Case 2: A 28-year-old patient with chronic renal failure since the age of 11 on hemodialysis since 2022 and received a kidney transplant in March 2024 from a related living donor. Viral serologies showed a previous contact with VZV. At 6 months post renal transplantation, the patient presented with a painful vesicular lesions on the hemiterritory of the right mandibular trigeminal branch (V3). The patient received acyclovir injections and corticoids for 10 days with good clinical course.

On day 08 of discharge, the patient presented with a second recurrence of the same symptomatology affecting T1 and T2 territories. The patient was treated with oral valaciclovir.

Conclusion

These two cases illustrate the complexity of viral infections after KT due to major immunosuppression, with the possibility of organ dysfunction and the risk of recurrence. We underline the importance of prophylaxis and screening of post-transplant viral infections in kidney transplant patients.

P490

RECURRENT GLOMERULONEPHRITIS AFTER RENAL TRANSPLANTATION: CLINICAL CHARACTERISTICS AND MANAGEMENT

Amouri Asma[1], Abid Hanen[1], Chaker Hanen[1], Masmoudi Mondher[1], Boudawara Tahiya[2], Ben Hmida Mohamed[1], Yaich Soumaya[1], Kammoun Khawla[1]

1 Nephrology, Dialysis and Renal Transplantation Department, Renal Pathology Laboratory LR19ES11, Hedi Chaker Hospital, Faculty of Medicine, Sfax - Tunisia,

2 Anatomopathology Laboratory, Habib Bourguiba Hospital, Sfax - Tunisia

Introduction

Glomerulonephritis are a common cause of end-stage renal disease and a major challenge after renaltransplantation due to the risk of recurrence. This study aims to analyze the epidemiological, clinical, and evolutio- nary characteristics of recurrent glomerulonephritis in renal transplant patients.

Methods

We conducted a descriptive retrospective study including patients who developed a confirmed glomerularrecurrence after renal transplantation, diagnosed by biopsy, in the nephrology department of the Hedi Chaker University Hospital in Sfax, between 1994 and 2024. Data regarding the recipients, donors, and characteristics of the recurrences were collected and analyzed.

Results and discussion

The study population consisted of 23 patients, predominantly male (78.3%), with a mean age of 28.4 ± 9.2 years. The most common initial glomerulonephritis were extramembranous glomerulonephritis (GEM) (30.4%), followed by membranoproliferative glomerulonephritis (MPGN) (21.7%) and focal segmentalglomerulosclerosis (FSGS) (17.4%). Prior to transplantation, the mean follow-up time before attendingend-stage renal di- sease was 3.5 ± 1.2 years, and the mean duration of dialysis was 20.4 ± 5.6 months. No patients had anti-HLA antibodies in pre-transplantation. Most of the donors were living related donors (82.6%). Early recurrence, occurring within one year, was ob- served in 26.1% of cases, primarily in FSGS and GEM. Recurrence treatment was adapted to the type ofnephropathy, with high-dose corticosteroids used in 4 cases (17.4%), intensification of mycophenolate mofetil in 7 cases (30.4%), and nephroprotective treatment with angiotensin-converting enzyme inhibitorsadministered in 18 cases (78.3%). One case of GEM was associated with acute humoral rejection, treated with high- dose corticosteroids, intravenous immunoglobulins, rituximab, and plasmapheresis. The median follow-up was 36 months (QR: 9.75; 117 months). The evolution was characterized by 4 deaths (17.4%) and 7 cases of return to dialysis (30.4%).

Conclusion

Although glomerulonephritis recurrences after renal transplantation are relatively frequent, they are varydepending on the type of nephropathy. Early identification of recurrences, adjustment of immunosuppressive treatments, and management of complications such as acute rejections are crucial for improving graft and patient survival.

P491

PROGNOSTIC FACTORS OF RECURRENT GLOMERULONEPHRITIS AFTER RENAL TRANSPLANTATION: IMPACT OF NEPHROPATHY TYPE AND FIBROSIS DEGREE

Amouri Asma[1], Abid Hanen[1], Toumi Salma[1], Masmoudi Mondher[1], Boudawara Tahiya[2], Ben Hmida Mohamed[1], Yaich Soumaya1[1], Kammoun Khawla[1]

1 Nephrology, Dialysis And Renal Transplantation Department, Renal Pathology Laboratory LR19ES11, Hedi Chaker Hospital, Faculty of Medicine of Sfax, Sfax - Tunisia,

2 Anatomopathology Laboratory, Habib Bourguiba Hospital, Sfax - Tunisia

Introduction

Recurrence of glomerulonephritis after renal transplantation is a major cause of renal function deterioration and graft loss. Identifying prognostic factors is essential for guiding clinical management and improving graft survival. This study aims to analyze key prognostic factors associated with recurrent glomerulonephritis.

Methods

This retrospective study was conducted in the nephrology department at the Hedi Chaker Hospital in Sfax, involving patients who developed a recurrence of their initial glomerulonephritis after renal transplantation, between 1994 and 2024. The factors analyzed included glomerulonephritis type, the degree of fibrosismeasured at the graft biopsy, and the impact of these factors on recurrence timing, renal function progression, and both graft and patient survival.

Results and discussion

The study included 23 patients. The most common initial nephropathies were extramembranousglomerulonephritis (GEM) (30.4%), membranoproliferative glomerulonephritis (MPGN) (21.7%), and focal segmental glomerulosclerosis

(FSGS) (17.4%). The recurrence delay was compared between different types of glomerulonephritis. Although the differences were not statistically significant (p = 0.424), FSGS cases had a shorter recurrence delay, with an average of 20 ± 22.6 months. Creatinine levels were monitored at M1, M6, and M12 after recurrence diagnosis, and no significant difference was found between the nephropathy groups (p = 0.558). Patient and graft survival (death or return to dialysis) showed no significant differences between nephropathy types (p = 0.06), although results suggested a poorer prognosis for patients with MPGN. Finally, analysis of the degree of interstitial fibrosis at the graft biopsy revealed that moderate to severe fibrosis was significantly associated with a worse prognosis, with a strong correlation between fibrosis anddeterioration of renal function (p = 0.01).

Conclusion

This study underscores the importance of fibrosis degree as a critical prognostic factor in glomerulonephritis recurrence after renal transplantation. Assessing fibrosis can help identify patients at higher risk for graft loss, enabling more targeted therapeutic interventions and better management of renal function.

P492

TH17 PATHWAY INVESTIGATION IN KIDNEY TRANSPLANTATION: SERUM AND TRANSCRIPTIONAL STUDY

Marrak Mariem[1], Dhaouadi Tarak[1], Krir Dhouha[1], Riahi Awatef[1], Bacha Mongi[2], Hedhri Hafedh[2], Abderrahim Ezzedine[2], Ben Abdallah Taieb[3], Gorgi Yousr[3], Sfar Imen[3]

1Laboratory ofImmunology,

2 Department of Nephrology,

3 Research Laboratory in Immunology of Renal Transplantation And Immunopathology (LR03SP01) Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Acute rejection (AR) of kidney allografts remains a common complication during the first yearpost-transplan- tation. This process involves the activation of cellular effectors of the adaptive immune response, notably Th17 lymphocytes, which appear to play a key role in the injury mechanisms underlying graft rejection. The aim of this study was to investigate the potential relevance of serum and transcriptional analyses of the Th17 pathway in kidney transplantation.

Methods

This monocentric, retrospective study included 252 kidney transplant recipients who were followed for at least one year and divided into two groups: recipients with AR and those without AR. All patients underwent two serum samplings, at T0 (the day before transplantation) and T1 (day 7 post-transplant). Serum levels ofIL- 23, IL-17A, and IL-17F were measured using sandwich ELISA (R&D Systems™). Within the cohort,trans-criptional analysis was conducted on 102 recipients to evaluate the relative in situ (on renal biopsy sections) expression of IL-17A mRNA using real-time PCR.

Results and discussion

In this cohort, 132 recipients (52.4%) experienced histologically confirmed acute rejection (AR), with a median onset of 15 [10–33.8] days post-transplantation. Cytokine levels of IL-23, IL-17A, and IL-17F at T0 were not associated with AR risk. However, their levels at T1 were significantly higher in cases of AR (p < 0.0001).Kinetic analysis revealed that only recipients with AR exhibited increased cytokine levels between T0 and T1. Renal graft IL-17 mRNA expression was significantly higher in recipients with AR compared to controls (626.4 [271.2–1180] vs. 81.1 [2.1–103.7], p = 8,5 E-21). Furthermore, this expression was significantly correlated with variations in serum IL-23 and IL-17A levels at T1.

Conclusion

The analysis of Th17 cytokines appears to have significant predictive value in the prospective monitoring of kidney transplant recipients. Investigating the transcriptional regulation of this pathway by microRNAs may further confirm these findings.

P493

LIVING KIDNEY DONORS REJECTED: EXPERIENCE OF THE UNIVERSITY SAHLOUL HOSPITAL

Ghada Dardour[1], Narjes Ben Aicha[1], Maha Araoud[1], Awatef Azzeb1[2], Sanda Mrabet[1], Raja Boukadida[1], Asma Fradi[1], Yosra Guedri[1], Wissal Sahtout[1], Dorsaf Zellama[1]

1 Department of Nephrology, Sahloul University Hospital, Sousse - Tunisia

Introduction

The living kideney donor (LKD) constitutes the main source of grafts in Tunisia. Donor selection criteria must ensure donor safety and optimize follow-up care and outcomes for both donors and recipients.

Methods

This is a retrospective study conducted between November 2007 and September 2024, involving 23 donors rejected. The aim of this study was to recognize the reasons for declining LKD.

Results and discussion

The total number of living donor transplants during this period was 436 Twenty three donors were unable to proceed for kidney donation with a median age of 49 years and a female predominance (56.52%) with a sex ratio of 0.77. The donor-recipient relationship was: parent to child in 12 cases (52.17%), between siblings in 6 cases (26.08%), child to parent in 1 case (4.35%), and between spouses in 4 cases (17.39%). The average number of rejected donors per recipient was 1.3 . The reasons for rejection were: presence of positive donor-specific antibodies (1 case), chronic kidney disease with a glomerular filtration rate (GFR) of 80 ml/min (1 case), recurrent kidney stones (1 case), proteinuria (1 case), microscopic hematuria (1 case), aseptic leukocyturia (1 case), kidney asymmetry (2 cases),vesicoureteral reflux grade IV (1 case), renal artery stenosis (1 case), diabetes (2 cases), an autoimmune disease (5 cases). These diseases were : erythematosus systemic lupus(3 cases) , auto-mmune hepatitis (1 case) celiac disease (1 case) . The other patterns of refusal were severe sleep apnea syndrome (SAS) (1 case), tumor- related cause (1 case), and a cardiac malformation (1 case).

Conclusion

Given the organ shortage, selection criteria should be expanded, but certain contraindications remainindisputable.

P494

NEOPLASTIC COMPLICATIONS IN KIDNEY TRANSPLANTS: A RETROSPECTIVE MONOCENTRIC STUDY

Ktata Mohamed Amine[1], Abid Hanen[1], Masmoudi Mondher[1], Dammak Najla[2], Chaker Hanen[2], Ben Hmida Mohamed[2], Yaich Soumaya[2], Kammoun Khawla[2]

1 Department of Nephrology, Dialysis and Renal Transplantation

2- Renal Pathology Laboratory LR19ES11, Faculty of Medicine, Sfax, Tunisia

Introduction

Renal transplant recipients have an elevated risk for oncological complications due to prolongedimmunosuppression, which hinders the immune system's ability to detect tumors. This study aims to assess the preva- lence of these complications and analyze the demographic and clinical characteristics of affected patients.

Methods

This retrospective study was conducted at Hedi Chaker Hospital's nephrology department. Data were collected from renal transplant patients, including demographics, medical history, graft types, immunosuppressivetreatments, and complications. The analysis included the types of neoplasia, specific treatments, and clinical out- comes.

Results and discussion

This study included 35 patients with a male predominance (sex ratio 1.9), with an average age of 38.06 years at transplantation. Comorbidities included hypertension in 15 patients (42.9%) and diabetes in 2 patients (5.7%). The average duration of end-stage kidney disease before transplantation was 4.31 years (52.55 months). Grafts were primarily from living-related donors in 13 cases and deceased donors in 13 cases. In 542 renal transplants performed, 35 patients developed oncological complications, resulting in a prevalence of 6.46%. The types of tumors identified included 6 lymphomas, 14 Kaposi sarcomas, 7 skin cancers, 1 gastrointestinal cancer, 1 breast cancer, 2 graft cancers, 2 thyroid cancers, and 4 native kidney cancers. Four patients had multiple neoplasmas. The average time from transplantation to tumor onset was 78.6 months. Treatment modalities were varied: surgical intervention was performed in 17 cases, chemotherapy in 9 cases, and radiotherapy in 1 case. Immunosuppression adjustments were made for 22 patients to manage tumor progression. Follow-up revealed that at three months post-transplantation, the average creatinine level was 162 µmol/L with a mean estimated glomerular filtration rate (eGFR) of 56.31 mL/min/1.73 m2. By five years, creatinine levels averaged 154 µmol/L with an eGFR of 53.09 mL/min/1.73 m2. During follow-up, 11 patients required hemodialysis after an average of 32.5 months post-neoplasia diagnosis, and there were 14 deaths recorded.

Conclusion

Oncological complications are prevalent among renal transplant recipients and indicate vigilant monitoring and individualized management strategies to enhance graft survival and overall patient outcomes.

P495

RELIGION AND ORGAN DONATION: THE ISLAMIC PERSPECTIVE IN KIDNEY TRANSPLANTATION IN EASTERN MOROCCO (BETWEEN SUPPORTERS AND OPPONENTS)

Meftah Hicham, Kallach Oumaima, Boukabous Sara, Machmachi Imane, Benabdelhak Mohamed, Yassamine Bentata, Haddiya Intissar

Department of Nephrology, CHU Mohamed VI University Hospital, Oujda - Morocco

Introduction

In Islam, the legality of organ donation from a living or cadaveric donor, is not specifically mentioned in the main reference sources, namely the Quran and hadiths. Indeed, organ transplantation is a moderndevelop ment in medicine. Our work aims to: assess the knowledge, attitudes and beliefs of Imams and professors of Islamic studies in the field of organ donation and transplantation in eastern Morocco.

Methods

This is a cross-sectional descriptive multi-center study based on a questionnaire comprising 12 questionsco- vering knowledge and opinions on organ donation from a living or cadaveric donor, took place inOujda-Mo- rocco within high schools, faculty of Islamic studies, mosques and Islamic scientific council. including a population made up of imams and professors of Islamic studies. two groups of participants were identified (supporters and opponents of organ and kidney transplantation). the comparison of the qualitative variables between two groups was carried out by the Chi2 test ($p < 0,05$).

Results and discussion

A total of 206 questionnaires were distributed. 52% of the participants had duly completed the questionnaires and 48% of those approached had refused. the refusal was justified by the lack of knowledge on organdonation. 53% of the participants were imams and 47% were teachers of Islamic studies. the average age was 43.1 years +/- 1.16 years. 88% of the 108 participants were convinced that islam authorized kidneytransplantation. 79% would participate in awareness raising activities on the importance of kidney donation. 88% of the participants were convinced that Islam authorizes kidney transplantation with a living donor, while 10% of the participants are convinced of the opposite. 78% of participants agreed that kidney transplantation does not affect the health of the donor. a statistically significant association was found between the feedback to register in an organ donor registry after death and the profession and the educational level ($p = 0.001$).

Conclusion

The knowledge of imams and professors of Islamic studies, which reflects the position of Islam, regarding organ donation and transplantation can be a key factor in the development of transplant activity since the main cause of refusal during the surveys carried out was the religion.

P496

LARGE B-CELL LYMPHOMA REVEALED BY RENAL FAILURE: A CASE REPORT

Nada Chniti[1], Azzabi Awatef[1], Chniti Nada[1], Sahtout Wissal[1], Ben Aicha Narjes[1], Boukadida Raja[1], Besayed Nesrine[2], Mrabet Sanda[1], Ben Afya Amira[3], Fradi Asma[1], Dahmen Riheme[1], Olfa Mahfoudh[1], Thabet Nesrine[1], Guedri Yosra[1], Ben Youssef Yosra[2], Hasni Ibtissem[3], Zellema Dorsaf[1]

1 Department of Nephrology, Sahloul Hospital, Sousse - Tunisia,

2 Department of Hematology, Farhat Hached Hospital, Sousse - Tunisia,

3 Department of Radiology, Sahloul Hospital, Sousse - Tunisia

Introduction

Renal involvement in lymphoproliferative diseases is rarely a revealing sign of the disease due to the insidious nature of this involvement. The mechanisms involved are varied, including deposits of immunoglobulin frag- ments, infiltration by tumor cells, obstruction of the excretory pathways, paraneoplastic lesions, etc.

Methods

We report the case of a 27-year-old woman who underwent a kidney transplant, in whom renal involvement was the key to diagnosing lymphoma.

Results and discussion

This is a 27-year-old patient with a history of Goodpasture disease, who had undergone a kidney transplant from her mother with three HLA identities. She presented to the emergency department with general deterio- ration. Physical examination revealed tenderness at the graft site. The initial tests revealed renal failure with a creatinine level of 900 µmol/l and hematuria of 11,000 elements/ml, with a negative urine culture. Abdominal CT initially showed a well-differentiated graft with a mass at the upper pole, without any obstruction of the uri- nary tract. To better charac-

terize this mass, an MRI was performed, which confirmed the presence of the mass measuring 5 cm, encasing the vessels, suggesting a neoplastic origin, either lymphoma or clear cell renal carcinoma. A guided biopsy of the mass revealed a CD20+ large B-cell lymphoma. As part of the staging workup, a PET scan ruled out any secondary lymphoma localization. The patient was referred to hematology, where she received her first course of chemotherapy (R-CHOP: Rituximab, Cyclo- phosphamide, Doxorubicin, Vincristine, Prednisone) with regression of the tumor mass and stable renalfunction.

Conclusion

The timely diagnosis and prompt initiation of chemotherapy are critical factors in determining the prognosis of patients with lymphoma.

P497

PREVALENCE OF METABOLIC SYNDROME IN KIDNEY TRANSPLANTATION RECIPIENTS -A SINGLE CENTER STUDY

Lilia Ismahane Trima, Mohamed cherif Tehir, Khelifa Rahmouni

Department of Nephrology, Annaba University Hospital - Algeria

Introduction

Metabolic syndrome (MS) represents a constellation of metabolic derangement including central obesity,glucose intolerance, dyslipidemia and hypertension. The prevalence of MS is continuously increasing in the general population. In Renal Transplant Recipients (RTR), MS has been shown to be an independent risk factor for chronic allograft dysfunction, graft faillure, new onset diabetes and cardiovascular disease (CVD). The aim of this study was to determine the prevalence of MS in a group of Algerian RTR.

Methods

This study was conducted at the Nephrology Departement of Annaba University Hospital Center. Weperformed a cross sectional study on 100 RTR between January 2022 and December 2024. This syndrome was diagnosted according to the National Cholesterol Education Program Adult Treatment Panel III (NCEP-ATPIII) criteria. All patients were more than three months post transplantation. Patients with pre-transplantation MS wereexcluded from the analysis.

Results and discussion

In this group of patients, 41 (41%) had metabolic syndrome, there were 25 males (60.98%) and 16 females (39.02%). MS was commoner in males than females (47.16% vs 34.04%). The mean age of the MS group was significantly higher than the non-MS group. The patients with MS had also higher body mass index BMI. On analysis of the components of MS, the most common was waist circumference and hypertension and least common was hyperglycemia (Diabetes) and dyslipidemia.

Conclusion

The prevalence of MS in our RTR is high, affecting males more than females. We have to try to prevent it by educating the patients by modifying their lifestyle, promoting healthy diets and physical activity.

P498

A SATISFACTION SURVEY AMONG KIDNEY TRANSPLANT RECIPIENTS

Kharrat Assia[1], Tchich Hajar[2], Elkarmi Sarah[1], Medkouri Ghislaine[1], Mtioui Naoufal[1], Elkhayat Selma[1], Zamd Mohamed[1], Benghanem Mohamed1[1]

1 Department of Nephrology, Ibn Rochd University Hospital, Casablanca - Morocco

Introduction

Patient satisfaction is now widely recognized as a tool for measuring quality of care. It is one of the mainobjectives of health care. The notion of patient satisfaction is included in the World Health Organization's (WHO) definition of quality of care assessment: "a process which should ensure that the patient receives the diagnostic and therapeutic procedures which provide the best health outcome... for maximum satisfaction in terms of procedures, results and human contacts within the health care system".

Methods

To help us improve the quality of our services, we set up a satisfaction survey among kidney transplant pa- tients. A questionnaire was designed to assess this, based on their experience of preparation for kidneytransplantation (RT), the RT itself and post-RT follow-up at our facility. The questionnaire contained a total of 32 questions, 25 of which were single-choice and 7 free-response. Patients were interviewed during their usual consultation, or via an electronic questionnaire. All information collected in the questionnaire was strictly ano- nymous and confidential.

Results and discussion

A total of 72 patients participated in our survey. The average age of our patients was 43.6 years, with a male predominance of 74%. The average length of time in transplanta-

tion was 64 months. 83.4% of patients felt that doctors had the necessary knowledge to answer questions from candidates for RT. 80.5% said that RT consultation appointments were easily accessible and that waiting time was estimated at less than 30 minutes. During hospitalization, 94.4% of RTs felt that they were well looked after by doctors and nurses, and that they were available and responsive when needed. 88.9% of RTs felt that the explanations given on post-treatment follow-up were satisfactory. The survey data show a high level of satisfaction with the care provided (81.6% of patients). 97% of patients stated that their expectations were met after RT.

Conclusion

Nowadays, patient satisfaction is a key factor in overall patient care. It has a major influence on adherence to treatment and compliance with post-treatment follow-up consultations.

P499

PYOGENIC GRANULOMA IN A RENAL TRANSPLANT RECIPIENT A RARE DERMATOLOGICAL COMPLICATION

Ounaceur Anis, Boukachabia Souad, Boumendjel Alia, Frigaa Hicham, Rahmouni Khelifa

Department of Nephrology, Annaba University Hospital - Algeria

Introduction

Pyogenic granuloma (PG), or lobular capillary hemangioma, is a common benign skin tumor that rarelydevelops in immunosuppressed individuals, such as renal transplant recipients. We present the case of a19- year-old female renal transplant recipient on immunosuppressive therapy with cyclosporine who developed a rapidly growing, exophytic lesion at the right ankle consistent with pyogenic granuloma.

Methods

One-year after renal transplantation from a living donor, a 19-year-old recipient receiving mycophenolatemofetil, cyclosporine, and prednisolone as immunosuppressive therapy presented a skin lesion on the right ankle, which had been present for the past 2 weeks. The lesion was characterized by a friable, erythematous, and exophytic nodule of 2,5 cm in diameter prone to bleeding. A lesion biopsy was performed revealing a lobular capillary proliferation with a neutrophilic inflammatory infiltration, consistent with pyogenic granuloma. No in- fectious organisms nor malignant cells were identified, ruling out alternative causes.

Results and discussion

After consulting the patient with the dermatology and surgery departments, it was decided to undergo surgical treatment. Total excision was performed under local anesthesia with modifications to the patient'simmuno- suppressive regimen. The lesion resolved without recurrence, and the patient maintained stable graft function. The exact physiopathology of PG is unknown, but numerous factors have been linked to the occurrence of the lesion including severe burns, laser treatments, HIV infection, medications (cyclosporine, tacrolimus, an- tineoplastic), and transplantation. Chronic irritation and minor trauma result in an excessive local production of angiogenic growth factors which could lead to an hyperproliferative vascular response.

Conclusion

Renal transplanted recipients have a high incidence of skin tumors including cutaneous Kaposi's sarcoma and bacillary angiomatosis and PG mimic those malign tumors. The discovery of a skin lesion requires an ac- curate diagnosis to distinguish between these different processes. This case underscores the importance of prompt diagnosis and interventions. Furthermore, it emphasizes the need for a multidisciplinary approach to manage immunosuppression-related adverse events while preserving graft function.

P500

LIFE WITH A KIDNEY TRANSPLANT

Ounaceur Anis, Trima Lilia ismahane, Tehir Mohamed cherif, Frigaa Hicham, Rahmouni Khelifa

Department of Nephrology, Annaba Universi Hospital - Algeria

Introduction

Renal transplantation (RT) is the treatment of choice for end stage renal disease (ESRD), as it improves quality of life and psychological well-being, while reducing morbidity and mortality. The events surrounding the procedure are very challenging and profoundly affect the physical and psychological resilience of kidney transplant patients. The aim of our study is to verify whether there is an improvement in quality of life and a decrease in the prevalence of psychiatric disorders after RT.

Methods

Through a cross-sectional study, we tried to assess the prevalence of anxiety and depression in kidneytransplant patients followed up at our department, and to evaluate the quality of life of these patients after RT. The quality of life was assessed using two scales: the Hamilton Anxiety Rating Scale for anxiety and theMontgomery-Asberg Depres-

sion Rating Scale for depression.

Results and discussion

Our patients were mostly young women transplanted from a living related donor. Quality of life assessment revealed 60% of mild depression according to the Montgomery-Asberg Depression Scale, while 70% of our patients showed normal anxiety according to the Hamilton Scale.

In our study, most transplant recipients were young women, 84% were transplanted from a living related donor. The literature clarifies this finding by the parent's unconscious guilt and deep desire for narcissistic restoration. The literature describes significant anxiety during the pre-transplant period, followed by an improvement in the immediate post-transplant period and then a return to a moderately elevated level of anxiety and depression away from the transplantation.

Conclusion

Post operative anxiety and depression appears mostly as an adaptative disorder to the pre-operative somatic reality beside the post-operative complications. Numerous studies suggest that quality of life in transplantpatients improves after kidney transplantation. However, it deteriorates again but remains better than before. Joint nephrological and psychiatric follow-up is essential for kidney transplant patients, whose quality of life is strongly correlated with the importance of anxiety and depression.

P501

THE PROFILE OF INFECTIOUS COMPLICATIONS IN TRANSPLANT PATIENTS: EXPERIENCE OF THE NEPHROLOGY DEPARTMENT OF THE CHU IBN ROCHD IN CASABLANCA

Adnane Najat, Triek Fatima ezzahra, Moulouade Souhaila, Medkouri Ghizlane, Elkhayat Salma siham, Mtioui Naoufal, Zamd Mohamed, Benghanem Mohamed

1 Department of Nephrology, Ibn Rochd University Hospital, Casablanca - Morocco

Introduction

Infectious complications in renal transplantation are very common. The risk of their occurrence and theirse- verity are increased by immunosuppression due to immunosuppressive treatments.The aim of our work is to specify the epidemiological characteristics of infections observed in renal transplant recipients, the risk factors, the main infections that occur, the germs responsible, and the renal and vital prognosis.

Methods

We conducted a retrospective descriptive study in the nephrology department of Chu Ibn Rochd Casablanca over a 6-year period from 2018-2024, in all kidney transplant patients with a diagnosed infection regardless of location.

Results and discussion

Post-transplant follow-up was limited to the first year. We collected data on 81 transplant patients, predomi- nantly male, with a sex ratio of 2.3. Their mean age was 39 +/- 14 years. All our patients received anti-infective prophylaxis consisting of antibiotic therapy with C3G for 7 days and Bactrim for at least 6 months.Twenty- eight patients (35%) developed an infection. of these, 13 patients (46.4%) had at least one infectious episode during the first three months, 7 patients (25%) had at least one infectious episode between months 3 and 6, and 8 patients (28.8%) had at least one infectious episode between months 6 and 12 of post-transplant fol- low-up. Bacterial infection was found in 20 patients (71%), dominated by urinary tract infection in 15 transplant recipients (44%), the most common germ being E.Coli, followed by pulmonary infection in 3 patients (14%), while viral infection was found in 14 transplant recipients (41.1%), dominated essentially by CMV infections (30%), although VZV, HSV, BK virus and EBV infections were found in one patient each. Parasitic infections were found in 4 patients (14%), and fungal infections in 2 patients (7.14%). Five patients (17%) had associated renal failure, with no long-term renal repercussions and a return to creatinine nadir after regression of the in- fectious episode.

Conclusion

Infections in renal transplantation are frequent. The spectrum of infections is broad, dominated by urinary tract infection, pulmonary infection and CMV reactivation. The onset of urinary tract infection affects renal prognosis and increases the risk of renal failure, so early diagnosis and appropriate treatment are essential for a better prognosis.

P502

INFECTIOUS COMPLICATIONS IN KIDNEY TRANSPLANT RECIPIENTS: A 25-YEAR RETROSPECTIVE ANALYSIS

Kaouiri Zaineb, Benbella Meryem, Benamar Loubna, Ouzeddoun Naima, Bouattar Tarik

Department of Nephrology, IBn Sina University Hospital, Rabat - Morocco

Introduction

Kidney transplantation is the optimal treatment for end-

stage renal disease (ESRD), but its success isthrea- tened by infectious complications due to immunosuppressive therapy. This study aims to describe the epide- miology of infections in kidney transplant recipients, assess their evolution over time, and identify associated risk factors.

Methods

A retrospective study was conducted in the Nephrology-Dialysis-Transplantation Department at Ibn SinaUni- versity Hospital, Rabat, covering 123 patients between 1998 and 2023. Inclusion criteria required at least one infection episode post-transplant with a minimum follow-up of one year. Data on demographics, clinical para- meters, microbiology, and outcomes were analyzed using univariate and multivariate statistical methods.

Results and discussion

A total of 389 infection episodes were reported, corresponding to an incidence rate of 3.16 episodes per patient during the follow-up period. Urinary tract infections (UTIs) were the most common, with a prevalence of 32.6%, followed by respiratory and gastrointestinal infections. Early infections (Multivariable analysis revealed that prolonged catheterization p) These findings highlight the critical need for tailored interventions to mitigate infection risks, emphasizing the importance of timing, prevention strategies, and patient-specific factors, which will be further discussed in the subsequent section.

Conclusion

Infections, particularly UTIs, represent a significant burden in renal transplant recipients, with criticalimplications for patient and graft survival. Targeted strategies, including optimized catheter management,personali- zed prophylaxis, and tailored immunosuppressive regimens, are essential for improving outcomes. Prospective studies are needed to refine preventive measures and therapeutic approaches.

P503

CANCERS AFTER KIDNEY TRANSPLANTATION A POPULATION STUDY

Zouaoui Rihab[1], Selmi Yosra[1], Touati Dallel[1], Kacem Imen[2], Elloumi Zied[1], Laabidi Jannet[1]

1 Department of Nephrology, Military Hospital, Tunis - Tunisia

Introduction

Kidney transplantation (KT) improves the quality of life when compared to dialysis in patients with end stage renal disease. But the use of immunosuppressive drugs is associated with an increased risk of cancer.The aim of our study is to describe the epidemiological and etiological profile of cancers after KT.

Methods

This is a descriptive retrospective study conducted from January 2010 to December 2020, in thetransplantation unit of the nephrology department of Tunis military hospital. One hundred kidney recipients were included.

Results and discussion

The mean age was 36 ± 15 years, and sex ratio was 2/1. Thirty-seven percent were hypertensive and 6% were diabetic. The cause of initial nephropathy was undetermined in 37% of cases, glomerular in 31%,inter- stitial in 23%, vascular in 7%, and hereditary in 2%. Ten transplant recipients developed cancers, with a mean time of onset of 99 months after transplantation. Among these patients, two were hypertensive, one diabetic, and two had a history of pulmonary tuberculosis, which was significantly associated with the development of thymoma and basal cell carcinoma of the scalp (p) Four patients developed post-transplant lymphoma, three had gastrointestinal cancers, one had skin cancer, one had a kidney graft cancer, and one had thymoma. Three patients died, and two were switched to haemodialysis.

Conclusion

Optimized immunosuppression preserve graft function but is associated with an increased risk of neoplastic complications. Physicians should have a high index of suspicion for cancer in people with a history oftuberculosis.

P504

KIDNEY TRANSPLANTATION AT THE MOHAMMED V MILITARY TRAINING HOSPITAL IN RABAT: EVOLUTION AND HEALTH ECONOMICS

Narjiss Labioui, Bahadi Abdelali, Errihani Majdouline, Lafrid Maria, Hassani Kawtar, Zajjari Yassir, Montassir Dina, Elkabbaj Driss

Department of Nephrology, Dialysis & Kidney Transplantation, Military Hospital, Rabat - Morocco

Introduction

Kidney transplantation is the best therapeutic modality for end stage renal failure. Its results are one of the most satisfying of all solid organ transplantation, as well as to the functional result in gain of quality of life.

Methods

Our work is presented as a retrospective study conducted

within nephrology service from the Military Hospital of Instruction Mohamed V in Rabat over a period of eleven years from June 2008 to December 2019, concerning all kidney transplantations.

Results and discussion

44 kidney transplants were performed, 39 transplants from living donors and 5 from brain-dead donors. 39 patients were transplanted after setting on dialysis (38 on hemodialysis and one on peritoneal dialysis) and 5 underwent preemptive transplantation (before setting on dialysis). The average age of the recipients was 34 ± 11 years with extremes ranging from 17 to 61 years. There was a clear male predominance (75%), with a sex ratio M / F of 3. The diuresis was maintained in two thirds of the patients. No intraoperative complications were identified. The operative consequences were simple for our donors and the mortality rate was zero. In recipients, complications are dominated mainly by infectious complications in 14 cases followed byhaematological complication in 11 cases including 9 cases of anemia as well as 5 cases of urological complication. Four transplantectomies were performed for graft vein thrombosis in two cases and allograft nephropathy in two cases., the kidney transplant activity in our structure despite its complications and the reduced number of cases has resulted in budget savings of over 7.5 million dirhams ($ 750,000).

Conclusion

Despite the progress has been considerable, it remains a source of many complications (early or late, medical or surgical) and despite its introduction in Morocco since 1986, kidney transplantation is still in its infancybecause of various obstacles who oppose it (social, economic, religious beliefs ...).

P505

DUODENAL VILLOUS ATROPHY INDUCED BY MYCOPHENOLATE MOFETIL: NOT EVERYTHING IS CELIAC DISEASE

Nasri Ines[1], Bacha Mohamed Mongi[2], Ben Mansour Rawen[2], Ben Mbarek Meriem[2], Hedri Hafedh[2], Sellami Nada[2], Abderrahim Ezzedine[2]

1 Department of Internal Medicine A, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Leucopenia and diarrhea are the main side effects observed after the use of mycophenolate mofetil (MMF) in renal-transplant patients. The mechanism of diarrhea remains unknown, presumably by inhibiting lympho- cyte proliferation in the intestinal epithelium.

Methods

We report on three cases presenting with severe diarrhea, who were admitted in the transplantation ward.

Results and discussion

The patients were males aged 27, 30 and 32 years old. The diarrhea appeared, respectively, at 24, 96 and 180 months after MMF therapy had been started. Patients presented with watery stools, without hematochezia or fever, at an average of 5 to 10 per day and increasing in frequency over the last 1 to 2 months. All patients presented with weight loss and biological signs of malabsorption syndrome. Esophago-gastroduodenoscopy revealed duodenal villous atrophy, which was confirmed by pathologyexamination. Celiac serology, including anti-endomysium and anti-transglutaminase antibodies were negative.Immunoglobulin levels of IgA, IgG and IgM were within normal range. Thyroid assessments were also normal. HLA typing for DQ2 and DQ8 carried out in one patient was negative. None of the patients showed evidence of cytomegalovirus in enterocytes or cytomegalovirus-positive viraemia. Coproculture and parasitological examination of the stools were normal. In all patients, diarrhea ceased within 5 days of MMF withdrawal with a gluten-free diet to improve regeneration of the intestinal epithelium.

Conclusion

Villous atrophy induced by MMF might be one of the mechanisms of diarrhea in renal-transplant patients. It is essential to differentiate celiac disease from MMF-induced villous atrophy because, in the latter case, a gluten-free diet is not required.

P506

POST KIDNEY TRANSPLANTATION KAPOSI'S SARCOMA: SINGLE CENTER EXPERIENCE

Ltaief Wejden, Ben Salem Meriem, Ben Mahmoud Nouha, Ben Salah Manel, Bchir Sirine, Ltaief Ahmed, Hammouda Mouna, Skhiri Habib

Department of Nephrology, Dialysis and Renal Transplantation, Fattouma Bourguiba University Hospital, Monastir - Tunisia

Introduction

Kaposi's sarcoma (KS) is a rare but serious complication in renal transplant patients, usually associated with prolonged immunosuppression and human herpesvirus type 8 (HHV-8) infection. This study aimed todeter mine the prevalence

of Kaposi's sarcoma (KS) in a cohort of kidney transplant recipients, demographic data, immunosuppression regimen, disease outcome and graft function after treatment.

Methods

This is a retrospective study in a single centre in Tunisia. Data from 287 renal transplant recipients treated at our institution September 1995 – December 2024 were reviewed.

Results and discussion

Six patients (2.1%) developed Kaposi's sarcoma. The mean interval of pathological diagnosis andtransplan tation was 66 months. The ratio of male to female patients was 2 to 4 and the mean age at the time ofdiagnosis was 46 years. All patients had cutaneous lesions and visceral involvement occurred in one patient. All received calcineurin inhibitors; two ciclosporin and five tacrolimus. Pretransplant recipient and donor human herpesvirus 8 serology was not performed and serostatus was known in only two after transplantation. Skin lesion size was less than 2 cm in one patient, while the other patients had lesions larger than 2 cm with different localizations (lower limb, upper limb, trunk, dorsolumbar region). All patients had a normal thoracic-abdominal-pelvic scan, except one patient who presented with gastriclocalization of the sarcoma confirmed by digestive fibroscopy and anatomopathological examination withimmunofixation for HHV-8 virus. Therapeutic management, consisting in reduction of immunosuppression in all cases and their conversion to sirolimus in all patients also, resulted in complete regression of KS in three patients. Graft loss was observed in one case and two patients died of unrelated- KS causes.

Conclusion

Kaposi's sarcoma in renal transplant recipients illustrates the delicate balance between immunosuppression and oncologic risk. This study highlights the importance of early detection, targeted reduction of immunosuppression, and indication of an mTOR inhibitor (sirolimus) to optimize clinical outcomes without compromising graft function.

P507

ARTERIOVENOUS FISTULAS AND KIDNEY TRANSPLANTATION: A STORY TO FOLLOW

Hamama Fatima, Benkirane Lina

Department of Nephrology,Ibn Rochd University Hospital, Casablanca - Morocco

Introduction

Kidney transplantation is the preferred treatment for most patients with chronic renal failure (CKD), due to better quality of life and survival compared to dialysis. However, due to the scarcity of available kidneytransplants, a significant number of patients are undergoing hemodialysis while awaiting transplantation. Arterio- venous fistula is preferred as a type of vascular access for these patients. In the literature, the fate of these vascular approaches in the transplanted and the question of the preservation of venous capital for a possible return to dialysis are rarely treated.

Methods

The main objective of our work is to evaluate the fate of FAV after kidney transplantation and to identify the main causes of dysfunction of FAV in post-renal transplantation.

Equipment and methods : This is a retrospective study conducted at the nephrology and transplantation department of CHU Ibn Rochd in Casablanca. All renal transplants followed within our structure and had a fistula-like vascular onset prior to kidney transplantation were included. Anthropometric data was collected from TR records. The examination and clinical examination of FAD were conducted during the biannual consultations.

Results and discussion

A total of 85 TRs with an average age of graft at 42 months were collected for our study. The average age of our patients is 45 years with extremes ranging from 22 to 65. Initial nephropathy is undetermined in 71.5% of cases. Average dialysis age is 60 months. The patients' FAV were mainly located at the distal level in 72% of cases. 59% of the studied VAD were still functional, while 41% of the VAD were considered non-functional due to 41% early thrombosis, 35% late thrombosis or ligation indicated in pain, aneurysm or hyperflow in 12.7 and 4 patients respectively. 16 patients were returned to dialysis after kidney transplantation, 7 of them kept the same functional fistula, the rest had made a new beginning with 2 cases of exhaustion first vascular.

Conclusion

Patients holding FAD after kidney transplantation have immediate access if the transplant fails. Indications for closure of arteriovenous fistula depend heavily on post-transplant renal function, risk factors for graft loss, blood flow and cardiac function.

P508

URINARY LITHIASIS AFTER KIDNEY TRANSPLANTATION

Chaabouni Ahmed, El Maaroufi Ali, Fourati Mohamed, Mhamdi Aloui Idriss, Mseddi Mohamed Amin, Rebai Nouri, Hadj Slimen Mourad

Department of Urology, Habib Bourguiba versity Hospital, Sfax - Tunisia

Introduction

De novo or recurrent urinary lithiasis after kidney transplantation (KT) is rare and complex due to its occurrence on a graft under immunosuppressive therapy. Medical and surgical factors related to transplantation favorlithogenesis. Lithiasis in transplant recipients is a serious condition that remains complex, requiring appropriate management.

Methods

This retrospective descriptive study was conducted from June 1984 to June 2024. We included all kidney transplant recipients who developed urinary lithiasis post-transplantation, excluding those who received alithiasic graft. This study aims to estimate the prevalence of urinary lithiasis in kidney transplant recipients, identify lithogenesis factors, determine the main etiologies, and describe the evolving and therapeutic cha- racteristics of these stones.

Results and discussion

A total of 19 patients presented with urinary lithiasis during follow-up, with an incidence of 1.2%. The average age at the time of lithiasis diagnosis was 33.3 years [20–48 years], with a male predominance (sex ratio 1.42). The average delay between the discovery of lithiasis and KT was 57 months, ranging from 10 days to 14 years. The most common presenting symptom was renal failure (47% of cases). Primary hyperoxaluria was identified as the main etiology in 17.6% of cases. The therapeutic modalities used included extracorporeal shock wave lithotripsy (ESWL), percutaneous nephrolithotomy, open surgery, urinary alkalinization, andsurveillance. After treatment, there was no recurrence of lithiasis in 7 patients with normal renal function, one patient showed an increase in stone size to 9.5 mm with no renal function impairment, and 4 patients died.

Conclusion

This study confirms the rarity of urinary lithiasis in kidney transplant recipients. Primary hyperoxaluriarepresents the main cause of recurrent lithiasic diseases. Regular and strict monitoring is essential to detect and treat recurrences early. Early identification of lithogenesis risk factors in kidney transplant recipients is funda- mental. Adequate, minimally invasive treatment is necessary to eliminate stones as quickly as possible to prevent complications.

P509

ALMOST TWIN DELIVERY FROM KIDNEY TRANSPLANT PATIENTS AT YAOUNDE GENERAL HOSPITAL, CAMEROON

Nono Tomta Aristide Eric[1], Maïmouna Mahamat[2], Kong-Mbone Mukwelle Karla[1], Mbomena Tabene Larissa[1], Fokou Marcus[3], Kamga Justin[4], Sylvia Santerre Vanessa[1], Ngogang Marie Paule[5], Djientcheu Vincent De Paul[6], Ashuntantang Gloria[1]

1 Department of Nephrology,

2 Department of Vascular Surgery,

3 Department of Urology,

4 Compatibilty Laboratory,

5 Department of Surgery, Yaounde General Hospital - Cameroon

Introduction

End Stage Renal Disease is associated with reduced of pregnancy occurence. Transplantation represents the best hope for women of child bearing age to get pregnant to deliver a viable child. However it still remains challenging due to this particular condition.

Methods

We describe two first successful pregnancies concluded by delivery of two viable children one week apart in two transplant recipients followed our hospital.

Results and discussion

Case 1: This 32 year old lady dialysed between 2008 and 2012 when she received a kidney from her mother in Tunisia. It was discovered at that time that she had bicornuate uterus. Graft was placed on the right side. She was placed on Tacrolimus, Mycophenolate mofetil and prednisolone. Tacrolimus was changed tociclos- porine. In 2020 Mycophenolate mofetil was replaced by azathioprine. In february 2020 she had her first pre- gnancy in the left uterine cavity but had a miscarriage at 11 weeks. In november 2020 the second pregnancy in the right uterine cavity was complicated by miscarriage, infection of the uterine cavity that needed surgical treatment. Her third pregnancy in 2024 was located in the left cavity. Pregnancy was marked by 2 episodes of kidney failure with creatinine raising from 1,4 mg/dl to 2 mg/dl after urinary tract infection at 12 weeks and to 3,1 mg/dl at 30 weeks from partial compression of

the graft's ureter. Antihypertensive medications were introduced at 31 weeks. She had a caesarian section at 34 weeks after presenting premature rupture of mem- branes. The baby weighted 1600 grammes. Antihypertensive drugs were stopped 2 weeks after delivery and creatinine went back to 1,4 mg/dl.

Case 2: This 34 year old lady who dialysed from 2010 to 2022 when she received a kidney from herhomozygous twin sister in our center. She never received immunosuppressive drugs. She fell pregnant in 2024. Her pregnancy was unremarkable with creatinine stable at 1 mg/dl until delivery in October at 39 weeks of a 3200 g baby. After delivery she presented severe hypertension without proteinuria. Antihypertensive medica- tions were increased. Blood pressure treatment was reduced 2 weeks after delivery.

Conclusion

These two first successful pregnancies were marked by transient severe hypertension.

P510

RENAL TRANSPLANTATION IN PATIENTS WITH NEUROGENIC BLADDER FOLLOWING MITROFANOFF CONTINENT URINARY DIVERSION

Chaabouni Ahmed, El Maaroufi Ali, Fourati Mohamed, Aloui Idriss, Mseddi Mohamed Amin, Rebai Nouri, Hadj Slimen Mourad

Department of Urology, Habib Bourguiba Hospital, Sfax – Tunisia

Introduction

For patients with end-stage renal failure caused by a dysfunctional lower urinary tract, complex therapeutic strategies are necessary to treat such infermeties, combining kidney transplantation and, if possible, confection of continent urinary diversion. In this concept Mitrofanoff continent urinary diversion (MCUD) may be proposed at a first surgical procedure step followed by renal transplantation. We report our results of renal transplantation performed in eleven adolescents with history of childhood advanced neurogenic bladder complicated by renal failure.

Methods

This retrospective study included 11 cases of CCUD: 7 females and 4 males. The causes of neurological bladder were spinal dysraphism in 6 cases and idiopathic in 5 cases. The graft was placed in the iliac fossa (IF) in all cases. The graft was a right kidney in 6 cases and a left kidney in 5 cases. All donors were related to the recipients.

Results and discussion

The mean age at the moment of renal failure diagnosis was 7,8 years (6-10). Kidney transplantation was done at the age of 16,4 years (11-22). MCUD was performed in all cases before kidney transplantation and realized ileocystoplasty, using appendix as a conduit in six cases, right pelvic ureter in two cases and ileum graft (Monti) in three cases. Transplantation was realized after an average of 9 years (6-15) after MCUD. The mean follow up period was 2 years (1-5) after transplantation. Grafts were well functioning with significantim- provement of quality of life, except one case of recurrent acute pyelonephritis treated with adapted antibiotic therapy and reeducation of self catheterization modalities.

Discussion

The choice of transplantation site depends on the location of the stoma. It is imperative to perform thetrans- plantation on the contralateral side to the stoma. The advantage of CCUD lies in the absence of external de- vices, satisfactory continence rates, respect for the genital tract (particularly in our socio-cultural context), proper and easy bladder emptying, and low-pressure reservoir, all contributing to graft protection. CCUD should be performed prior to kidney transplantation. Most publications confirm that patients with bladderdys- function, treated with CCUD and bladder augmentation, can undergo successful kidney transplantation, des- pite a non-negligible morbidity. The diversion must be fully functional at the time of transplantation. It is essential to ensure the quality of self-catheterization and continence. The goal is to preserve a valuable graft. A problem arises in anuric patients, as the absence of diuresis causes the bladder reservoir to fill with mucus, leading to risks of infection and lithiasis. Regular daily washouts with sterile water are recommended in such cases. These patients are often awaiting transplantation, which is performed relatively quickly. After cystoplasty with urinary diversion, results become excellent and even comparable to those obtained in recipients with a normal lower urinary tract, provided there is a good anti-reflux system. Complications related to the graft are similar to those in kidney transplants without CCUD, such as vascular thrombosis, ureteral stenosis, lymphoceles, and vesicoureteral reflux, but additional complications related to the diversion include cancer on ileocystoplasty, anastomotic failure, neo-bladder rupture, neo-bladder lithiasis, stoma leakage, appendiceal polyps, and valve stenosis.

Conclusion

Previous MCUD with Ileocystoplasty in patients with advanced neurogenic bladder complicated by end-stage renal failure allows improvement of quality of life of such patients

before and after kidney transplantation with good results provided a self-adequate care of the diversion was respected.

P511

MANAGEMENT OF PREGNANCY IN RENAL TRANSPLANT RECIPIENTS

Imene Kabachi[1], Achwak Bouderballa[2], Souheila Zemmouchi[1]

1 Department of Nephrology, EHS DAKS, Constantin - Algeria

Introduction

Prégnancy in rénal transplant récipients is considered high-risque These pregnancy are associated With maternal complications and more significantly fetal complications,including spontaneous or therapeutic pregnancy terminaisons.howevere,the risk of acute or chronic rejection is low.

Methods

From2019 to 2024 ,we monitored 6 pregnancies in 6 kideney transplanted women . Pregnancy is contraindicated during the first year post transplantation or in patients undergoing treatement Witherspoon mycophenolate mofetil.We documented the initial nephropathy, age at the time of transplantation immunosuppressive therapy, the interval between transplantation and conception, age at conception, and the course of pregnancy for each patient. Nephrology and gynecology consultations were conducted monthly Maternal monitoring included blood pressuremeasurment,renal, hepatic and coagulation tests and 24-hour proteinuria analyses Fetal monitoring included blood pressure measurement of active fetal movements abdominal circumference measurment, auscultation of fetal heart sourds,and obstetric doppler ultrsounds. After delivery, we recorder the age weight Apgar scor at birth

Postpatum follow-up of the transplant récipients involved blood pressure measurement, urinalysis withdips- ticks renal function tests, and 24-hour proteinuria analysis during each consultation.

Results and discussion

The average age of patients at the time of transplantation was 30 years.initial nephropathy was interstitial in 1 case glomerular in 2 cases, and indeterminate in 3 cases. All kidney transplants were from living related donors. Maintenance immunosupressive therapy included corticosteroids,azathiopirine, and/or cyclosporine Hypertension was observed in 2 cases proteinuria in 2 cases, anemia in 1 case and gestational diabètes in 2 cases. The average serum creatinine level before pregnancy was 112.3 umol/l. During pregnancy the mean serum creatinine remained stable at 114 umol/L with levels exceeding 150umol/L in 2 cases. Maternal complications during pregnancy included gestational Hypertension, proteinuria. Increased creatinine levels at the 6 th month in 2 cases ,intrahepatic cholestasis of pregnancy, and hyperuricemia. Prematurity occurred in 3 cases. The average birth Wright was 2500 g. Pospartum follow-up of the 6 patients showed the following: Blood pressure was normal in 3 patients Hypertension persisted in 3 patients. Proteinuria was observed, and 2 patients experienced renal function détérioration.

Conclusion

Pregnancy in rénal transplant récipients is considered high-risk Pregnancy should be planned carefully. A multidisplinary collaboration between nephrologists,gynecologists and pediatricians is essential.

P512

OUTCOME OF HYPERTENSIVE AND ELDERLY KIDNEY LIVING RELATED DONORS EXPERIENCE OF ORAN UNIVERSITY HOSPITAL - ALGERIA

Zerdoumi Faiza[1], Mechaacha Kawther[1], Djoudad Kada[1], Yousfi Mustapha[2], Bensafir Salim[3]

1 Department of Nephrology,

2 Department of Urology,

3 Department of Anesthesia Faculty of Medecine, Oran - Algeria

Introduction

DVA kidney transplantation has been performed in our establishment since 2014. We address the future of borderline living related donors.

Methods

This is a single-center observational and retrospective study carried out on a total of 87 DVA couples. The main objective is to evaluate the evolution of renal function and the risk of proteinuria in borderline hypertensive and elderly living donors. The statistical analysis is based on SPSS 25

Results and discussion

31 men and 52 women donated their kidneys during the interval from January 2018 to November 2024. The average age is 48.77 years, 2 donors ≥70 years (2.4%), 16 donors ≥60 years (19.27%), and 36 donors≥50 years old (43.37%).

For hypertension there are: 03 moderately hypertensive patients pre-kidney transplant (3.61%) and 05 donors developed hypertension post-kidney transplant (6.02%) treated with monotherapy. Other borderline donors; 2 donors with a single identity in the HLA system (2.40%) The study of the clinico-biological evolution of these donors shows that renal function remained stable without additional complications

Conclusion

In our experience, the average age of donors seems to be moderately high and hypertensions as well as age as a factor of progression do not seem to represent a negative risk in the DVA kidney transplant protocol.

P513

ANGIOPOIETINS AND ANIOPOIETIN LIKES KIDNEY TRANSPLANTS WITH POST-TRANSPLANTATION DIABETES MELLITUS

Jahromi Mohamed[1], Al-Otaibi Torki[2], Othman Nashwa[3], Mahmoud Tarek[2], A-Halim Medhat[2], Nair Prasad[2], Abu Farha Mohamed[2], Abu Baker Jehad[2], Gheith Osama[2]

1 Department of Scientific Research, Dasman Diabetes Institute,

2 Department of Nephrology, Organ Transplant Center,

3 Diabetes Education, Dasman Diabetes Institute - Kuwait

Introduction

Background: Post transplant diabetes mellitus (PTDM) has direct impact of patients' immune system.Angiopoietin and angiopoietin like are intrinsic mediators induced by immune cells.

Objectives: To determine the relationship between circulating angiopoietin-1 and 2 (ANG-1, 2) and angiopoietin like (ANGPTL 3-8) in kidney transplant patients who develop PTDM vs. those patients who do not develop diabetes (control).

Methods

All patients enrolled in this study from Diabetes Education Department of Dasman Diabetes Institute andout-patient clinics of the Hamad Al Essa Organ Transplant Centre of Kuwait between May 2015 and December 2016. The study included 155 PTDM and 154 control, age- and sex-matched. We determined plasma ANG 1 ,2 and ANGPTL 3-8 by enzyme-linked immunosorbent assay (ELISA). We determined the correlation between plasma ANG 1 and 2 and ANGPTL3-8 levels in the 2 groups.

Results and discussion

In our cohorts, most of patients (56%) were Kuwaiti and the two groups were comparable regarding theiroriginal kidney disease, dialysis type, donor type and the type of both induction and maintenanceimmunosuppression ($P > 0.05$). Also, pre-transplant co-morbidities were comparable in both groups ($P > 0.05$). We found significantly higher plasma ANG-1, ANGPTNL 6, 7, 8 levels in PTDM group compared to control group ($P < 0.001$) but plasma ANG 2, and ANGPTNL 3, 4 were comparable in the two groups ($p>0.05$).

Conclusion

Plasma ANG 1, ANGPTNL6, 7, 8 levels may correlate with disease severity, chronicity in transplant patients who develop PTDM, and serve as a potential biomarker of the disease severity.

P514

RECURRENT FOCAL SEGMENTAL GLOMERULOSCLEROSIS IN KIDNEY TRANSPLANT RECIPIENTS: KUWAIT EXPERIENCE

Gheith Osama, Elsayed Zakaryia, Fayyad Zoheer, Shaker Mohamed, Alawady Medhat, Alserwy Nabil, Abdultawab Khaled, Balaha Mohamed, Nagib Ayman, Alotaibi Torki

Department of Nephrology, Organ Transplant Center - Kuwait

Introduction

Post-transplant FSGS is a major risk factor for graft loss. We therefore aimed to assess patients with FSGS in our cohort of kidney transplant recipients.

Methods

In this retrospective study that aimed to investigate glomerular disease recurrence post-transplantation. Kidney transplant recipients (KTR) were screened for the diagnosis of FSGS between 1996 and 2023 and details were recorded about the transplant, clinical outcomes, treatments, and other risk factors.

Results and discussion

Among 3670 KTR screened for FSGS, 106 were identified to have FSGS as original kidney disease. Of them, 52 had a diagnosis of idiopathic FSGS. Most of the patients were Kuwaiti males who received their grafts from living donors (84.9%). Prophylactic plasma exchange (PE) was performed in 19 (38%). All patients were maintained on CNI based triple immunosuppression. FSGS recurrence was confirmed in 10

patients (17.5%). PE and rituximab were the most frequent treatment options (7 out of 10 patients received PE and rituximab) and 4 patients had recurrence despite prophylactic PE and rituximab. The remaining patients were managed byanti-proteinuric agents. At one year follow-up, complete remission was observed in 5 patients while theremaining showed partial remission. Two patients lost their grafts within 2 years while the remaining 8 areenjoying stable graft function. Patient or graft outcomes were comparable between primary and secondary FSGS cases(P>0.05).

Conclusion

Lower rate of recurrence of idiopathic FSGS in our cohort (15.3 %) and the comparable patient and graftoutcomes might be due to the optimized immunosuppressive regimen.

P515

THE UNSEEN THREAT: CEPHALOSPORIN-INDUCED INTRACRANIAL HYPERTENSION IN A KIDNEY TRANSPLANT RECIPIENT

Ben Othman Ilhem[1], Bacha Mohamed Mongi[1], Rezig Hajer[1], Chahed Bochra[1], Ounissi Mondher[1], Saadi Ahmed[2], Laamari Hajer[3], Hedri Hafedh[1], Sellami Nada[1], Abderrahim Ezzedine[1]

1 Department of Internal Medicine A,

2 Department of Urology,

3 Laboratoryof Immunology, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Intracranial hypertension (ICH) is a rare yet serious condition, particularly challenging to diagnose in kidney transplant recipients due to polypharmacy and comorbidities.

Methods

We report a rare case of a renal transplant patient who developed ICH following antibiotic therapy for a urinary tract infection.

Results and discussion

A 36-year-old woman with end-stage renal disease due to tubulointerstitial nephropathy received a cadaveric kidney transplant. Her post-transplant immunosuppression included steroids, mycophenolate mofetil, andtacrolimus. Two years later, she presented with fever, dysuria, and graft tenderness. Investigations revealed acute kidney injury, and elevated inflammatory markers. Urine culture identified Escherichia coli, and she was treated with cefotaxime for 14 days. At the end of the antibiotic course, she developed acute holocranial headaches, blurred vision, photophobia, and vomiting. Neurological examination was normal, but fundoscopy revealed bilateral papilledema (stage II) and decreased visual acuity (2/10 in both eyes). Visual field testing showed significant deterioration, and optical coherence tomography confirmed papilledema. Cerebral CT and MR imaging were normal, and lumbar puncture revealed elevated intracranial pressure (ICP) of 27 cm HO, with clear cerebrospinal fluid (CSF), normal glucose and protein levels, and negative cultures. Initial treatment with acetazolamide failed to control symptoms. High-dose intravenous methylprednisolone(1 g/day for three days) led to significant improvement, including resolution of papilledema and partial recovery of visual acuity (5/10 in the right eye, 6/10 in the left). Neurosurgical evaluation excluded the need forventriculoperitoneal shunting due to clinical stabilization. An extensive evaluation ruled out common secondary causes like venous sinus thrombosis, intracranial masses, hormonal abnormalities, and autoimmune conditions. While factors such as the patient's female sex, overweight, and iron deficiency anaemia may predispose her to ICH, the acute onset and progressive course, in conjunction with cephalosporin therapy, suggest a drug-induced cause.

Conclusion

Drug-induced ICH should be considered in kidney transplant recipients with new-onset headaches and visual changes. Early recognition and treatment are crucial to prevent irreversible vision loss.

P516

COMPLICATION OF SELF-CATHETERIZATION IN A KIDNEY TRANSPLANT RECIPIENT: PSOAS ABSCESS

Ben Othman Ilhem[1], Bacha Mohamed Mongi[2], Rezig Hajer[2], Zran Najla[2], Ounissi Mondher[2], Hermi Amine[2], Ben Slama Riadh[2], Hedri Hafedh[1], Sellami Nada[1], Abderrahim Ezzedine[1]

1 Department of Internal Medicine A,

2 Department of Urology, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Psoas abscesses are rare but serious complications in kidney transplant recipients, potentially developing at any time post-transplant. Their nonspecific symptoms often overlap with other abdominal conditions, leading to delayed diagnosis and treatment.

Methods

We report an unusual case of a psoas abscess in a renal transplant recipient associate to recurrent UTIs and frequent self-catheterizations, which increased the risk of traumatic inoculation. Diagnosis was delayed by 15 days before treatment began.

Results and discussion

A 20-year-old male underwent a living donor kidney transplant for end-stage renal disease due to posterior urethral valves and bilateral vesico-ureteral reflux. Despite 10 UTI episodes over 15 years, his graft function remained stable. At 18 years post-transplant, he presented with fever, fatigue, right flank pain, and restricted hip mobility lasting two weeks. Clinical examination revealed fever, graft tenderness, and signs of psoitis.Laboratory tests showed anaemia, elevated white blood cells, and increased CRP, with sterile blood and urine cultures. CT and MRI revealed a right psoas abscess (66 × 48 × 42 mm), displacing the graft. A failedCT-guided drainage attempt was followed by six weeks of empirical antibiotic therapy. The abscess showed near- complete resolution on follow-up imaging, and no relapse occurred in the three-month follow-up.

Conclusion

Psoas abscesses in kidney transplant recipients can be linked to gastro-intestinal, genito-urinary issues, or catheter infections. In this case, self-catheterization likely contributed to the abscess. Early diagnosis and treatment are crucial for favourable outcomes.

P517

IMPACT OF THE 2011 TUNISIAN REVOLUTION ON KIDNEY TRANSPLANTATION ACCESSIBILITY FROM WAITING LIST: A SINGLE CENTER STUDY

Fadwa Helaoui[1], Bacha Mohamed Mongi[1], Chahed Bochra[1], Ounissi Mondher[1], Saadi Ahmed[2], Sfar Imen[3], Ben Abdallah Taieb[1], Hedri Hafedh[1], Sellami Nada[1], Abderrahim Ezzedine[1]

1 Department of Internal Medicine A,

2 Department of Urology,

3 Laboratory of Immunology, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

The Tunisian revolution on January 14, 2011, brought significant political changes that affected public health. This study aims to examine how these political transformations impacted kidney transplantation from deceased donors (KTDD). Specifically, it seeks to compare the characteristics and outcomes in terms of access to kidney transplantation (KT) of patients registered on the national kidney waiting list (WL) before and after the revolution at Tunisia's oldest transplant center.

Methods

We conducted a retrospective cohort study at the Department of Internal Medicine "A" at Charles NicolleHospital in Tunis, focusing on patients with end-stage renal disease who were listed on the national WL for a DD kidney. We compared epidemiological, clinical, and biological characteristics as well as the access to KTDD of patients placed on the WL before (2001-2010) and after (2012-2022) the Tunisian revolution. Differences in proportions and means were tested using the chi-square test and t-test, respectively. Access to KTDD was assessed using the Kaplan–Meier method.

Results and discussion

Among the 782 patients studied, 493 (63.1%) were placed on the WL during the first period. There were si- gnificantly fewer women listed in the second period (37.4 vs 45.4%, p=0.028). The mean age at registration increased from 37.9 ± 11.1 years during the first period to 40.6 ± 11.9 years during the second period (p=0.001). More patients with hepatitis C were listed between 2001 and 2010 (8.7 vs 2.1%, p=0.001). The transfusion rate at the time of registration was significantly higher during the first era (p=0.004). Patientsregistered in the second period had better albumin serum levels (43.5 ± 7.2 vs 41.1 ± 6 g/l, p

Among the 98 KTDD performed in our center during the study period, 65 (66.3%) were carried out during the first period (p=0.017) (Figure). There were no significant differences between the two periods in diabetes,hypertension and hepatitis B prevalences as well as type of dialysis, body mass index, mean hemoglobin level, and positive cytotoxic antibodies rate. Additionally, the time between the start of dialysis and registration was similar during the two study periods (4.4 ± 3.6 vs 4.1 ± 4 years).

Conclusion

Our study highlights significant shifts in the national WL pre- and post-Tunisian Revolution. Notably, there were changes in gender distribution, age at registration, hepatitis C prevalence, transfusion rate, and albumin serum levels between the two periods. Moreover, our study revealed less access to KTDD in the second era highlighting the need for further research and targeted interventions to enhance patient care and outcomes in KT post-revolution.

P518

EARLY CYTOMEGALOVIRUS AND BK VIRUS CO-INFECTION FOLLOWING KIDNEY TRANSPLANTATION

Bacha Mohamed Mongi[1], Helaoui Fadwa[1], Rezig Hajer[2], Ounissi Mondher[1], Frigui Siwar[3], Sfar Imen[2], Ben Slama Riadh[4], Hedri Hafedh[1], Sellami Nada[1], Abderrahim Ezzedine[1]

1 Department of Internal Medicine A,

2 Laboratory of Immunology,

3 Laboratory of Virology, National Bone Marrow Transplant Center, Tunis - Tunisia

4 Department of Urology, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Primary Cytomegalovirus (CMV) and BK virus (BKV) infections are ubiquitous in general population andremain mostly latent. Simultaneous reactivation of these viruses was rarely described and occurs especially in immunocompromised patients, such as renal transplant recipients.

Methods

We report herein two cases of co-infection with CMV and BKV diagnosed in the early period of kidney trans- plantation, and we review the literature reporting similar cases on the aim to establish a practical approach for the management of such patients.

Results and discussion

Both patients developed end stage renal failure due to IgA nephropathy and received kidney transplant from cadaveric donors with delayed graft function. Donors and recipients were seropositive for CMV. In the two cases, post-transplant immunosuppression consisted of Polyclonal Antithymocyte Globulins for 7 days,Prednisone, Ciclosporin (CsA) and Mycophenolate Mofetil (MMF). Respectively, one and three months after trans- plantation, the first patient presented fever, diarrhea, arthralgia, pancytopenia and acute renal failure; and the second presented fever, pancytopenia and serum creatinine increasing. Quantitative polymerase chain reaction (PCR) and antigenemia were positive for CMV and systematic screening for BKV, using semi-quantitative test, revealed positive BKV viraemia and viruria. Treatment, associating Ganciclovir with a substantial reduc- tion of immunosuppressive therapy, resulted in a good outcome: CMV tests became negative, BKV viraemia was undetectable and the serum creatinine dropped in the two cases.

Conclusion

The present cases illustrate the co-infection CMV and BKV in kidney transplant recipients. We can speculate that BKV may induce CMV gene expression by stimulating cellular regulator proteins or by its own generegulator proteins.

AFRAN 2025 CONGRESS
Tunis, Tunisia - April 15 - 18, 2025

VI- CHRONIC KIDNEY DISEASE & OTHERS

P519

CECAL PERFORATION ASSOCIATED TO DISSEMINATED HISTOPLASMOSIS AFTER KIDNEY TRANSPLANTATION

Bacha Mohamed Mongi[1], Helaoui Fadwa[1], Chahed Bochra[1], Zran Najla1[1], Ounissi Mondher[1], Mbarek Mariem[1], Trabelsi Sonia[2], Hedri Hafedh[1], Sellami Nada[1], Abderrahim Ezzedine[1]

1 Department of Internal Medicine A,

2 Laboratory of Parasitology, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Histoplasmosis caused by Histoplasma capsulatum is a progressive widespread fungal infection. It was often described in immunocompromised patients including HIV-infected patients and after solid organtransplantation.

Methods

We report herein a case of fatal disseminated histoplasmosis diagnosed in a transplant kidney recipient with a history of lymphatic filariosis.

Results and discussion

A 55-year-old man from Ivory Coast received, in December 2005, a renal transplant from his wife with a good early outcome except the occurrence of lymphocele which revealed asymptomatic filariosis. He was admitted in our department three years later for fever, chills, diarrhea, mucosal ulcerations, and subcutaneous nodules. At that time, his immunosuppressive therapy included prednisone, tacrolimus and mycophenolate mofetil. These symptoms appeared 2 months ago with progressive aggravation in spite of the long-term use of broad spectrum antibiotics. Microbiological culture and skin biopsies were positive for Histoplasmosis. Treatment by itraconazole, introduced after a short course of fluconazole, resulted in a good initial response knowing that there were indirect features for vertebral, hepatic and deep lymph nodes localizations. Colonic histoplasmosis was also documented after the occurrence of cecal perforation necessitating the resection of the right colon. The patient died few days later after a sudden respiratory distress.

Conclusion

This case illustrates the severity of disseminated forms of histoplasmosis especially those with late diagnosis and the importance of preventive measures in recipients from endemic areas.

P520

ACCESS TO DECEASED DONOR KIDNEY TRANSPLANTATION IN TUNISIA: FINDINGS FROM A SINGLE-CENTER STUDY

Helaoui Fadwa[1], Bacha Mohamed Mongi[1], Zran Najla[1], Ounissi Mondher[1], Hermi Amine[2], Laamari Hajer[3], Ben Abdallah Taieb[1], Hedri Hafedh[1], Sellami Nada[1], Abderrahim Ezzedine[1]

1 Department of Internal Medicine A, 2 Department of Urology, 3 Laboratory of Immunology,

Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Numerous studies worldwide have focused on the determinants affecting access to kidney transplantation from deceased donors (KTDD) among waitlisted patients. However, as of present, no such investigation has been undertaken in Tunisia to identify the factors influencing access to transplantation from the national waiting list (WL). Hence, this study aimed to evaluate these factors among patients enlisted from the department of Internal Medicine "A" at Charles Nicolle Hospital in Tunis.

Methods

This cohort study focused on patients who were monitored in the department of Internal Medicine "A" and placed in the national WL. The data were collected retrospectively over a period of 22 years, from January 1st, 2001, to December 31, 2022. Patients were observed from the date of registration on the WL until either removal from the WL or last follow-up available or the end of the study period. Patients who underwent kidney transplantation (KT) at other centers in Tunisia or abroad were excluded from the analysis. Access to KT was evaluated using the Kaplan-Meier method in the univariate analysis and Cox model in the multivariateanalysis.

Results and discussion

Throughout the study period, a total of 787 patients were listed, with 42.6% being female and the mean age was 38.9 ± 11.4 years. Among these patients, 65.4% had hypertension, 5.7% were diabetic and 83.5% were undergoing hemodialysis (HD). KTDD was performed for 12.5% of the patients with a mean waiting time of 4.23 ± 3.8 years. In the univariate analysis, several factors showed significant association with access to KTDD. These included younger age (p=0.017), peritoneal dialysis (p=0.049), precarious vascular access (p) In the multivariate analysis, factors associated with lower access to KT were HD (HR=0.38 [CI: 0.19-0.76]), WL registration between 2012 and 2022 (HR=0.40 [CI: 0.2-0.83]), and complications occurring after-

registration (HR=0.18 [CI: 0.09-0.36]). Notably, gender, cause of end stage renal disease (ESRD), diabetes, and body mass index were not found to be associated with access to KT.

Conclusion

Our study sheds light on factors affecting KTDD access in Tunisia. These findings highlight the importance of optimizing patient care pathways, ensuring timely pre-transplant assessments, and addressing complications effectively to improve KTDD access and outcomes for ESRD patients in Tunisia. Future studies can delve deeper into the specific mechanisms underlying these associations and explore interventions to enhanceaccess to KTDD.

P521

ENHANCING KIDNEY TRANSPLANTATION KNOWLEDGE ACROSS AFRICA: AFRAN'S EDUCATIONAL WEBINAR INITIATIVE

Khadhar Meriam[1], Saadi Gamal[2], Haddiya Intissar[3], Ba Bacary[4], Ka Elhadjifary[4], Shebani Abdulhafid[5], Van Hougenhouck-Tulleken Wesley[6], Davies Malcolm[7], Bamgboye Ebun[8], Bacha Mohamed Mongi[9]

1 Department of Nephrology, Mongi Slim Hospital, Laboratory of Kidney Pathology (LR0001), University of Tunis El Manar, Tunis - Tunisia,

2 University Cairo - Egypt,

3 Department of Nephrology, Faculty of Medicine and Pharmacy, Mohammed I University, Oujda - Morroco,

4 Department of Nephrology, Aristide Le Dantec Hospital, Dakar - Senegal,

5 Kidney Department, University of Tripoli, Tripoli - Libya,

6 George Mukhariacademic Hospital Sefako Makgatho, Health Sciences University, Johannesburg - South Africa ,7 Division of Nephrology, Departement of Internal Medicine, University of the Witwatersrand, Johannesburg - South Africa,

8 St Nicholas Hospital, St Nicholas Hospital, Lagos - Nigeria,

9 Department of Medicine A (M8), Charles Nicolle Hospital, University of Tunis El Manar, Tunis - Tunisia

Introduction

Kidney Transplantation (KT) is widely recognized as the treatment of choice for End-Stage Renal Disease (ESRD), offering superior survival and quality-of-life outcomes. However, in Africa, the rising incidence of Chronic Kidney Disease (CKD) contrasts with the low rates of transplantation, highlighting significant chal- lenges related to its implementation and access to this therapeutic option.

Methods

To address these challenges, the African Association of Nephrology (AFRAN) Transplantation Committee launched a structured two-year webinar program aimed at promoting KT as a viable and preferred treatment option. Held every two months, each webinar focuses on key topics, particularly the current status andchallenges of KT across the five African regions, as well as scientific issues related to common complications after transplantation. The methodology involves collaboration with multidisciplinary African experts to deliver comprehensive, evidence-based presentations. These sessions are followed by interactive discussions that foster knowledge exchange and practical problem-solving.

Results and discussion

Since its launch, three webinars have been organized on June 21, August 16, and October 18, 2024. Thetopics covered were: "Kidney Transplantation in North Africa: Current Situation and Challenges," "What About Infectious Complications After Kidney Transplantation in Africa," and "Kidney Transplantation in West Africa: Current Situation and Challenges." The number of registrants for the three webinars was 231 from 37countries, 218 from 36 countries, and 155 from 40 countries, respectively. The number of attendees was 106 from 27 countries, 118 from 27 countries, and 74 from 34 countries. Overall, the registrants of our three webinars were from 36 African countries, 12 Asian countries, 6 European countries, and 3 American countries.Participant feedback and engagement metrics are used to guide the ongoing development of the program, ensuring its relevance and impact.

Conclusion

This initiative highlights AFRAN's commitment to education, capacity building, and expanding access totransplantation services across Africa. Through these webinars, AFRAN Transplant Committee aims to overcome barriers and improve the availability of this essential treatment throughout the Continent.

P522

KIDNEY TRANSPLANTATION PROGRAMME ACTIVITY IN AFRICA FINDINGS OF THE AFRAN TRANSPLANTATION COMMITTEE SURVEY

Chiba Sheetal[1], Davies Malcolm[1], Azzabi Awatef[2], Shoo Jacqueline[3], Shebani Abdulhafid[4], Haddiya Intissar[5], Ba Bacary[6], Hamouda Mouna[7], Bamgboye Ebun[8], Bacha Mohammed Mongi[9]

1 Division of Nephrology, Department of Internal Medicine, University of The Witwatersrand, Johannesburg - South Africa,

2 Nephrology Department, University of Sousse, Sousse - Tunisia,

3 Department of Nephrology, Muhimbili National Hospital, Dar Es Salaam - Tanzania,

4 Kidney Department, University of Tripoli, Tripoli - Libya,

5 Department of Nephrology, Universite Mohammed Premier, Oujda - Morocco,

6 Department of Nephrology, Aristide Le Dantec University Hospital, Dakar - Senegal,

7 Department of Nephrology, Dialysis, and Transplantation, Fattouma Bourguiba University Hospital, Monastir - Tunisia,

8 Department of Nephrology, St Nicholas Hospital, Lagos - Nigeria,

9 Department of Nephrology, Charles Nicolle Hospital & Tunis El Manar University, Tunis - Tunisia,

Introduction

Access to kidney transplantation (KT) in Africa is reportedly poor, but lack of registry data in most nationsprecludes accurate overview of programme activity on the continent. We here report the largest survey of KT practice amongst AFRAN-associated nephrologists to date.

Methods

An online survey was completed by 317 voluntary participants recruited via AFRAN social media platforms using snowball sampling detailing KT programme activity and funding and regulation thereof. Data wasdescribed for survey respondents as a whole and subanalysed by country of origin.

Results and discussion

The majority of respondents (226, 71.3%) reported access to an active KT programme across 27 nations; 18 nations undertook predominantly local engraftments, and 5 nations were fully dependent on foreignengraft- ment centres. The remaining 4 nations reported use of both local and foreign engraftment centres, with foreign engraftments reported by at least 50% of respondents from these nations. Ninety-one (40.3%) respondents reported engraftment within their practice institution, 43 (19%) within their city, 29 (12.8%) in a regional insti- tution, and 39 (17.3%) in a national centre. All KT programmes made use of related living donation (RLD); ex- perience of non-related living donation (NRLD) was reported from 11 nations, some experience of deceased donation (DD) experience was reported in only six (Egypt, Mauritius, Morocco, South Africa, Tanazia, and Tu- nisia). KT was fully publicly funded in 12 nations; most nations reported mixed funding models, with sole patient funding being required in four. Some form of KT regulation was in place in 26 nations; 18 countries re- ported having promulgated legislation for KT. Eighty-eight (27.8%) of respondents reported having experienced instances of KT tourism; 56 (17.7%) reported having experience of cases of KT trafficking. Respondents were responsible for 11689 recipients under care; four nations (Egypt, Tunisia, South Africa, and Nigeria) accounted for 75% of recipients.

Conclusion

KT capacity in Africa is better than previously reported although access is still not universally available in all nations and limited by KT centre distribution, funding model, and regulatory framework. Reports of transplant tourism and trafficking evidence the demand for KT programme expansion in Africa.

P523

PERCEIVED BARRIERS TO TRANSPLANTATIONIN AFRICA - FINDINGS OF THE AFRAN TRANSPLANTATION SURVEY

Chiba Sheetal[1], Davies Malcolm[1], Maiga Moussa[2], Izidbih El Maaloum[3], Haddiya Intissar[4], Fouda Menye[5], Atuhe David[6], Van Hougenhouck-Tulleken Wesley[7], Bamgboye Ebun[8], Bacha Mohammed Mongi[9]

1 Division of Nephrology, Department of Internal Medicine, University of The Witwatersrand, Johannesburg - South Africa,

2 Department of Nephrology, Abdou Moumouni University of Niamey, Niamey - Niger,

3 Department of Nephrology, Nouakchott National Hospital, Nouakchott - Mauritania,

4 Department of Nephrology, Universite Mohammed Premier, Oujda - Morocco,

5 Faculty of Medicine And Biomedical Science, University of Yaounde, Yaounde - Cameroon,

6 St Francis Hospital, Mother Kevin Postgraduate Medical School, Kampala - Uganda,

7 Department of Nephrology, George Mukhari Academic Hospital, Sefako Makgatho Health Sciences University, Ga-Rankuwa - South Africa,

8 Department of Nephrology, St Nicholas Hospital, Lagos - Nigeria,

9 Department of Nephrology, Charles Nicolle Hospital & Tunis El Manar University, Tunis - Tunisia

Introduction

Kidney transplantation (KT) rates in Africa remain low. Expansion of access to KT requires evaluation ofbarriers to transplantation. The AFRAN Transplantation Committee here reports preliminary findings of the largest survey yet undertaken of perceived barriers to KT amongst AFRAN-affiliated nephrologists.

Methods

AFRAN social media platforms were used to recruit 317 anonymous participants via snowball sampling.Respondents completed a 5-point Linkert scale on-line survey analysing perceived barriers to KT. Survey internal reliability was assessed using the Cronbach alpha test (test score 0.926). Perceived barriers were described and compared between respondents with access to KT programmes and those without using the MannWhit-ney U test. The contribution of barriers showing significant difference on programme activity was further ana- lysed using logistic regression.

Results and discussion

Access to KT was available to 226 respondent practices (71.3%) representing 27 nations; deceased donation (DD) was restricted to 6 countries. High Linkert scores (median 4) were reported by all respondents for lack of KT-experienced surgeons, lack of KT-coordinators, lack of access to immunological assays, lack ofgovernment support, and cost of KT. Respondents with lack of access to KT programmes reported higher scores for lack of experienced nephrologists ($P = 0.039$), surgeons ($P = 0.041$), co-ordinators ($P < 0.001$), access to immunological assays ($P < 0.001$), histology ($P < 0.001$), immunosuppressants ($P < 0.001$), local guidelines($P < 0.001$), and government support ($P = 0.002$); cost of KT was additionally cited as a more significant barrier by the former ($P < 0.001$). Lack of access to immunological assay (OR 1.6, 95% CI 1.2 – 2.1, $P < 0.001$) and unavailability of immunosuppressants (OR 1.3, 95% CI 1.0 – 1.6, $P = 0.034$) remained significant independent factors in KT programme activity in regression analysis; subanalysis found lack of immunological assay (OR 1.5, 95% CI 1.2 – 1.9, $P = 0.002$) and cost (OR 1.8, 95% CI 1.4 – 2.4, $p < 0.001$) to be indepen- dently associated with DD programme inactivity.

Conclusion

Lack of access to immunological assay and immunosuppressants are important barriers to KT in Africa. Cost of KT is an additional limitor to initiation of deceased donation programmes on the continent.

P524

THE TRANSPLANT NEPHROLOGY WORKFORCE OF AFRICA – FINDINGS OF THE AFRAN TRANSPLANTATION COMMITTEE SURVEY

Chiba Sheetal[1], Davies Malcolm[1], Samir Sally[2], Khadhar Meriam[3], Haddiya Intissar[4], Tehir Mohammed Cherif[5], Saadi Gamaal[6], Ka Elhadjifary[7], Bamgboye Ebun[8], Bacha Mohammed Mongi[9]

1 Division of Nephrology, Department of Internal Medicine, University of The Witwatersrand, Johannes- burg - South Africa,

2 Urology And Nephrology Center, Mansoura University, Mansoura - Egypt,

3 Department of Nephrology, Mongi Slim Hospital, Tunis - Tunisia,

4 Department of Nephrology, Mohammed I University, Oujda - Morocco,

5 Renal Transplant Unit, University Hospital of Annaba - Algeria,

6 Department of Nephrology, University of Cairo - Egypt,

7 Nephrology Department, Aristide Le Dantec Hospital, Dakar - Senegal,

8 Department of Nephrology, St Nicholas Hospital, Lagos - Nigeria,

9 Department of Nephrology, Charles Nicolle Hospital & Tunis El Manar University, Tunis - Tunisia

Introduction

Kidney transplantation (KT) is the preferred form of kidney replacement therapy, but literature suggests that KT remains limited in Africa. Capacitation of programmes requires evaluation of the transplant-experienced nephrologist workforce on the continent. We undertook the largest survey yet analysing KT experience and practice amongst African nephrologists.

Methods

An on-line anonymized survey was completed by 317 voluntary respondents representing 41 countriesrecruited using snowball sampling. Respondent training and practice in KT were described for the survey as a whole and subanalyzed by respondent country of origin.

Results and discussion

The majority of respondents (232, 73.2%) reported some training in transplantation with 145 reporting formal certification. The median duration of training in KT was 1 year (interquartile range 0.5 – 2 years). Country of origin was the commonest site of training (144 respondents), 62.1%) with France (45 respondents), South Africa (29), and the United Kingdom (14) being important foreign sites of training. A significant proportion (212, 66.9%) were active in transplantation, with a median of 9 years (interquartile range 5 – 16) years' experience. KT-active respondents were mainly active in publicly funded institutions (105 respondents, 49.5%), followed by mixed funded (71, 33.5%); a minority (36, 17.0%) practiced solely in the privately funded sector. Transplant active respondents practiced in 36 nations but were heterogeneously distributed with almost two-thirds practising in Nigeria (37 respondents), Tunisia (27), South Africa (25), the DRC (14), Egypt (10), Morocco (10), or Uganda (10). Respondents reported variable activity in KT, with 91.5% performing recipient evaluation, 87.7% undertaking donor evaluation, 91% providing recipient follow-up, and 67% performing donorfollow- up; only 49 (23.1%) of respondents were frequently involved in peri-engraftment care. A median of 10 KTrecipients (interquartile range 4 – 44) were under the care of KT-active respondents.

Conclusion

Progress in KT capacitation amongst clinicians is subject to limitation by the overall number of nephrologists practicing in Africa; ready access to KT-experienced nephrologists restricted in many nations. Lack oftransplant centres further limit local experience in peri-engraftment care and contributes to the low number of recipients under care.

P525

PROFOUND IMMUNOSUPPRESSION DESPITE LOW TACROLIMUS TROUGH LEVELS: RHINO-ORBITAL MUCORMYCOSIS AND KAPOSI SARCOMA IN A KIDNEY TRANSPLANT RECIPIENT

Ben Rhouma Maissa[1], Ben Salem Mariem[1], Ben Mahmoud Nouha[1], Ben Salah Manel[1], Bchir Sirine[1], Hamouda Mouna[1], Letaief Ahmed[1], Skhiri Habib[1]

1 Department of Nephrology, Fattouma Bourguina University Hospital, Monastir - Tunisia

Introduction

Kidney transplant recipients require lifelong immunosuppressive therapy to prevent allograft rejection, which increases susceptibility to infections, malignancies, and cardiovascular diseases. Among these, mucormycosis is a rare but severe fungal infection, and Kaposi sarcoma, associated with Human Herpesvirus 8 (HHV-8), is a potential ma-

lignancy. Both conditions present significant challenges in managing immunocompromisedpatients.

Methods

We present a case of a 42-year-old male with a history of arterial hypertension, familial chronic interstitialnephropathy, and end-stage kidney disease (ESKD) requiring hemodialysis for 3 years, who underwent kidney transplantation 7 months ago.

Results and discussion

Despite receiving 15 mg of tacrolimus twice daily, his trough levels remained suboptimal. He experienced CMV pancreatitis on day 12 post-transplant, treated with ganciclovir, and a borderline cellular rejection three months prior to the current presentation, treated with corticosteroids. The patient presented with severe holocranial headaches and progressive monocular vision loss. Onexamination, he was afebrile, had a blood pressure of 200/100 mmHg and he showed no meningeal signs. Initial lab tests showed mildly elevated CRP (20 mg/L) and normal WBC count (6,400/µL). Imaging revealed mucosal thickening in the left maxillary sinus, opacification of the sphenoid sinus, and posterior ethmoid cells, though the nasal fossa examination was normal. Later, the patient developed left eyelid ptosis and worsening vision. He underwent ethmoidectomy andsphenoidotomy, with histopathology confirming mucormycosis. He was started initially on ambisome and due to unavailability, he was switched to Amphotericin B deoxycholate at a dose 0.3 mg/kg/day (21mg/d). During this period, the patient developed purplish macules and plaques, prompting a skin biopsy, which revealedKaposi sarcoma. Regarding his immunosuppression, tacrolimus was stopped and sirolimus was prescribed. He showed significant clinical improvement, with resolution of ptosis and recovery of vision. Follow-up imaging on day 20 demonstrated complete regression of the sinus involvement.

Conclusion

This case highlights that the trough level of tacrolimus does not reflect the state of Immunosuppression since our patient developed these complications with low concentrations but with a high dose of tacrolimus (15 mg of tacrolimus twice daily). Optimizing individualized regimens and enhancing early detection strategies are essential to improving outcomes in this vulnerable population.

P526

VISCERAL LEISHMANIASIS AFTER KIDNEY TRANSPLANTATION: A DIAGNOSTIC AND THERAPEUTIC CHALLENGE

*C*hahed Bochra[1], Bacha Mohamed Mongi[1], Ben Othmen Ilhem[1], Helaoui Fadwa[1], Ounissi Mondher[1], Chakroun Marouène[2], Trabelsi Sonia[1], Hedri Hafedh[1], Sellami Nada[1], Abderrahim Ezzedine[1]

1 Department of Internal Medicine A,

2 Department of Urology, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Visceral leishmaniasis (VL) is a severe systemic parasitic infection that disproportionately affectsimmunosuppressed individuals, including kidney transplant (KT) recipients.

Methods

We present three cases of VL diagnosed post-KT in 2009, 2010, and 2018. Clinical features, diagnostic me- thods, treatment approaches, and patient outcomes were reviewed.

Results and discussion

Three kidney transplant recipients, aged 29, 28, and 30 years, developed VL at 18 months, 4 years and 4 years post-transplantation, respectively. Two grafts were from deceased donors and one was from aliving- related donor. The immunosuppressive regimen included in the 3 cases induction therapy with methylpredni- solone and anti-T lymphocyte globulins, followed by maintenance therapy with prednisone, mycophenolate mofetil and tacrolimus. Diagnosis was confirmed by bone marrow aspiration in two patients and by peripheral blood PCR in the third. Immunosuppressive therapy was systematically tapered in all cases.

Case 1: VL was diagnosed during the evaluation of hepatic and graft B-cell lymphoma. Symptoms included intermittent fever, hepatosplenomegaly, graft tenderness, pancytopenia and hypogammaglobulinemia.Me- glumine antimoniate therapy was initiated but discontinued due to acute pancreatitis. Liposomal amphotericin B resulted in rapid clinical improvement.

Case 2: The second patient presented with persistent fever, weight loss, pancytopenia andhypogammaglobulinemia alongside chronic graft dysfunction. A relapse occurred two months after initial amphotericin Bthe- rapy. Meglumine antimoniate was tried but halted due to lipase elevation; li-

posomal amphotericin B ultimately achieved remission.

Case 3: The third patient presented with febrile pancytopenia, splenomegaly and general health deterioration. Liposomal amphotericin B treatment yielded a favorable outcome.

Conclusion

VL represents a significant diagnostic and therapeutic challenge in kidney transplant recipients due to itsdiverse and often atypical clinical manifestations. Early detection and appropriate treatment are critical topreventing severe complications. Systematic screening of both donors and recipients during pre-transplant evaluations remains a cornerstone of prevention.

P527

BURKITT'S POST-TRANSPLANT LYMPHOPROLIFERATIVE DISORDER AFTER KIDNEY TRANSPLANTATION: A CASE REPORT

Chahed Bochra[1], Bacha Mohamed Mong[1], Zran Najla[1], Helaoui Fadwa[1], Ounissi Mondher[1], Hermi Amine[2], Sfar Imen[3], Hedri Hafedh[1], Sellami Nada[1], Abderrahim Ezzedine[1]

1 Internal Medicine A Department,

2 Department of Urology,

3 Laboratory of Immunology, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Post-transplant lymphoproliferative disorders (PTLDs) commonly affect extranodal sites, with gastrointestinal involvement observed in 20–30% of cases. Burkitt's PTLD is an uncommon but aggressive subtype within this spectrum.

Methods

We report a case of Burkitt's lymphoma in a kidney transplant recipient, focusing on the clinical presentation, diagnostic evaluation and therapeutic management.

Results and discussion

A 28-year-old woman presented in April 2024 with abdominal pain, vomiting and diarrhea. Her medical history included end-stage renal disease of unknown origin, managed with two years of hemodialysis prior to receiving a living-related kidney transplant in July 2014 from her brother. Induction therapy included anti-T lymphocyte globulins and methylprednisolone, while maintenance therapy comprised prednisone, mycophenolate mofetil and tacrolimus. Physical examination revealed tenderness in the epigastric and periumbilical regions without fever. Laboratory tests indicated inflammation, while serum creatinine remained stable at 130 µmol/L. Abdominal-pelvic CTimaging identified an 8 × 12 cm irregular mass in the ileocecal region with associated lymphadenopathy and a hypodense hepatic lesion in liver segment II, confirmed by MRI. Histopathological analysis of biopsy samples confirmed high-grade B-cell lymphoma consistent with Burkitt's lymphoma. Immunohistochemistry and in situ hybridization for Epstein-Barr virus early RNA (EBER-ISH)revealed CD20+, CD15-, CD30+ cells with intense nuclear positivity. Immunosuppressive therapy was reduced, and the patient received chemotherapy using COP(Cyclophos- phamide, Vincristine, Prednisone) and COPADM (Cyclophosphamide, Vincristine, Prednisolone, Doxorubicin, Hydrocortisone, Folinic Acid, Methotrexate) protocols. Six months later, follow-up imaging demonstrated partial tumor regression.

Conclusion

This case underscores the critical need for early recognition and management of Burkitt's lymphoma in kidney transplant recipients. Adjusting immunosuppression and initiating timely chemotherapy resulted in a favorable outcome. Multidisciplinary approaches remain essential to improving prognosis in aggressive PTLD cases.

P528

GASTROINTESTINAL TUBERCULOSIS IMITATING MALIGNANCY IN A RENAL TRANSPLANT RECIPIENT

Zran Najla[1], Bacha Mohamed Mongi[1], Ben Othmen Ilhem[1], Chahed Bochra1[1], Ounissi Mondher[1], Boutiba Ilhem[2], Rammeh Soumaya[3], Hedri Hafedh[1], Sellami Nada[1], Abderrahim Ezzedine[1]

1 Department of Internal Medicine A,

2 Laboratory of Microbiology

3 Laboratory of Pathological Anatomy, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Renal transplant recipients are at an increased risk of opportunistic infections, including tuberculosis, due to immunosuppressive therapy. Gastrointestinal tuberculosis, while uncommon, can present with non-specific symptoms in these patients, often leading to delayed diagnosis.

Methods

We report a case of 36-year-old male, who underwent renal transplantation four years prior from a living related donor, presented with intermittent fever, night sweats, weight loss, and asthenia.

Results and discussion

Clinical investigations revealed microcytic hypochromic anemia, an elevated C-reactive protein level, and cholestasis. Graft function remained stable. All microbiological cultures, including those for mycobacteria in urine and sputum, were negative. Imaging studies revealed multiple micronodules in the lungs, suggestive of infectious pneumonia, and liver enlargement with multiple hypodense nodular lesions. The terminal ileum showed circumferential thickening with adjacent small lymph nodes. Colonoscopy revealed ulcerative lesions in the terminal ileum. Histopathological examination of ileocolic tissue showed granulomatous inflammation with epithelioid cells and no necrosis. Polymerase chain reaction testing of ileocolic tissue confirmed the pre- sence of Mycobacterium tuberculosis DNA. The patient was diagnosed with gastrointestinal tuberculosis in- volving both the ileocecal region and the liver. Treatment with an anti-tuberculosis regimen consisting of isoniazid, rifampin, pyrazinamide, and ethambutol for two months, followed by isoniazid and rifampin for six months, was initiated. Immunosuppressive therapy was adjusted.

Conclusion

This case highlights the challenges of diagnosing Gastrointestinal tuberculosis in immunosuppressed renal transplant recipients. The atypical presentation and overlapping symptoms with other complications oftransplantation can lead to diagnostic delays. Early diagnosis and prompt initiation of anti-tuberculosis therapy are crucial to prevent disease progression and optimize patient outcomes.

P529

THE UNEXPECTED OUTCOME: STABLE KIDNEY GRAFT FUNCTION DESPITE POOR IMMUNOSUPPRESSIVE ADHERENCE

Zran Najla[1], Bacha Mohamed Mongi[1], Chahed Bochra[1], Helaoui Fadwa[1], Ounissi Mondher[1], Laamari Hajer[2], Sfar Imen[2], Hedri Hafedh[1], Sellami Nada[1], Abderrahim Ezzedine[1]

1 Department of Internal Medicine A,

2 Laboratory of Immunology, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Immunosuppressive therapy is a cornerstone in the management of kidney transplant recipients to prevent acute and chronic rejection. However, in rare cases, some patients demonstrate a remarkable ability tomaintain stable graft function even after the discontinuation of immunosuppressive drugs.

Methods

We report three cases of kidney transplant recipients who maintained stable renal graft function despite the discontinuation of immunosuppressive therapy due to poor treatment adherence.

Results and discussion

We present three male patients who underwent kidney transplantation at ages 21, 29, and 30 years. The causes of chronic kidney disease were uropathic malformation in the first case, chronic glomerularnephropathy in the second, and chronic interstitial nephropathy in the third. The kidney transplants were from a brain-dead donor with 4 HLA matches (Case 1), a living related donor with 3 HLA matches (Case 2), and a living related donor with 6 HLA matches (Case 3). Maintenance immunosuppressive therapy included prednisone, mycophenolate mofetil, and tacrolimus in the two first cases, and prednisone, mycophenolate mofetil, and cyclosporine in the third case. Immunosuppressive treatment was discontinued for 4 years (Case 1), 2 years (Case 2), and 20 years (Case 3), respectively, with stable graft function in all cases. However, the patient who had been off treatment for 20 years showed the presence of anti-MICA antibodies, and a graft biopsy revealed grade 2 FIAT lesions, chronic allograft glomerulonephritis, and focal segmental glomerulosclerosis, but no signs of cellular or humoral rejection.

Conclusion

Understanding the basis of tolerance in transplant recipients may offer insights into novel therapeutic strategies aimed at promoting graft acceptance and minimizing the risks associated with chronic immunosuppressive therapy.

P530

INFORMING THE LIFE SAVERS: AFRAN'S EDUCATIONAL BROCHURE FOR LIVING KIDNEY DONORS

Hamouda Mouna[1], Sally Samir[2], Azzabi Awatef[3], Fouda Menye Hermine Danielle[4], Chiba Sheetal[5], Haddiya Intissar[6], Tehir Mohamed Cherif[7], Ahmed Allah Izidbih El Maaloum[8], Bamgboye Ebun[9], Bacha Mohamed Mongi[10]

1 Department of Nephrology, Dialysis And Transplantation, Fatouma Bourguiba University Hospital,Monastir - Tunisia

2 Mansoura Urology and Nephrology Center, Mansoura University - Egypt,

3 Department of Nephrology, Dialysis and Transplantation, Sahloul University Hospital, Sousse - Tunisia,

4 Department of Medicine and Pharmaceutical Sciences,

Faculty of Medicine and Biomedical Science of Yaoundé - Cameroon,

5 Department of Internal Medicine, University of The Witwatersrand, Helen Joseph Hospital, Johannesburg - South Africa,

6 Department of Nephrology,, Faculty of Medicine and Pharmacy, Mohammed First University, Oujda - Morocco,

7 Transplantation Unit, Annaba Univerity Hospital - Algeria,

8 Department of Nephrology, Dialysis and Transplantation, Nouakchott Hospital - Mauritania,

9 Dialysis/Transplant Unit, St Nicholas Hospital, Lagos - Nigeria,

10 Department of Internal Medicine «A», Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Therapeutic Patient Education (TPE) plays a crucial role in the success of Kidney Transplantation (KT), par- ticularly in preparing living kidney donors (LKD). Recognizing this, the TPE Sub-Committee of the AFRAN Transplant Committee aimed to develop an effective strategy to inform and educate LKD both before and after donation. This initiative led to the creation of an educational brochure targeted at these donors.

Methods

We employed the Delphi method, engaging members of the AFRAN Transplant Committee, which includes 26 African experts in KT from 17 countries. These experts actively participated in remote meetings held bet- ween July and November 2024 to refine and contribute to the development of the educational content.

Results and discussion

Four primary topics were covered in the discussions: 1) An overview of living kidney donation; 2) The donor evaluation process; 3) Kidney harvesting surgery; and 4) Life after donation. The first topic provides a general introduction to living kidney donation, explaining how living donors help recipients and the benefits of living donor transplantation. It also includes discussions on how risks and instructions are communicated to potential donors before surgery. The second topic details the evaluation process, covering both the physical and mental health assessments performed by the evaluation team. The third topic focuses on the surgical procedure, hospital protocols, and postoperative pain management. The fourth topic addresses life after donation,including follow-up care and post-surgery considerations for donors. An educational brochure has been developed in English, with plans to translate it into French, Arabic, and other African languages.

Conclusion

Medical education for both donors and recipients is essential to the success of KT programs. This educational initiative aims to empower LKD with the information needed to make informed decisions, ensuring betteroutcomes for all involved.

P531

WHEN LUNG CANCER ISN'T WHAT IT SEEMS: A CASE OF PULMONARY CRYPTOCOCCOSIS IN A KIDNEY TRANSPLANT RECIPIENT

Hajer Rzig[1], Mohamed Mongi Bacha[1], Ilhem Ben Othmen[1], Najla Zran[1], Mondher Ounissi[1],Riadh Ben Slama[2], Sonia Trabelsi[3], Hafedh Hedri[1], Nada Sellami[1], Ezzedine Abderrahim[1]

1 Department of Internal Medicine A, Charles Nicolle Hospital, Tunis - Tunisia,

2 Urology, Charles Nicolle Hospital, Tunis - Tunisia,

3 Parasitology, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Cryptococcosis is a significant opportunistic infection in solid organ transplant recipients, ranking third after Candidiasis and Aspergillosis. In kidney transplant recipients, it can range from asymptomatic colonization to widespread dissemination with atypical presentations. Nonspecific imaging findings and limited pathogendetection often contribute to misdiagnosis.

Methods

We present a case in which preoperative imaging made it difficult to differentiate between pulmonaryCryptococcosis and non-small cell lung cancer. A surgical biopsy was performed for definitive diagnosis.

Results and discussion

A 52-year-old female patient presented in 2021 with general deterioration and weight loss. She was a non- smoker with a history of hypertension, diabetes, and chronic kidney disease of unknown etiology, diagnosed at age 17. She underwent peritoneal dialysis from 1997 to 1999, and then switched to hemodialysis due to recurrent peritoneal infections. In 2006, she received a kidney transplant from a deceased donor, with induction therapy including thymoglobulin and methylprednisolone, followed by maintenance therapy with prednisone, mycophenolate mofetil, and tac-

rolimus. Post-transplant, she experienced rapid graft function recovery, two episodes of graft pyelonephritis, and one episode of community-acquired pneumonia. A thoraco-abdominal CT scan revealed an 8.5 mm spiculated solid nodule in the apical segment of the left lower lobe, which was inaccessible to bronchoscopy. Given the radiological suspicion of malignancy, a surgical biopsy was performed via left posterolateral thoracotomy, revealing a necrotic nodule containing yeast forms consistent with pulmonary Cryptococcosis, with no evidence of neoplastic cells. No secondary lesions were found, and cerebrospinal fluid analysis showed no abnormalities. The patient was treated with fluconazole, resulting in a favorable clinical outcome.

Conclusion

This case emphasizes the importance of considering infectious causes, such as pulmonary Cryptococcosis, in immunocompromised patients with lung nodules that raise suspicion for malignancy. Early identification and antifungal treatment can prevent unnecessary cancer therapies and lead to better clinical outcomes.Notably, calcineurin inhibitors, commonly used in transplant recipients, may help limit disease dissemination by exerting antifungal effects on fungal calcineurin homologs, as demonstrated in vitro.

P532

FULMINANT PSEUDOMONAS AERUGINOSA LUNG ABSCESS WITH PYOPNEUMOTHORAX IN A KIDNEY TRANSPLANT RECIPIENT: A CLINICAL CHALLENGE

Hajer Rzig1[1], Mohamed Mongi Bacha[1], Najla Zran[1], Bochra Chahed[1], Mondher Ounissi[1], Mohamed Sadek Boudaya[2], Ilhem Boutiba[3], Hafedh Hedri[1], Nada Sellami[1], Ezzedine Abderrahim[1]

1 Department of Internal Medicine A,

2 Department of Surgery,

3 Laboratory of Microbiology, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Lung abscesses are rare but life-threatening infections in kidney transplant recipients, primarily resulting from immunosuppressive therapy and increased susceptibility to opportunistic pathogens. PseudomonasAerugi- nosa, a Gram-negative bacillus, is a notable cause of severe nosocomial infections in this high-risk population.

Methods

We present a unique case of Pseudomonas Aeruginosa-induced lung abscess complicated bypyopneumo- thorax in a kidney transplant recipient. The infection was managed successfully with a combination of targeted antimicrobial therapy and surgical intervention, including lobectomy.

Results and discussion

A 50-year-old male patient with a history of bronchiectasis, diabetes, ischemic cardiomyopathy, and chronic graft dysfunction following a living donor kidney transplant at age 23 for end-stage renal disease (secondary to an indeterminate nephropathy) was admitted with a one-month history of fever and infected axillarylymphadenopathy. Initial antibiotic therapy with Imipenem and Teicoplanin was initiated for 15 days following a positive pus culture for Staphylococcus Aureus, with local care. The patient showed initial improvement, with resolution of the lymphadenopathy. However, his clinical condition deteriorated as he developed fluctuating fever, purulent sputum, and progressive respiratory symptoms.Sputum culture grew Pseudomonas Aeruginosa sensitive to Imipenem. Despite stable vital signs and a normal chest X-ray, laboratory tests revealed a progressive inflammatory response. He underwent two additional courses of antibiotics, including ceftazidim and ciprofloxacin, but his symptoms persisted. A contrast-enhanced chest CT scan showed left-sided pulmonary consolidation with cavitation, suggestive of a lung abscess. This was followed by the development of a left-sided pyopneumothorax, which required drainage. Surgical intervention was performed with a left lower lobectomy. Pathological examination revealed nomali- gnancy, and bacterial culture confirmed Pseudomonas Aeruginosa as the causative pathogen. The patient recovered well, with resolution of fever and improvement in overall clinical status.

Conclusion

To the best of our knowledge, this is the first reported case of a lung abscess complicated by pyopneumothorax due to Pseudomonas Aeruginosa in a kidney transplant recipient. This case underscores the importance of early diagnosis and prompt surgical intervention in managing such severe infections. It also highlights thecritical need for tailored antimicrobial therapy and vigilant monitoring in immunocompromised patients, where infections can present atypically and progress rapidly.

P533

QUALITY OF LIFE OF KIDNEY TRANSPLANT PATIENTS IN MADAGASCAR

Ranivoharisoa Eliane Mikkelsen[1], Rasolofomanana Hoby Tiffany[1], Mioramalala Sedera Aurélien[2], Randriamanantsoa Lova Narindra[3], Randriamarotia Willy Franck Harilalaina[1]

1 Department of Nephrology, Hemodialysis Center, and Transplant Follow-Up Center, Joseph Raseta Befelatanana University Hospital, Antananarivo - Madagascar,

2 National Center for Pharmaceutical Research Application, Antananarivo, - Madagascar,

3 Department of Nephrological Resuscitation, Hemodialysis Center, and Transplant Follow-Up Center, Joseph Ravoahangy Andrianavalona University Hospital, Antananarivo - Madagascar

Introduction

Renal transplantation is the best treatment option for end-stage renal failure. However, the assessment of quality of life (QoL) after transplantation remains essential for understanding the impact of this intervention. In Madagascar, where medical resources are limited, the primary objective of this study is to evaluate the quality of life of kidney transplant patients.

Methods

We conducted a multicentric cross-sectional survey over a period of three months. The survey was carried out among all kidney transplant patients followed in two public hospitals in the capital (Teaching Hospitals of Joseph Raseta Befelatanana and Joseph Ravoahangy Andrianavalona). We Included in this study all kidney transplant patients, who were consenting, aged over 18 years old.

Results and discussion

The specific questionnaire Renal Transplanted Quality of Life (ReTransQoL-SF™) was used to measurequa- lity of life. In total, the participation rate in the survey was 100%, with 31 kidney transplant patients included. The average age was 51 years (range from 19 to 69), with a sex ratio of 2.8. Hypertensive vascular nephro- pathy predominated, representing 61.29%, followed by diabetic glomerular nephropathy (25.81%). Regarding the duration since the transplant, 29.03% of patients had received their transplant less than one year ago (n=9), 64.52% had been transplanted for 1 to 5 years (n=20), while 6.45% had been transplanted for more than 5 years and up to 9 years (n=2). The Overall Mean Score (OMS) of ReTransQoL-SF™ was 62.62 ± 10.21, with ranges from 34.37 for the di- mension "quality of care" to 93.75 for the dimension "social functioning." For the Short Form 36 (SF-36) part, the physical and mental component scores had averages of 76.25 ± 10.02 and 83 ± 8.24, respectively. The major complications of the transplant were primarily iatrogenic complications related toimmunosuppressive drugs (58.06%) and infectious complications (16.32%). Neoplastic complications concerned only 3.2% of cases.

Conclusion

The limitation of our study lies in the size of our sample. Nevertheless, this is a preliminary result awaiting a large-scale study. This study highlights the good quality of life of kidney transplant patients in Madagascar. We suggestprioritizing kidney transplantation from living donors, a technique that proves to be less expensive than chronic he- modialysis.

P534

KIDNEY TRANSPLANTATION IN AFRICA: A BIBLIOMETRIC REVIEW OF 2024 SCIENTIFIC PUBLICATIONS

Ba Bacary[1], Shoo Jacqueline[2], Haddiya Intissar[3], Ip Min Wan Davy[4], Philip Cheptinga[5], Gamarko Sossa Ousmane L[6], Ka Elhadji Fary[1], Bamboye Ebun[7], Bacha Mohamed Mongi[8]

1 Department of Nephrology, Cheikh Anta Diop University, Dakar - Senegal,

2 Department of Nephrology, Muhimbili Hospital, Dar Es Salam - Tanzania,

3 Department of Nephrology, Mohammed First University, Oujda - Marocco,

4 Department of Nephrology, Kampala Uni- versity, Kampala - Uganda,

5 Department of Nephrology, Moi University, Eldoret - Kenya,

6 Department of Nephrology, Hospital-Unversity Center of Sino-Central African Friendship Bangui - RCA,

7 Department of Nephrology, Saint Nicholas Hospital, Lagos - Nigeria,

8 Department of Nephrology and Internal Medicine,

Charles Nicolle Hospital &Faculty of Medicine, Tunis - Tunisia

Introduction

Kidney Transplantation (KT) is a life-saving treatment for patients with End-Stage Kidney Disease (ESKD). Despite significant research and clinical advancements in Africa, bibliometric analyses of KT research in the region remain scarce. This study aimed to provide a bibliometric and vi-

sual analysis of KT research trends in Africa during 2024.

Methods

The Literature Monitoring Sub-Committee of the African Association of Nephrology (AFRAN) TransplantCom- mittee conducted a bibliometric analysis of KT research publications from January to October 2024. Articles were sourced from databases including EMBASE, MEDLINE, GOOGLE SCHOLAR, and the AFRAN journal "African Journal of Nephrology". Rayan and Excel were used for data analysis focusing on publications, coun- tries, institutions, authors, and journals to identify current trends and future directions.

Results and discussion

A total of 45 publications were identified, with 25 indexed in MEDLINE. South Africa (13 publications) andTunisia (12 publications) were the leading contributors. The journal "Experimental and Clinical Transplantation" published the most articles (7), followed by the "South African Medical Journal" (6). of the total publications, 14 were review articles, and only one was a prospective study. English was the dominant language of publication, accounting for 93.33% (42 articles).

Conclusion

This bibliometric analysis highlights South Africa and Tunisia as leaders in KT research within Africa andunderscores key publication trends. The findings provide valuable insights for researchers, clinicians, and policymakers to guide future research and clinical practices across the Continent.

P 535

FACTORS INFLUENCING ATTITUDES TOWARDS ORGAN DONATION: A SOCIOCULTURAL PERSPECTIVE

Lahfaya Saliha[1], Chater Fahed[1], Benkacimi Nouara[1], Mechrouk Abdenadjim[2], Kastali Mourad[1]

1 Department of Medicine, Blida University Hospital, Algeria

Introduction

Organ donation is a major public health issue in Algeria. We have actually more than 30,000 patients onhemodialysis for end-stage renal disease.The exact number of patients with other organ dysfunctions is unde- termined. Despite the growing need for transplants, donation rates remain low and rely almost exclusively on living donors. This study aims to explore the social representations of organ donation in Algeria in order to identify the factors that influence attitudes and behaviors towards this practice.

Methods

A web-based survey was administered to a sample of the Algerian population. The questionnaire, consisting of 23 questions, focused on knowledge, attitudes, and practices related to organ donation. The data wasanalyzed using statistical software.

Results and discussion

There were 2331 responses, 61% of which were from women. The most represented age group was between 20 and 39 years old, and over 80% had a university degree. Results show that while the majority ofrespondents are in favor of the principle of organ donation after death (50.79%), many express reservations due to religious factors (36.01%). 34.88% have not yet taken a position on this issue. Strikingly, 84.14% of the po- pulation surveyed believe that organ trafficking exists in Algeria. 66.65% of respondents have never discussed the topic of organ donation after death with their family and 55.95% are unaware that it is authorized by Alge- rian law. Lack of information is identified as one of the barriers to organ donation in our country.

Conclusion

This study highlights the complexity of the social representations of organ donation in Algeria. The resultsunderscore the imperative of developing customized awareness initiatives for distinct population subgroups,ta- king into account cultural and religious specificities. Future research could further explore the psychological underpinnings of attitudes toward organ donation.

P536

RENAL TRANSPLANTATION FROM BRAIN-DEAD DONORS : EXPERIENCES FROM A CENTER IN BLIDA, ALGERIA.

Lahfaya Saliha[1], Benkacimi Nouara[1], Chater Fahed[2], Mameri Imene[3], Merabet Amina[3], Kastali Mourad[1]

1 Department of Nephrology, Blida1 University Hospital,

2 Department of Reanimation, Blida1 University,

3 Department of Nephrology, EHS TOT, Blida - Algeria

Introduction

The first kidney transplants from brain-dead donors (BDD) were performed at the University Hospital Center of Constantine in 2002. In Blida, the first procurement from a deceased donor took place in 2010, seven years after the start of kidney transplant activity in our center. This study aims to evaluate the outcomes of kidney transplantation from brain-dead donors at our center and to identify potential

factors associated with graftsurvival.

Methods

This retrospective study analyzed the medical records of kidney transplant recipients from brain-dead donors at our center between 2010 and 2012. The objectives were to describe the epidemiological, clinical, and post- transplant outcomes of these patients and to highlight the importance of deceased donor transplantation in addressing the growing need for renal replacement therapy, especially when the patient do not have a living related donors.

Results and discussion

Four kidney transplants were performed from young deceased donors (aged 20 and 28 years). The primary causes of end-stage renal disease were undetermined nephropathy for three and one polycystic kidneydisease. There were 3 men and 1 woman with an average age of 40.7 years and the average cold ischemia time was 20 hours. All received induction therapy with antilymphocyte serum and triple immunosuppression. Post-transplant complications were observed, including delayed graft function in one recipient. One patient experienced multiple complications, including NODAT, CMV infection, graft artery stenosis, and malignancy, ultimately returned to dialysis after 10 years. Currently, three patients are alive with a functioning graft and a mean creatinine of 10.6 mg/L after 14 years and one patient died.

Conclusion

Deceased donor kidney transplantation provides superior survival outcomes compared to dialysis. Itrepresents the most suitable therapeutic solution for end-stage renal disease patients who do not have the oppor- tunity to receive a transplant from a living related donor. Significant efforts are still needed to raise public and governmental awareness to make this project a health priority.

P537

REINFORCED STRUCTURED DIABETES EDUCATION CAN BENEFIT KIDNEY TRANSPLANT RECIPIENTS WITH POST-TRANSPLANT DIABETES

Gheith Osama[1], Othman Nashwa[2], Alotaibi Torki[1], Mahmoud Tarek[1], A Halim Medhat[1], Alrefaie Faisal[3], Alserwy Nabil[1], Mahmoud Fatmah[2], Abdou Heba[2]

1 Department of Nephrology, Organ Transplant Center, Kuwait - Kuwait,

2 Diabetes Education, Dasman Diabetes Institute, Kuwait - Kuwait,

3 Scientific Research, Dasman Diabetes Institute - Kuwait

Introduction

Introduction and aim: Diabetes knowledge among kidney transplant recipients (KTR) with post-transplantdiabetes (NODAT) is not fully evaluated. We aimed to evaluate the impact of structured diabetes education (SDE)on the development of diabetic vascular complications among kidney transplant recipients with NODAT.

Methods

Patients and methods: In this prospective randomized controlled trial, we categorized 210 KTR with NODAT into two groups. Group 1 (n=140) received structured diabetes education while group 2(n=70) received conventional education. We compared the 2 groups regarding clinical and metabolic parameters.

Results and discussion

Most patients in the two groups (1&2) were Kuwaiti (60.7 vs. 58.6%), men (57.9 vs. 68.6%), with high school education levels (43.6vs.48.6%). The minority of patients were smokers (12.9 vs.8.7%), and chronicglomerulonephritis was the original disease in the two groups. Most of the enrolled patients (72.8 vs. 78.6%)underwent hemodialysis pre-transplant. Diabetic neuropathy was comparable in both groups (32.4 vs. 27.6% respectively) at the start of the study and after 24 months as follow up electromyography/nerve conduction did not show a significant difference between the studied groups. Similarly, diabetic retinopathy as per fundus imaging showing retinopathy was comparable in both groups ($p>0.05$). The percentage of patients withnephropathy decreased significantly in group 1 after 24 months of the study compared to group 2 and to the basal value in the same group($p=0.016$). Macroangiopathic events were higher in group 1 but did not rank to significance ($p>0.05$).

Conclusion

SDE is recommended for all diabetic KTR as it is associated with significant reduction of diabetic nephropathy.

P538

REASONS FOR LIVING DONOR DENIAL : A SINGLE CENTER EXPERIENCE

Aoun Manel, Barbouch Samia, Sellami Nada, Hedri Hafedh, Chargui Soumaya, Abderrahim Ezzedine

Department of Nephrology, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

The living related donor (LRD) is the main source of grafts in our country. The criteria for selecting LRD must be strict

in order to ensure the safety of the donors and optimize the outcomes for the recipients. Our objective is to determine the exclusion rate and the causes of donation discontinuation.

Methods

It's a retrospective-conducted study between 2020 and 2024, involving 36 donors excluded from kidneydonation out of 82 potential donors who visited the nephrology day-care-unit to proceed for kidney donation.

Results and discussion

A total of 82 individuals were evaluated, of whom 11 (13.4%) successfully underwent donor nephrectomy, 35 (42.7%) required further workup, and 36 (43.9%) were denied, after committee review. The average number of potential donors that received work-up was 1.2 per recipient. Among LRD, 72.7% received kidneys of the first donor and 27.3% needed work-up of two or more donors. The time from the initial work-up to the kidney transplantation operation was 526.9±192 days. The median age of rejected donors was 47,2 years, predominantly female (sex ratio:0.56). The familialrelationship with the recipient was as follows: between siblings in 16 cases (44.4%), parent to child in 11 cases (30.5%), and between spouses in 6 cases (16.6%). Donor-related factors (77.8%) were the most common causes of donation discontinuation, followed by immunological reasons (19.4%) and recipient-related factors (2.8%). The reasons for refusal were: the presence of donor-specific antibodies in 6 cases, difficulty of nephrectomy due to vascular challenges in 7 cases, glomerular-filtration-rate less than 80 mL/min/1.73m² in 2 cases,discovery of diabetes in 3 cases, obesity in 5 cases, hypertension in one case, hypothyroidy in one case,horse-shoe kidney in one case, presence of neoplasia in 3 cases, hepatitis C in one case, renal lithiasis in one case, renal artery stenosis in one case and blood-group-incompatibility in one case. After donation discontinuation, one patient had received deceased-donor kidney transplantation and 11patients were still on the waitlist.

Conclusion

The exclusion rate for donation was high: 43.9% in our study. The evaluation of the living donor often leads to the discovery of certain chronic conditions that were previously unknown.

P539

CANCER IN KIDNEY TRANSPLANT RECIPIENTS A RETROSPECTIVE ANALYSIS OF A SINGLE ALGERIAN CENTRE

Mellah Racha, Habchi Khadidja, Mokhtari Rachda

Faculty of Medecine, Isaad Hassani University Hospital, Béni-Messous, Algiers - Algeria

Introduction

The benefits of transplantation in terms of survival and quality of life are well-established but depend on the need for long-term immunosuppression. One of the most feared complications associated with thisimmunosuppression is the occurrence of cancers, which are more common, have a poorer prognosis than in the general population, and are the leading cause of long-term death in renal transplant recipients. We aim to describe the incidence and outcomes of cancer among renal transplant recipients.

Methods

A retrospective analysis of cancer incidence in kidney transplant recipients was conducted in 400 patients who underwent kidney transplantation between 2006 and 2024.

Results and discussion

We report 14 cases of neoplasia, with a sex ratio of 2.5, predominance of renal cell carcinoma (RCC),non melanoma skin cancer (NMSC), and leukemia, each accounting for 14.2%. We observed a diversity in cancer types, including Kaposi sarcoma, prostate cancer, bladder cancer, hepatic cancer, thyroid cancer, pulmonary cancer, lip cancer, and breast cancer. Patients had a median age of 46 years (interquartile range: 29-61 years old) over a median follow-up of 60 months (interquartile range: 32–120). Unfortunately, we witnessed a poor prognosis [death] in 21.4% ofpatients, but no development of donor-specific antibodies or deterioration in renal function was observed in the rest of the patients who received proper treatment, adjusted IS, and cancer therapy.

Conclusion

In kidney transplant recipients, cancer is a frequent complication that must be monitored closely, as it is one of the major causes of death. An individualized approach is essential for both the management and prevention of malignancies in this specific population.

P540

CONTRAST-INDUCED NEPHROPATHY IN KIDNEY TRANSPLANT RECIPIENTS: A SINGLE-CENTER EXPERIENCE

Gheith Osama, Najib Ayman, A halim Medhat, Mahmoud Tarek, Nair Prasad, Aboattia Hasaneen, Shaker Mohamed, Mostafa Mohamed, Alotaibi Torki

Department of Nephrology, Organ Transplant Center - Kuwait

Introduction

Although published papers studying contrast-induced nephropathy (CIN) in native kidneys are abundant in the medical literature, data related to CIN in renal allografts are relatively rare. Moreover, kidney transplants are at higher risk for developing CIN due to unique factors to renal allografts as immunosuppressive agents, lack of sympathetic denervation, glomerular hyperfiltration, and burden of cardiovascular disease. Aim of the study: To determine the prevalence of contrast-induced nephropathy among renal transplantrecipients who received low-osmolality iodine-based contrast material before radiological assessment.

Patients and methods

Out of 3180 renal transplants, which are followed up in Hamed Al-Essa organ transplant center, 79 patients received low osmolality iodine-based contrast before radiological assessment for different indications during the period between 2010 and 2020. According to our protocol, all patients received pre-contrast precautions (to hold metformin, IV hydration, sodium bicarbonate, and N acetylcysteine). CIN was defined when serum creatinine rose by 25% from baseline within one week of contrast exposure. Risk factors of CIN wereassessed.

Results and discussion

Seventy-nine patients were enrolled for statistical analyses and divided into groups 1(CIN, N= 7) and 2(control, N=72) without any early rise of serum creatinine. The mean age was 52.1±12.3years, 44 of them were males, most of them reached ESKD due to diabetic nephropathy. The pre-transplant co-morbidities, virology status, and HLA typing were comparable in the two groups. Forty-seven cases received contrast for coronaryangiography, while 32 received it for CT studies. Post-transplant ischemic heart disease (P 0.03) was significantly higher among group 1(N=46). The renal function deteriorated among CIN patients, especially after one week and four weeks, but the renal function between the two groups was comparable at the end of the study.

Conclusion

CIN is not uncommon in renal transplant recipients receiving CM especially ischemic heart disease recipients. Risk stratification, optimize hemodynamics and avoid potential nephron-toxins in transplant recipients planned to receive contrast-enhanced trials. Prospective controlled trials of CIN in transplant settings are justified.

P541

CARDIO-RENAL PROTECTION OF SODIUM-GLUCOSE COTRANSPORTER-2 INHIBITION VS. DIPEPTIDYL PEPTIDASE-4 INHIBITION IN DIABETIC KIDNEY TRANSPLANT RECIPIENTS

Alotaibi Torki[1], Gheith Osama[2], Elsayed Zakaria[1], Yahia Ahmed[1], Shaker Mohamed[1], Emam Mohamed[1], Mostafa Mohamed[1], Abdulhamed Mohamed[1], Maher najib Ayman[1], Othman Nashwa[3]

1 Department of Nephrology, Organ Transplant Center - Kuwait,

2 Department of Diabetes Education, Dasman Diabetes Institute - Kuwait

Introduction

Diabetes is the most common cause of chronic kidney disease (CKD) globally. The renal and cardio-vascular benefits of the new anti-diabetic agents are not assessed comprehensively.

Aim of the study:

We aimed to evaluate the short term renal and cardio-protective effects of Sodium-Glucose Cotransporter-2 Inhibition (SGLT2i) Vs. Dipeptidyl peptidase-4 Inhibition (DPP4i) among diabetic kidney transplant recipients.

Methods

Patients and methods: In this observational trial, 222 diabetic kidney transplants recipients (NODAT or type 2 diabetes) were enrolled and were categorized into two groups. Group 1 (n=99) received SGLT2i while group 2(n=123) received DPP4i as an add on antidiabetic medications. All patients in the two groups were followed up for 12 months.

Results and discussion

Most patients in the two groups (1&2) were men (59.6 vs. 61.7%, p=0.73) in their middle age (58.5±11.9 vs. 54.4±12.9, p=0.016) years respectively. The two groups were matched regarding their demographicsespecially the type of donor, type of immunosuppression (induction or maintenance),

number of cardiovascular events before enrollment in the study and the number of patients who were maintained on ACEi or ARB(p>0.05). The minority of patients were smokers (12.9 vs.8.7%), and chronic glomerulonephritis was the original disease in 36.4 vs. 35.4% in the two groups, respectively. Most of the enrolled patients (72.8 vs. 78.6%) underwent hemodialysis pre-transplant. During follow up period, patients in both groups were comparable regarding mean blood pressure, body weight, HbA1C, 24-hour urine protein, and graft function (represented by the mean serum creatinine) at different time intervals and compared to base line values(p>0.05). However, the mean HbA1C was significantly higher in group 1 during the whole follow up period of the study (p0.05). We did not report any macroangiopathic events (cerebral stroke, acute myocardial infection, or peripheral arterial disease) in the two groups during the study.

Conclusion

Both GLT2i and DPP-4 I are comparable regarding renal and cardio-vascular protection among diabetic kidney transplant recipients.

P542

IMPROVING QUALITY OF LIFE AFTER FULL CORRECTION OF POST-TRANSPLANT ANEMIA IN RENAL TRANSPLANT RECIPIENTS RECEIVING ERYTHROPOIETIN STIMULATING AGENTS: PROSPECTIVE RANDOMIZED CONTROL

Alotaibi Torki[1], A Halim Medhat[2], Maher Najib Ayman[1], Aboatteia Hasaneen[1], Mahmoud Tarek[1], Nair Prasad[1], Rida Suzann[1], Fayaad Zohair[1], Gheith Osama[2]

1 Department of Nephrology, Organ Transplant Center - Kuwait

Objectives and aim

Recent studies showed positive impact of correction of post-transplant anemia (PTA) on general health,exercise capacity, and physical scores. So we conducted this prospective randomized controlled trial (RCT) to as- sess quality of life after full correction of post-transplant anemia in renal recipients receiving erythropoietin stimulating agents.

Patient and methods

We recruited 247 kidney transplant recipients with stable graft function in this RCT with 2 groups according to their target hemoglobin (11-12 g/dl, group 1, n=183) and (13:15 g/dl (group 2, n=64) which was achieved using erythropoietin stimulating agents (ESA). Monthly clinical and laboratory evaluation of kidney graftfunction was carried out. Quality of life (QOL) was assessed –using 25 and 36 questionnaires-at the start and 12 months.

Results and discussion

We observed more females in group 1 and the original kidney disease was chronic glomerulonephritis was significantly higher in group 2 (37.5%) followed by diabetic nephropathy (15.7%) while in group 1 it came as 25.7% and 22.4% respectively (p0.05), however better graft function was observed in group 2 at 6 months (p< 0.05). At 12 months, the assessment of QoL using the Medical Outcomes Study 36-Item Short-Form Health Survey, group 1 showed better post-transplant physical features and higher emotional factors related inactivity at 12 month (p0.05), emotional factors related inactivity was significantly higher at 12 months in group 1. Graft outcome was comparable between both groups (p=0.125), (p=0.005).

Conclusion

Quality of life as represented by physical activity was improving by full correction of PTA in renal transplant recipients receiving ESA.

P543

OUTCOME OF INFLAMMATORY BOWEL DISEASE AMONG KIDNEY TRANSPLANT RECIPIENTS: SINGLE CENTER EXPERIENCE AND REVIEW OF LITERATURE

Gheith Osama, Rida Suzann, Abdulhameed Mohamed, Aboatteia Hasaneed, Nair Prasad, Alotaibi Torki

Department of Nephrology, Organ Transplant Center - Kuwait

Introduction

There is a scarcity in studying inflammatory bowel disease (IBD), especially the management ofimmunosuppression treatment, the course of this disorder, and the graft and patient outcome.

Aim: We aimed to evaluate the long-term outcome of kidney transplant recipients (KTR) with IBD by comparing such a cohort of patients with a matched group of kidney transplant recipients without IBD.

Patients and methods

Patients with evidence of endoscopic biopsy-proven inflammatory bowel disease comprised group 1(n=21), were compared with a control group without IBD (group 2, n=120). We compared demographic data in both groups and reported post-transplant complications in addition to graft and patient outcomes.

Results and discussion

Of the 3400 KTR who were followed in our center, 21 (0.58%) renal transplants suffered IBD. Of 21 patients, 12 had Crohn's disease. Most patients were males with chronic glomerulonephritis as the main cause of ESKD. Moreover, the two groups were matched regarding their demographic data, pre-transplantco-morbi- dities. The majority of patients in both groups received lymphocyte depleting agents and most of them were maintained on CNI based immunosuppression. Patients with chronic graft failure were significantly higher among group 1 patients (40% vs. 20.8% in group 2 with a mean of follow up of 7.6 vs. 8.1years respectively) possibly related to repeated infections and acute rejections. However, patient survival was comparable in both groups.

Conclusion

IBD in KTR is rare, with 60 % relapse over eight years' follow-up. Significantly higher repeated infections and rejections had a significant negative impact on graft outcome.

P544

UNRAVELING ACUTE RENAL FAILURE IN KIDNEY TRANSPLANT RECIPIENT

Bellaaj Fatma[1], Ghabi Hiba[1], Tlili Sirine[1], Mami Ikram[1], Driss Nour[1], Boukhtioua Mariem[1], Ben Hamida Fethi[2], Rais Lamia[1], Zouaghi Mohamed Karim[1]

1 Department of Nephrology, La Rabta Hospital Tunis - Tunisa

2 Researsh Laboratory (LR00SP01), Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Acute kidney injury (AKI) is a common and serious complication in kidney transplant recipients, significantly impacting both short-term and long-term graft function as well as patient outcomes. Due to the complexinterplay of factors such as immunosuppressive therapy, ischemic injury, infections, and nephrotoxic medications, transplant recipients are at a higher risk of developing AKI compared to the general population. This study aims to assess the incidence, risk factors, etiologies, and outcomes of AKI in kidney transplant recipients.

Methods

This was a retrospective, descriptive, and analytical study. End-stage renal disease patients (ESRD)transplanted between 2010 and 2019 were included. AKI was defined according to the KDIGO criteria, with the creatinine nadir was considered as the baseline creatinine level.

Results and discussion

A total of 90 kidney transplant recipients were included. The average age of the study population was of 34.47 and the sex ratio was of 2,17.The average time on dialysis was 23,85 Months. 98,6% of transplants were performed from an apparent living donor. AKI was observed in Twenty-three patients (20.3%) with mean age of 43.45 ± 9.6 years. Etiologies of AKI were infection (4%), rejection (5.5%), calcineurin inhibitor toxicity (12.2%), dehydration (10%) and obstructive causes (4%). Post-transplant diabetes mellitus (p=0,07) and deceased donor (p= 0.065) were the significant risk factors for AKI. During follow-up, 76.53% of kidney transplant recipients who developed AKI progressed to chronic kidney disease (CKD), compared to 11.21% among those who did not experience AKI (p = 0.004). Risk factors for CKD were AKI within first year of transplantation (p = 0.007), multiple episodes of AKI (p = 0. 008), infection (p = 0.03) and rejection (p = 0.001).

Conclusion

AKI remains a significant complication in kidney transplantation, affecting graft function and patient outcomes. Early identification and management of risk factors are crucial for minimizing its impact.

P545

CLINICAL CHARACTERISTICS AND OUTCOMES OF SUPERFICIAL FUNGAL INFECTION IN KIDNEY TRANSPLANT RECIPIENTS

Ltaief Wejden, Ben Salem Meriem, Soua Yosra, Ben Salah Manel, Ben Mahmoud Nouha, Bchir Sirine, Ltaief Ahmed, Hammouda Mouna, Skhiri Habib

1 Department of Nephrology, Dialysis And Renal Transplantation, Fattouma Bourguiba University Hospital, Monastir - Tunisia

Introduction

Superficial fungal infections (SFIs) frequently affect kidney transplant recipients as a result ofimmunosuppressive therapy and related risk factors. Although these infections are generally mild, they can significantly impact quality of life and may indicate underlying immune system vulnerabilities. This study aimed to investi- gate the clinical presentation, treatment approaches and outcomes of SFIs in individuals who have undergone kidney transplantation.

Methods

This study prospectively analysed 139 kidney transplant recipients screened for superficial fungal infections at the

Fattouma Bourguiba University Hospital between December 2023 and December 2024.

Results and discussion

Among 139 kidney transplant recipients analyzed, 23 (16.5%) were diagnosed with superficial fungal infections (SFIs). The most frequent conditions were pityriasis versicolor (7.2%) and onychomycosis (7.2%), collectively affecting 20 patients. These were followed by dermatophytosis (1.4%) and a case of rhinosinus mucormycosis complicated by ethmoiditis and sphenoiditis (0.7%). The infections were primarily caused by dermatophyte species and Malassezia. Commonly affected sites included the skin, nails, and mucosal surfaces, with specific localization to the abdomen, back, neck, toes, nasal cavity, and rhinosinus. The median time from kidney transplantation to the onset of SFI was 82 months. Treatment with topical or systemic antifungal agents achieved a success rate of 91.3% (21/23), with no recurrence. The mucormycosis case required antifungal therapy with amphotericin B and surgical intervention (ethmoidectomy and sphenoi- dectomy), both of which were successful. No progression to systemic fungal infections was observed.

Conclusion

In kidney transplant recipients, SFI is a significant but treatable complication. Early detection and targeted treatment are crucial to ensure favorable outcomes. Preventive measures, including regular screening and addressing modifiable risk factors, could further reduce the burden of these infections.

P546

CYSTINOSIS IN PEDIATRIC RENAL TRANSPLANT RECIPIENTS: CASE CONTROL STUDY FROM KUWAIT

Alotaibi Torki, Adel Mohamed, Nair Prasad, Mahmoud Tarek, A halim Medhat, Balaha Mohamed, Elsayed Zakaria, Gheith Osama

Department of Nephrology, Organ Transplant Center - Kuwait

Introduction

Cystinosis is an autosomal recessive liposomal storage multisystem disease characterized by deficientcystinosis that results in cystine accumulation in the lysosomes. It can lead to end-stage kidney disease in most cases before 20 years' age. We aimed to evaluate the outcome of renal transplantation in pediatric renal transplants with cystinosis.

Methods

Data of renal transplant recipients with Cystinosis (n=15) in Hamed Al-Essa organ transplant center wereretrospectively evaluated against matched control cohort (n=128). Demographic data in both groups werecompared and post-transplant complications and both graft and patients' outcomes were assessed.

Results and discussion

Most of cystinosis patients (53.3%) were Kuwaiti males in their second decade of life with their mean age 13.3±3.9 vs. 68% and mean age of 14 ±3.1 years in the control group. The two groups were comparableregarding type of donor, pre-transplant comorbidities (p>0.05). The percentage of cystinosis cases withimmediate graft function was significantly higher than the control (p=0.024), and this was reflected by relatively lower basal creatinine but did not rank to significance (>0.05), and they received significantly less induction therapy (p=0.002). The two groups were maintained on a comparable immunosuppressive regimen and we did not find any significant difference between the two groups regarding post-transplant complications like post-transplant diabetes, viral infections, graft function at 1,3,5,10 years, and both graft and patient outcomes were comparable (p>0.05).

Conclusion

Under standard immunosuppression therapy with steroid calcineurin inhibitors, mycophenolate mofetil, renal transplant is safe with good long term outcome in patient with cystinosis.

P547

SPLENIC TUBERCULOSIS IN A KIDNEY TRANSPLANT RECIPIENT: A RARE DIAGNOSIS

Bellaaj Fatma[1], Ghabi Hiba[1], Tlili Sirine[1], Mami Ikram[1], Driss Nour[1], Mariem Boukhtioua[1], Ben Hmida Fethi[2], Rais Lamia[1], Zouaghi Mohamed Karim[1]

1 Department of Nephrology, La Rabta Hospital Tunis - Tunisa

2 Researsh Laboratory (LR00SP01), Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Tuberculosis (TB) remains a significant global health challenge, particularly in immunocompromised individuals such as kidney transplant recipients. Post-transplant immunosuppression increases susceptibility toopportunistic infections, including extrapulmonary TB, which often pres-

ents with atypical and insidious manifestations. Splenic tuberculosis is exceedingly rare and poses diagnostic and therapeutic challenges due to its nonspecific clinical presentation and overlap with other post-transplant complications. Herein, we report a rare case of splenic tuberculosis in a kidney transplant recipient.

Methods

We report the case of a 35-year-old male patient who underwent kidney transplantation in 2022 from a living related donor (his brother). In November 2024, he presented with abdominal pain and fever. He deniedsymptoms such as weight loss, anorexia, diarrhea, or cough. Laboratory findings showed no evidence of inflammatory syndrome, anemia, or impaired kidney graft function. Abdominal ultrasound showed no abnormalities. However, abdominal computed tomography (CT) revealed splenomegaly with heterogeneous parenchyma and multiple mesenteric and para-aortic lymphadenopathies with heterogeneous and necrotic enhancement. Based on the clinical presentation, brucellosis and visceral leishmaniasis were excluded. A laparotomy with lymph node biopsy was performed, and histopathological analysis demonstrated an epithelioid giant-cellgranulomatous reaction with caseous necrosis. Mycobacterium tuberculosis was not identified through real time polymerase chain reaction (PCR) analysis. Chest CT findings were unremarkable, with no evidence of pulmonary tuberculosis. A diagnosis of splenic and abdominal tuberculosis was established. The patient was initiated onanti-tubercu- losis therapy, resulting in an improvement in his general condition and resolution of fever.

Conclusion

This report highlights a rare case of splenic TB in a kidney transplant recipient, emphasizing the importance of considering TB in the differential diagnosis of febrile syndromes and splenic lesions in this vulnerablepopulation.

P548

FLUDROCORTISONE IS SAFE AND EFFECTIVE AMONG RENAL TRANSPLANT RECIPIENTS CNI INDUCED HYPERKALEMIA: SINGLE CENTER EXPERIENCE

Gheith Osama[1], Maher nagib Ayman[1], Adel Mohamed[1], Balaha Mohamed[1], Aboatteia Hasaneen[1], Al-Otaibi Torki[1]

1 Department of Nephrology, Organ Transplant Center - Kuwait

Introduction

Calcineurin inhibitors (CNI) are the cornerstone of immunosuppression following solid organ transplantation. However, it may cause hyperkalemia by multiple mechanisms affecting potassium in the distal tubule.Hyperkalemia is commonly observed in renal transplant recipients, and it is dosedependent.

Aim: In our cohort study we evaluated the impact of fludrocortisone in the management of CNI-inducedhyperkalemia after renal transplant.

Methods

Patients and Methods: In this small cohort study we evaluated the newly transplanted patient who developed hyperkalemia or those attending the outpatient renal transplant clinic in Hamed Al-Essa organ transplant center of Kuwait with hyperkalemia. Patients were evaluated clinically and by laboratory investigations during their follow up visits. All follow up parameters were collected before starting fludrocortisone (Basal) and then at 1,2,4,8 weeks. Drug history was assessed with special stress on possible drugs which induce hyperkalemia that were discontinued (as spironolactone) otherwise essential drugs like prophylactic agents (sulfamethoxa- zole trimethoprim) were kept. Dose of oral anti-hyperkalemic agents (bicarbonate, resonium calcium, andfludrocortisone) were collected.

Results and discussion

Results: Twenty-six patient were included in the study. Most of cases were males, aged (± years). Body weight showed no significant change basal and after introduction of fludrocortisone (73.3± 19, 72.8 ± 18.8, 71.1±18, 69.4 ±16, and 69.4±16 Kilograms). Systolic and diastolic blood pressure also do the same (129.3± 18.6, 129.1±15.3, 129.3±20, 127.4 ±18, and 127.2±18), (76.3± 11, 75.8±9.1, 76.5±7.5, 73.8 ±12, and 73.2±12 mmHg). The steroid doses (prednisolone) were significantly reduced over one month (15.7± 12.4, 14.1±10.19, 12.6±8.7, 9.5 ±5.2, and 9.5±5.2mg per day). Fludrocortisone doses did not show any significant change bet- ween starting and follow up doses (0.1211± 0.07, 0.1158±0.07, 0.116 ±0.07, 0.115 ±0.08, and 0.115 ± 0.08). Serum potassium levels were significantly improving (5.18± 0.58, 4.9±0.49, 4.8±0.54, 4.8 ±0.65, and 4.4 ± 0.72). Serum creatinine was significantly improving by the end of 8 weeks (129.3± 50, 129.5±54, 116.7±48, 114.5 ±28, and 114.5±28). Serum bicarbonate did not show any significant differences

Conclusion

Fludrocortisone was safe and effective option in the management of CNI-induced hyperkalemia among renal transplant recipients.

P549

SURVIVORS AFTER RENAL TRANSPLANT WITH AND WITHOUT ZERO-HLA MISMATCHES: KUWAIT EXPERIENCE

Gheith Osama[1], Nair Prasad[1], Yahya Ahmed[1], A halim Medhat[1], Mostafa Mohamed[1], Emam Mohamed[1], Balaha Mohamed[1], Mahmoud Tarek[1], Al-otaibi Torki[1]

1 Department Nephrology, Organ Transplant Center - Kuwait

Introduction

Notwithstanding the high rates of rejection, allograft failure, and patient death in the early years of renal trans- plantation, few patients were doing well. The higher the HLA match the better the renal graft outcome.

Aim of our work: To assess long-term renal transplant survivors with and without zero-HLA mismatches

Methods

From 1993 to 2018, 2990 renal transplants were followed up in Hamed Al-Essa Organ transplant center of Kuwait. of them, 348 renal transplant were long survivors (>15 years' graft survival). Fifty kidney transplant recipients (1.67%) were transplanted with zero-HLA mismatches (group 1) while those with any HLA mismatch comprised group 2(n=298). All recipients had negative lymphocytotoxicity cross match prior totransplantation.

Results and discussion

Sixty percent of patients in both groups were males with their mean age 29.08 ±10.6 vs. 36.2±10.8 yearsrespectively. Chronic glomerulonephritis (GN) represented the main cause of end stage kidney disease (24 cases, 48.7% in group 1 and 143 cases, 41.2% in group 2, p>0.05). Most of patients in group 1 (66.7%) did not re- ceive induction while most of them in group 2 (75.6%) did so (p0.05). Patients with graft failure were signifi- cantly higher in group 2 (p=0.03) without significant difference in patient outcome (p=0.33).

Conclusion

Long term survivors after renal transplant with zero HLA mismatch had better outcome and less post-transplant complications even with minimal immunosuppression.

P550

KIDNEY RE-TRANSPLANT: SINGLE CENTER EXPERIENCE FROM MENA REGION

Gheith Osama[1], Maher nagib Ayman[1], A halim Medhat[1], Rida Suzann[1], Mahmoud Tarek[1], Nair Prasad[1], Al-otaibi Torki[1]

1 Department Nephrology, Organ Transplant Center - Kuwait

Objectives and aim

It has been reported that the long-term survival of second transplants may be similar to that of primarytransplants. Reports of re-transplantation outcomes are scarce especially in the middle east region. We aimed to present our experience with second renal transplant in Kuwait and comparing the donor source among our re-transplant recipients.

Patients and methods

Data of kidney re-transplants- under follow up in Hamed Al-Essa organ transplant center of Kuwait- between 1980 and 2019 were retrospectively analyzed. Out of 3038 kidney transplants (KT), 198 were kidneyre-transplants (6.51%). The number of KTs from living donors was 150; from deceased donors, 48 and third transplants represented 15 cases. We compared living donor group (1) with deceased donor group (2) regarding demo- graphics, post-transplant complications and outcome.

Results and discussion

We observed that episodes of acute antibody mediated rejection (9 cases, 18.7% in group 1 vs. 8 cases, 16.6% in group 2 respectively) and T-cell mediated rejection (14 cases, 9.33 % in group 1 vs.15 cases, 10% in group 2 respectively) were more frequent among patients in group 2 but this did not rank to statisticalsignificance. Concerning 2nd graft outcome, we observed that the percentage of patients with failed grafts was higher among group 2 patients but did not rank to statistical significance during their last follow up while the two groups were comparable regarding patient outcome.

Conclusion

Both living donor and cadaveric renal allotransplant carry the same risk for graft rejection either AMR or ACR. Meanwhile re- transplants who received their kidneys from either living or deceased donors had experienced similar graft and patients' outcomes. So, re-transplant either from living or deceased donor is considered a good option after first renal allograft loss.

P551

ASSESSMENT OF TACROLIMUS BASED VS. NEORAL BASED MAINTENANCE IMMUNO-SUPPRESSIVE REGIMENS AMONG KIDNEY TRANSPLANT RECIPIENTS: KUWAIT EXPERIENCE

Al-Otaibi Torki, Alawady Medhat, Adel Mohamed, Gheith Osama

Department Nephrology, Organ Transplant Center - Kuwait

Introduction

Both tacrolimus and cyclosporine function as immunosuppressants by inhibiting calcineurin, whichdownre- gulates IL-2 and other cytokine gene translations, and the two show similar graft survival rates. Some studies are still debating the use of either of them in low-risk kidney transplant patients especially in terms of infection rates and cardiovascular risk profile.

Aim: we aimed to assess the safety and efficacy of Tac. And CsA among low risk kidney transplant recipients with living donors.

Patient and methods

Out of 3000 living kidney transplant recipients who were followed up in Hamed Al-Essa organ transplant center in Kuwait, 660 patients received their grafts from living donors under low immunological risk during the period between 2010 and 2023. In this retrospective study, patients were divided into two groups according to the CNI used: (Tac. Based therapy comprised group 1, n=328 patients) and (CsA based therapy comprised group 2, n=332 patients). The two groups were compared regarding their demographics and their outcome.

Results and discussion

The mean age was 42.2±17.2 with no significant difference between the two groups. The majority of patients were Kuwaiti males, and most of them reached end stage kidney disease due to diabetic nephropathy or chronic GN (p>0.05). The two groups were comparable regarding their demographics (dialysis mode, virology profile, IHD, DM, and hyperlipidaemia) apart from significantly higher number of HCV and TB sensitizedpatients in group 2.

Conclusion

In low risk kidney transplant recipients with living donor, tacrolimus based immunosuppression is associated with better graft outcome without significant impact on patient outcome.

P552

RISK FACTORS OF MUCOCUTANEOUS MANIFESTATIONS IN KIDNEY TRANSPLANT RECIPIENTS

Ltaief Wejden[1], Ben Salem Meriem[1], Soua Yosra[2], Ben Salah Manel[1], Ben Mahmoud Nouha[1], Bchir Sirine[1], Ltaief Ahmed[1], Hammouda Mouna[1], Skhiri Habib[1]

1 Department of Nephrology, Dialysis and Renal Transplantation,

2 Department of Dermatology, Fattouma Bourguiba University Hospital, Monastir - Tunisia

Introduction

Kidney transplant recipients may be more susceptible to mucocutaneous manifestations due to prolonged immunosuppressive therapy, which can increase their risk of infections and dermatological conditions. This study aimed to evaluate the prevalence and the risk factors of mucocutaneous manifestations in thispopulation.

Methods

This prospective study analyzed 139 kidney transplant recipients in our nephrology department betweenDecember 2023 and December 2024. We divided the population into two groups: one with mucocutaneous ma- nifestations and the other without this condition.

Results and discussion

In a cohort of 139 kidney transplant recipients, 65 patients (46.7%) developed mucocutaneous manifestations. The average age was 42.12 years with a male predominance (71.2%). The mean age at transplantation was 30.28 years. Living-related donors accounted for 69.8% of cases. Induction immunosuppressive therapyincluded Thymoglobulin in 82% and Basiliximab in 9.4% of cases. Maintenance therapy regimens were: low- dose corticosteroids, tacrolimus, and mycophenolate mofetil (MMF) in 51.8%; low-dose corticosteroids, ciclosporin, and MMF in 12.2%; and other combinations, including azathioprine and sirolimus, in the remaining patients. Among those with mucocutaneous manifestations, 30.2% had a single lesion, 9.4% had two lesions, and 7.2% had multiple lesions. Infectious origins accounted for 44 cases, involving fungi, viruses, or bacteria. Inflammatory dermatoses, such as eczema, and pre-neoplastic lesions, including seborrheic and actinickeratosis, were also noted. Neoplastic lesions were observed in seven cases : basal cell carcinoma in situ, invasive squamous cell carcinoma, Kaposi's sarcoma, and anogenital carcinoma. Additionally, 21 cases were identified as iatrogenic lesions resulting from immunosuppressants. The analytical study

identified several risk factors for mucocutaneous manifestations: younger average age, female gender, monthly exposure to high-intensity ultraviolet rays, family history of chronic renal failure, and personal history of sunburn.

Conclusion

These findings underscore the importance of regular dermatological monitoring and tailored interventions for kidney transplant recipients, especially those with identified risk factors, to manage and mitigatemucocutaneous complications effectively.

P553

EPIDEMIOLOGY AND CLINICAL CHARACTERISTICS OF SKIN CANCER IN KIDNEY TRANSPLANT RECIPIENTS: MONOCENTER EXPERIENCE

Ltaief Wejden[1], Ben Salem Meriem[1], Soua Yosra[2], Ben Mahmoud Nouha[1], Ben Salah Manel[1], Bchir Sirine[1], Ltaief Ahmed[1], Hammouda Mouna[1], Skhiri Habib[1]

1 Department of Nephrology, Dialysis and Renal Transplantation,

2 Department of Dermatology, Fattouma Bourguiba University Hospital, Monastir - Tunisia

Introduction

Post-transplant skin cancer is the most common malignancy after renal transplantation. This study examines skin cancer epidemiology and clinical characteristics in a cohort of kidney transplant recipients at a single center.

Methods

This is a retrospective study in a single center in Tunisia. Data from 287 recipients treated at our institution from September 1995 to December 2024 were reviewed.

Results and discussion

Skin cancer prevalence was 1.4%. Four patients developed skin cancer post-transplant, with a mean diagnosis age of 54 years. The male-to-female ratio was 1:1. The mean age at transplantation was 39.75 years. Two patients received kidney transplants from brain-dead donors, and two from living-related donors. The induction immunosuppression protocol included thyroglobulin in all cases, while maintenance therapy was based on azathioprine, cyclosporine, and low-dose corticosteroids in three patients, and Mycophenolate Mofetil (MMF), tacrolimus, and low-dose corticosteroids in the remaining case. All patients had fair skin (types 2 and 3), and 50% had a history of sunburn. High-intensity ultraviolet radiation exposure was reported, with three patients exposed daily and one monthly. Non-melanoma skin cancers (NMSC) were most common, with squamous cell carcinoma (SCC) and basal cell carcinoma (BCC) each accounting for 0.7% of cases. Melanoma was not diagnosed. The median time to diagnosis was 159 months post-transplant. Three patients underwent surgical excision with reducedimmunosuppression, leading to remission. One patient required sirolimus, and one patient died from causes unre- lated to skin cancer before treatment. One patient had a loss of graft function at the time of diagnosis. Risk factors included older age at transplantation, fair skin, sun exposure history, and the use ofimmunosuppressants like azathioprine and cyclosporine.

Conclusion

The study underscores a substantial skin cancer prevalence among kidney transplant recipients, with NMSC being the most common. Identified risk factors should inform targeted surveillance and preventive strategies. Regular dermatologic evaluations and patient education on sun protection are imperative to mitigate skincancer risk in this vulnerable population.

P554

FIRST CASE OF RHIZOPUS MUCORMYCOSIS AT THE SOURO SANOU UNIVERSITY HOSPITAL IN A KIDNEY TRANSPLANT RECIPIENT

Semde Aoua[1], Kissou P. François[2], Ouedraogo Pato[3], Sawadogo Amidou[2], Tioye Yeri L.[4], Bamba/Pakotogo Sanata[5]

1 Department of Nephrology-Dialysis,

3 Department of Laboratories,

4 Department of Dermatology, Souro Sanou University Hospital, Bobo-Dioulasso - Burkina Faso

Introduction

Mucormycoses are fungal infections caused by fungi of the Zygomycete family. Characterized by invasive necrosis, their prognosis is often guarded.

Methods

We describe a case of mucormycosis in a kidney transplant recipient, in order to recall the emergence of such mycosis.

Results and discussion

Mr. Y.D., 50 years old, was transplanted in November 2022. The post-transplant follow-up was marked by partial recovery of renal function, corticosteroid-induced diabetes

mellitus with poor glycemic control and the surgical site suppuration related to a fistulized abscess of the graft. Subsequently, neutropenia, anaemia and malnutrition set in, causing multiple hospitalizations. Rehospitalized in April 2023 for discharge from theabdominal wall, the examination noted two small necrotic plaques, with inflammatory borders in the two iliac fossa, the left of which adjoined the graft. The diagnosis of ecthyma was evocated. A pus swab, scab scraping, and skin biopsy were performed. Mycological examination of the scabs confirmed the diagnosis ofmucormycosis caused by Rhizopus sp. Despite amphotericin B-based treatment, we observed a rapid extension of lesions associated withrectorrhagia preceding the patient's death in the context of multi-organ failure.

Conclusion

Immunosuppression during kidney transplantation promotes the emergence of fungal infections with a severe prognosis such as mucormycosis.

P555

CMV STILL AN ISSUE IN KIDNEY TRANSPLANTATION IN LIBYAN RENAL RECIPIENT PATIENTS

Shebani Abdulhafid

Department of Nephrology, Tripoli Medical Center, Tripoli - Libya

Background

Cytomegalovirus (CMV) is a major concern infection in the most of cause of morbidity and mortality in patients receiving solid organ transplants. It is widely distributed in the population with seroprevalence ranging from 30 to 96%. like other herpes family the CMV establishes life –long latency after primary infection. Without some strategy of prevention, CMV disease is primarily occurs in the first 3 months following transplant. Preemptive therapy is implementing with the patients by monitor the virus replication in regular interval todecrease drug costs and toxicity. Many Libyan ESRD patients still prefer to go abroad for kidney transplantation ignoring the risk of improper preparation and exposing themselves for the deadly complications including virus infection and lose of the graft function eventually their lives, for that we conducted this study to see the magnitude of the problem trying to minimize it and prevent it through more efforts in patient educations

Methods

We studied 105 kidney recipient who has been kidney transplanted from Jun 2013- Nov 2021. Specimens from patients were collected in different interval. CMV DNA viremia was monitored by TaqMan Real time PCR with accurate evidence for virus replication. The specimens were divided in two groups: Group 1: 40 Recipients from related donor (locally in Libya) Group 2: 65 Recipients from unrelated donor (abroad) Onset the CMV DNA was detected the therapy started with oral valcyte (Valganciclovir)

Results and discussion

G1: local kidney transplant recipients: 33% asymptomatic infection, 7.5% developed to disease, 2.5%lateonset disease and 0% mortality meanwhile G2: abroad kidney transplant recipients: 58% asymptomatic infection,16% developed to disease, 5%lateonset disease and 5% mortality.

Conclusion

Commercial kidney transplantation has higher rate of CMV morbidity and mortality comparing to local Libyan transplantation program.

Standard preparation of the donor and the recipient has an excellent results and markedly reduced incidence of kidney infections including CMV infections. CMV infection and Disease has a great impact on graft and patient survival and patients should be screened before / after kidney transplantation.

P556

OUTCOME OF PATIENTS REGISTERED ON THE KIDNEY TRANSPLANT WAITING LIST BY THE NEPHROLOGY DEPARTMENT OF MONASTIR

Sfaxi Yasmine[1], Jaafar Ines[2], Yahmadi Halima[2], Ben Salem Meriem[1], Ben Mahmoud Nouha[1], Bchir Syrine[1], Ben Salah Manel[1], Ltaief Ahmed[1], Hammouda Mouna[1], Skhiri Habib[1]

1 Department of Nephrology, Fattouma Bourguiba University Hospital, Monastir - Tunisia,

2 National Center for the Promotion of Organ Trasplantation, Tunis - Tunisia

Introduction

Kidney transplantation is the optimal treatment for patients with end-stage renal failure. Analyzing the ever- growing waiting list is essential to understand the patients' journey, from registration to transplant or death. Our objective is to assess the outcomes of patients followed at the Nephrology Department of FattoumaBourguiba University Hospital in Monastir, who are registered on the kidney transplant waiting list.

Methods

A retrospective study was conducted in the Nephrology Department over a period of 23 years (2002-2024). Data were collected from the registration registry provided by the National Center for the Promotion of Organ Transplantation and from the activity reports of the pre-kidney transplant unit.

Results and discussion

Out of the 385 patients registered, 47% are still awaiting a transplant, 31% died before receiving a transplant, and 22% were transplanted. Among the transplant recipients, 47% received a living donor graft, and 43.5% received a deceased donor graft, with missing data for 8 patients (9.5%). The average waiting time for a trans- plant was 3.254 years (standard deviation: 3.417 years), with missing data for 16 patients. These results differ from international data. In France, 42% of patients are transplanted within two years after registration, highlighting local challenges in access to grafts. The high use of living donors in our cohort (47%) contrasts with the 15% observed in France. This highlights the importance of living donation in our context, which can partly compensate for the deficit of cadaveric grafts. The average waiting time remains comparable to international standards, although shorter waiting times are recorded in some developed countries. The presence of patients transplanted without prior registrationillustrates local practices that could bias the data.

Conclusion

These results highlight the urgency of strengthening local strategies to improve equitable access to kidney transplantation and reduce waiting list mortality. Better awareness of organ donation, optimization ofadministrative procedures and earlier patient management could contribute to improving the outcome of registered patients.

P557

NEPHROPATHY RECURRENCE AFTER KIDNEY TRANSPLANTATION IN ADULTS: CLINICAL INSIGHTS AND OUTCOMES

Zran Najla, Chahed Bochra, Bacha Mohamed Mongi, Rezig Hajer, Ounissi Mondher, Hajji Meriam,Goucha Rim, Ben Moussa Fatma, Hedri Hafedh, Sellami Nada, Abderrahim Ezzedine

Department of Internal Medicine A, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Recurrence of nephropathy after kidney transplantation (KT) is a significant challenge that impacts graftsurvival and patient outcomes. This study investigates the clinical characteristics and outcomes of nephropathy recurrence in renal transplant recipients (RTR).

Methods

We conducted a retrospective study at the Charles Nicolle Hospital of Tunis, analyzing 434 KT performed between 2004 and 2024. We focused on the recurrence of nephropathies in 17 RTR (3.9%).

Results and discussion

The cohort had a mean age of 33.4 ± 8.6 years, with a male-to-female ratio of 2.4 and a median duration of dialysis prior to transplantation of 27 months [16–96 months]. The most common underlying nephropathy was IgA nephropathy (9 patients), followed by primary hyperoxaluria type 1 (PH1, 3 patients), focal segmentalglomerulosclerosis (FSGS, 2), membranoproliferative glomerulonephritis (MPGN, 2), and membranous nephro- pathy (MN, 1). Two patients received kidneys from deceased donors, while 15 had living-related transplants. Nephropathy recurrence occurred between 1 day and 16 years post-transplant (median 47 months). Notably, PH1 recurred within two weeks post-transplant in three patients, all of whom experienced graft loss and required hemodialysis. Recurrent glomerular nephropathies were confirmed by biopsy in cases of nephrotic syndrome (6), acute kidney injury with proteinuria (4), acute nephritic syndrome (2), and isolated AKI (2). Both MPGN cases resulted in graft failure and return to hemodialysis within two months. Among patients with re- current IgA nephropathy, five had stable renal function, while four progressed toend-stage renal disease. FSGS recurrence was favorable in one patient, while the other showed renal deterioration. The patient with recurrent MN had stable renal function. In all cases, this progression was observed despite symptomatic and specific treatment (whenever available).

Conclusion

Nephropathy recurrence after KT significantly impacts graft survival and patient outcomes. Early detection and tailored management are crucial for improving patient prognosis and graft longevity.

P558

ACUTE ANTIBODY-MEDIATED REJECTION FOLLOWING KIDNEY TRANSPLANTATION: ANALYSIS OF CLINICAL, IMMUNOLOGICAL, AND HISTOLOGICAL FINDINGS

Ben Othmen Ilhem[1], Bacha Mohamed Mongi[1], Chahed Bochra[1], Zran Najla[1], Ounissi Mondher[1],Laamari Hajer[2], Sfar Imen[2], Hedri Hafedh[1], Sellami Nada[1], Abderrahim Ezzedine[1]

1 Department of Internal Medicine A,

2 Department of Immunology, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Acute antibody-mediated rejection (ABMR) is a severe complication threatening kidney graft survival.

Methods

This study reports seven ABMR cases in kidney transplant recipients from the Department of Nephrology and Internal Medicine at Charles Nicolle hospital in Tunis, focusing on clinical, immunological, and therapeuticaspects.

Results and discussion

The cohort included 3 women and 4 men, with a median age of 40 years (range: 25–46). Donors were mostly living-related (3) or living-unrelated (3), with one deceased donor. Mismatch levels ranged from 2 to 6. Allpatients had negative anti-HLA antibodies at baseline. Induction therapy included methylprednisolone with ba- siliximab (2) or antithymocyte globulins (5). Maintenance therapy consisted of prednisone, mycophenolate mofetil, and either ciclosporin (2) or tacrolimus (5). The median time to ABMR diagnosis was 3 years and 4 days (range: 80–2650 days). Suboptimalimmunosuppressive adherence was noted in 2 cases, and 3 patients had subtherapeutic drug levels. Clinical presen- tation included fever, graft tenderness (3), hypertension, reduced urine output (750 mL/24h), and proteinuria (4.7 g/24h). Serum creatinine increased from 141 µmol/L (range: 80–400) to 292 µmol/L (range: 160–660) at diagnosis. Immunological tests showed donor-specific antibodies (DSA) in one case and de novo non-DSA in another. Graft biopsy confirmed ABMR with glomerulitis (G1 in 2, G2 in 3), peritubular capillaritis (cpt2 in 4, cpt3 in 2), arteritis (Art1 in 1, Art3 in 3), and C4d positivity in 3 cases. Thrombotic microangiopathy (TMA) was present in 3 cases. Treatment included methylprednisolone, antithymocyte globulin, intravenous immunoglobulins, rituximab (all cases), and plasmapheresis (6). Four patients switched from ciclosporin to tacrolimus. Therapy was generally well tolerated, though one patient developed sepsis and another corticosteroid-induced diabetes. One patient required graft nephrectomy, and two returned to dialysis. At follow-up, serum creatinine was 303 µmol/L (range: 105–500). Late complications included infections and one case of basal cell carcinoma.

Conclusion

This series highlights the complexity of ABMR management and the need for early diagnosis and amultidisciplinary approach to optimize graft survival and outcomes.

P559

IMPLEMENTATION OF KIDNEY TRANSPLANTATION IN A LOW-INCOME COUNTRY: EXPERIENCE OF SENEGAL

Ba Bacary[1], Faye Maria[1], Coundoul Baratou[2], Ndour Moussa[3], Faye Moustapha[1], Lemrabott Ahmed Tall[1], Seck Sidy[5], Diao Babacar[3], Mbengue Babacar[7], Ka Elhadji Fary[2]

1 Department of Nephrology, Aristide Le Dantec University Hospital, Cheikh Anta Diop University, Dakar

2 Department of Nephrology, Military Hospital, Ouakam

3 Laboratory of Immunology, Aristide Le Dantec University Hospital,

4 Department of Nephrology, Gaston Berger University, Saint Louis- Senegal

Introduction

Chronic kidney disease (CKD) represents a major challenge in sub-Saharan Africa, with high morbidity and mortality. Kidney transplantation (KT) is the best treatment for end-stage kidney disease (ESKD) but it was not yet available in Senegal. We describe the process of implementing KT in Senegal.

Methods

As part of the 2009-2018 health development plan, the government reaffirmed its involvement in providing quality health care to all Senegalese. Therefore "law 2015-22" (10) was adopted by the National Assembly on November 27, 2015, authorizing transplants from living-related donors. With the provisions of this law, a control committee called "Comité national du don et de la transplantation d'organe" (CNDT) was created under the supervision of the Health Ministry". Its main missions are to coordinate, promote, and ensure the safety of organ transplants. KT has been made possible by international cooperation, involving key partners such as Turkey, or France. Indeed, although French biomedicine agency served as a model for Senegal's CNDT, it was above all the Turkish team that played a crucial role,

traveling to Dakar to perform the first kidney transplants in collaboration with local team.

Results and discussion

In April 2023, the consortium of Aristide Le Dantec Hospital and Ouakam Military Hospital (OMH) obtained approval to carry out the three 1st KT in November 2023 in Senegal. They were all adults, including two sisters, two brothers, and two spouses. The cost was estimated at €35,155/year, 50% of which was related to immunosuppressive drugs. To ensure this financing in a country without social security, OMH offered tofinance all patient's pre-transplant evaluation, surgery, and follow-up for 6 months after transplantation, including immunosuppressive drugs. Creating a national registry by CNDT marks an important step towards morescientific, transparent, and rigorous management of KT data.

Conclusion

Senegal has been a kidney transplant country since November 2023. This process has taken almost 10 years, from setting up the regulatory aspects to completion, with national and international partners.

P560

PREDICTIVE FACTORS FOR CYTOMEGALOVIRUS DISEASE IN RENAL TRANSPLANTATION

Abid Feryel[1], Ghabi Hiba[1], Tlili Syrine[1], Mami Ikram[1], Boukhtiwa Mariem[1], Driss Nour[1], Ben Hmida Fethi[2], Raies Lamia[1], Zouaghi Mohamed Karim[1]

1 Nephrology Department, La Rabta Hospital, Tunis – Tunisie

2 Researsh Laboratory (LR00SP01), Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Cytomegalovirus (CMV) disease is a significant complication in renal transplant recipients, contributing toincreased morbidity, graft dysfunction, and mortality. Early identification of predictive factors is essential to guide prophylactic strategies. This study aimed to investigate the key predictive factors for CMV disease in kidney transplant recipients.

Methods

This was a retrospective study on kidney transplant recipients .The enrolled patients received a kidneytransplant between 2012 and 2023.The analysis focused on the pre-transplant serological status of the donor (D) and the recipient (R) and anti-CMV prophylaxis protocols. Demographic, clinical, and laboratory data, including lymphocyte counts, were collected. Predictive factors for CMV infection were identified using multivariate re- gression models.

Results and discussion

A total of 90 patients were included in the study, with a male-to-female ratio of 2:1. The mean age was 35.7 years, and the mean duration of dialysis prior to transplantation was 25.3 years.The serological statuses were distributed as follows: 1.2% R+/D-, 92.6% R+/D+, and 6.2% R-/D+. Anti-CMV prophylaxis was administered to 80% of the patients, using valaciclovir at a mean dose of 5,708.3 mg/day for 3 months. CMV disease occurred in 12.2% of the patients, with an average viral load of 18,873.8 copies at the time of diagnosis. Among the patients who developed CMV disease, 80% were R+/D+, 10% were R-/D+, and 10% were R+/D-. Notably, two-thirds of the affected patients had not received prophylaxis. The median time to CMV disease onset was less than 3 months in 45.5% of cases, between 3 months and 1 year in 45.5%, and beyond 1 year in 9.1% of cases. Univariate analyses revealed no significant association between CMV disease and factors such as albumin levels, anti-CMV prophylaxis, immunosuppressive therapy, or white blood cell and lymphocyte counts before kidney transplantation (KT) or at 3, 6, 9 months, and 1 year post-KT. However, immediate post-KT infectious complications and serological status were significantly associated with CMV disease occurrence. Multivariate analysis identified immediate post-KT infectious complications and serological status as independentpredictors of CMV disease ($p < 0.05$).

Conclusion

This study highlights the key role of immediate post-KT infectious complications and serological status inpredicting CMV disease in kidney transplant recipients.

P561

MUCORMYCOSIS AFTER KIDNEY TRANSPLANTATIONS: REPORT OF THREE CASES

Ben Rhouma Maissa[1], Ben Salem Meriem[1], Ben Mahmoud Nouha[1], Ben Salah Manel[1], Bchir Sirine[1], Hamouda Mouna[1], Letaief Ahmed[1], Skhiri Habib[1]

1Department ofNephrology, Fattouma Bourguiba University Hopsital, Monastir - Tunisia

Introduction

Mucormycosis is a rare angioinvasive opportunistic infection with a poor prognosis. In the context of solid organ transplantation, rare cases were described in the literature.

Methods

We present three cases of mucormycosis occurring in kidney transplant recipients: one pulmonary case and two rhinoorbitocerebral cases.

Results and discussion

The first case is a 34-year-old female, a kidney transplant recipient with a history of celiac disease andpost- transplantation diabetes mellitus, presented with hypoxemic pneumonia four years post-kidney transplantation. Initial empiric therapy with tazobactam-piperacillin and teicoplanin yielded no significant improvement. A chest CT revealed three pulmonary abscesses, and bronchial aspiration confirmed mucormycosis. The patient was initiated on liposomal amphotericin B (AmBisome) alongside antibiotics, but her condition did not improve. Subsequently, a bilobectomy was performed, complicated by pyopneumothorax and septic shock and later death.

The second case is 36-year-old female kidney transplant recipient with a history of squamous cell carcinoma and IgA pemphigus presented with fever and headaches fourteen years after kidney transplantation. A CT scan revealed hyperdense mucosal thickening in the right maxillary sinus with osteolysis. Clinical examination identified meningeal signs, prompting a lumbar puncture that confirmed mucormycosis. Her condition rapidly deteriorated, progressing to neurological distress necessitating intubation. And the patient passed away shortly after.

The third case is 42-year-old male with a history of arterial hypertension, who underwent kidney transplantation 7 months ago. He presented with severe holocranial headaches and progressive monocular vision loss. On examination, he was afebrile, had a blood pressure of 200/100 mmHg and he showed no meningeal signs. Imaging revealed mucosal thickening in the left maxillary sinus, opacification of the sphenoid sinus, andpos- terior ethmoid cells, though the nasal fossa examination was normal. He underwent ethmoidectomy and sphe- noidotomy, with histopathology confirming mucormycosis. He was started initially on ambisome and due to unavailability, he was switched to Amphotericin B deoxycholate at a dose 0.3 mg/kg/day. He showed significant clinical improvement.Follow- up imaging on day 20 demonstrated complete regression of the sinus involvement.

Conclusion

Mucormycosis is a severe fungal infection and solid organ transplantation represents one of its risk factors due to important immunosuppression. Surgical debridement and antifungal therapy are its core treatment.

P562

ACUTE RENAL FAILURE IN THE FIRST YEAR POST-TRANSPLANT: EXPERIENCE OF THE MONASTIR NEPHROLOGY DEPARTMENT

Keraani Lynn[1], Ben Salem Mariem[1], Ben Mahmoud Nouha[1], Ben Salah Manel[1], Bchir Sirine[1], Hammouda Mouna[1], Letaief Ahmed[1], Skhiri Habib[1]

1 Departement of Nephrology, Dialysis and Kidney Transplantation Fattouma Bourguiba University Hospital, Monastir - Tunisia

Introduction

Acute renal failure (ARF) is a serious and dreaded complication in renal transplantation, and can jeopardize the prognosis of the graft in the short and long term. Few studies have investigated AKI during the first year of transplantation. The aim of our work is to determine the incidence of AKI during this period and to describe the clinical, biological, etiological and evolutionary characteristics of patients who presented with AKI during the first post-transplant year.

Methods

This was a retrospective cross-sectional descriptive study conducted in the Nephrology, Dialysis and Renal Transplant Department at Fattouma Bourguiba Hospital, Monastir, between January 2015 and January 2024. We included all patients who had undergone renal transplantation during the period from January 2015 toJa- nuary 2023, in order to obtain a one-year follow-up for the entire population, and who presented with ARF du- ring the first post-transplant year.

Results and discussion

37 patients had undergone renal transplantation during the study period, 21 of whom had developed AKI during the first year post-transplant and were included in the study. The incidence of AKI was estimated at 56.75%, with a mean annual incidence of 2.62 cases per year. The mean age of the recipients was 35.3 ± 8 years, with a predominance of males. Initial nephropathy was dominated by indeterminate nephropathy in 52% of cases. The majority of donors were over 45 years of age and female. We noted that the majority of donors were living donors (66% of cases) and that the majority of our patients were semi-identical with their donors (47.6%). AKI was discovered during a routine appointment in the majority of cases (43%), the average delay between the onset of AKI and transplantation was 2 months, and the majority of our patients had KDIGO stage 1. The two most frequent etiologies were functional and acute graft pyelonephritis. Progression was good in the majority of cases: either total recovery in 48% or partial recovery in 42%.

Conclusion

Further studies are needed to determine the association between AKI in the first year post-transplant and graft survival.

P563

POST-KIDNEY TRANSPLANT MORTALITY: A RETROSPECTIVE STUDY

Dahene Dorra[1], Attia Feriel[1], Selmi Yosra[2], Touati Dalel[1], Laabidi Jannet[1]

1 Departmenr of Nephrology, Military Hospital, Tunis - Tunisia

Introduction

Kidney transplantation is a key treatment for end-stage chronic kidney disease (ESKD), yet the associated risk of morbidity and mortality remains significant. Identifying the factors influencing post-transplant mortality is essential for improving patient outcomes.

Methods

A monocentric, descriptive, and analytical retrospective study was conducted, involving 105 kidney transplant recipients between 2010 and 2020. The patients' clinical data were reviewed, focusing on factors contributing to post-transplant mortality.

Results and discussion

The study included 105 patients, with a male-to-female ratio of 2:1. The mean age of the patients was 35.87 years (± 14.46). The primary cause of nephropathy was undetermined in 62 patients (59%), tubulointerstitial in 23 patients (21.9%), glomerular in 14 patients (13.3%), and vascular in 6 patients (5.7%). Most patients (89) were on chronic hemodialysis prior to transplantation, while 6 patients received preemptive kidneytransplants. The mean duration of renal replacement therapy before transplantation was 45 months, ranging from 0 to 21 years. Living donors were the main source of grafts in 86.6% of cases. The overall mortality rate was 12.8%, with 13 deaths recorded. All deceased patients received inductiontherapy with thymoglobulin, and maintenance therapy consisted of tacrolimus + MMF in 12 patients and MMF + cyclosporine in one patient. During the first year post-transplant, 4 patients experienced acute renal failure, 5 had urinary tract infections, and 3 developed cytomegalovirus (CMV) infections. Additionally, 3 patientsexperienced urological complications, but no cases of acute graft rejection were observed. Univariate analysis identified a significant association between pre-transplant hypertension and increased mortality risk($p = 0.028$).

Conclusion

The findings highlight hypertension as a significant risk factor for post-transplant mortality in kidney transplant recipients. Understanding these factors is crucial for optimizing patient management and improving long-term outcomes after transplantation.

P564

IMPACT OF EARLY POST-TRANSPLANT HYPOPHOSPHATEMIA ON RENAL FUNCTION: INSIGHTS FROM A SINGLE-CENTER COHORT

Trabelsi Marwa, Ghabi Hiba, Mami Ikram, Tlili Syrine, Raies Lamia, Zouaghi Mohamed Karim

Department of Nephrology, La Rabta Hospital, Tunis - Tunisia

Introduction

Hypophosphatemia is common during the first year following kidney transplantation, but its clinical implications remain unclear. This study explores the relationship between post transplant hy- pophosphatemia and renal function in a cohort of kidney transplant recipients with long-term follow-up.

Methods

We conducted a retrospective cohort study of 80 kidney transplant recipients between 2010 and 2020 at the La Rabta Hospital Nephrology Transplant Center. Hypophosphatemia was defined as serum phosphate levels in the lowest quartile at 1, 3, and 12 months post-transplant. Cumulative renal survival rates were calculated using the Kaplan-Meier method.

Results and discussion

The median age of the cohort was 35.12 years (range 19-64), with a male-to-female ratio of 1/8. All patients received kidneys from living related donors, and none experienced acute rejection episodes. Six patientsreturned to dialysis. At 12 months post-transplant, the average serum phosphate level was 0.9 mmol/L, calcium level was 2.3 mmol/L, and serum creatinine was 150 µmol/L. Additionally, 36% of patients had hyperparathyroidism. Hypophosphatemia at 12 months post-transplant, defined by a serum phosphate level of 0.7 mmol/L (first quartile), affected 26% of patients. These patients had an average creatinine level of 79 µmol/L at 12 months.

Conclusion

Our findings suggest that early post-transplant hypophosphatemia is associated with better renal function.

P565

THE SURGE OF ANTI-HLA ANTIBODIES POST-GRAFT NEPHRECTOMY: A CASE REPORT

Khadidja Habchi, Mokhtari Rachda, Mellah Racha, Itoubat Khawla, Saidani Messaoud

University of Health Sciences, Issad Hassani University Hospital, Beni Messous - Algeria

Introduction

Anti-HLA immunization poses a significant immunological challenge when a second kidney transplant isconsidered. To mitigate this, immunosuppressive therapy is usually maintained at minimal doses, and graft nephrectomy is performed only under limited indications. We report the case of a highly sensitized patient awaiting a second kidney transplant, who developed extensive anti-HLA antibodies following graftnephrectomy.

Methods

The patient was a 51-year-old male who had undergone a kidney transplant from his brother, an HLAsemi-identical donor. During the first post-transplant year, the patient developed a donor-derived renal cell carcinoma and underwent graft nephrectomy. Notably, he had no detectable donor-specific antibodies (DSAs) prior to the procedure. When the patient presented for a second transplant with his wife as the donor, anti-HLAantibody screening revealed 50 Class I and 7 Class II targets. Among these, two DSA with very high MFI values (13,884/4,225) were identified, delaying the second transplant.

Results and discussion

Graft nephrectomy is indicated only in specific cases due to the risk of a sudden surge in anti-HLA antibodies, which can jeopardize the outcome of a subsequent transplant. The "sponge theory," widely proposed, suggests that the graft acts as a buffer for antibodies, and its removal leads to the release of these antibodies intocirculation. In this case, the nephrectomy was a necessary intervention due to the cancer. However, the question arises whether maintaining effective immunosuppression after nephrectomy would have mitigated the risk of extensive sensitization while awaiting the second transplant.

Conclusion

Graft nephrectomy is not a trivial procedure. Screening for anti-HLA antibodies should be performed before and after the intervention, along with regular immunological monitoring. Maintaining immunosuppression is crucial to optimize conditions for a subsequent transplant.

P566

THE CHALLENGE OF TRANSPLANTING NEPHROTIC SYNDROME: THE ROLE OF RITUXIMAB, A CASE REPORT

Khawla Itoubat, Mellah Racha, Habchi Khadidja, Mokhtari Rachda, Saidani Messaoud

University of Health Sciences, Issad Hassani University Hospital, Beni Messous - Algeria

Introduction

Focal Segmental Glomerulosclerosis (FSGS) is one of the nephropathies most frequently progressing to renal failure. In its primary form, it often recurs post-transplantation. Despite the high recurrence rate and theintensive treatment required, both patients and medical teams are willing to face this challenge. The diagnosis of recurrence is biological and requires the rapid initiation of plasmapheresis (PP) sessions. One session can be performed pre-transplantation, and the protocol for intensive PP begins as soon asrecurrence is detected. This includes daily sessions initially, followed by a gradual decrease to one session every two months for up to two years post-transplant.

Methods

Our patient had been suffering from steroid-dependent nephrotic syndrome since the age of 10. A biopsy at age 24 confirmed FSGS. He subsequently received rituximab treatment. Three years later, he was inend-stage renal failure.

Results and discussion

Renal transplantation was performed two years after the initiation of hemodialysis, using a kidney from his brother, with a standard immunosuppressive regimen. On day 4 post-transplant, recurrence occurred, and plasmapheresis sessions were initiated on day 6, with very slow tapering of corticosteroids and cyclosporine. By day 20, our patient showed a good response, with only trace proteinuria remaining. A biopsy at month 3 revealed acute tubular injury (ATI) with signs of calcineurin inhibitor toxicity, necessitating a switch to tacrolimus at month 4. Given the incomplete remission, the patient was administered two courses of rituximab; The patient became proteinuria-negative one month after the second course of treatment.

Conclusion

The intensive plasmapheresis protocol is undoubtedly the treatment of choice for recurrence of FSGS post- transplantation and does not necessarily include rituximab. However, in the absence of immunoadsorption as a second-line therapy, rituximab may be considered due to its antiproteinuric effect in cases of incomplete remission, particularly for patients who are dependent on plasmapheresis.

P567

MACROSCOPIC HEMATURIA AND HYPONATREMIA POST KIDNEY GRAFT BIOPSY, AND IF IT WERE AN ARTERIOVENOUS FISTULA ?

Khawla Itoubat, Habchi Khadidja, Mellah Racha, Mokhtari Rachda, Saidani Messaoud

University of Health Sciences, Algiers, Issad Hassani University Hospital, Beni Messous - Algeria

Introduction

Arteriovenous fistula (AVF) is a complication described after native kidney and kidney graft biopsies, with a frequency ranging from 1% to 16%, as it often goes unnoticed in many cases.

Methods

We report the case of a 27-year-old patient, who received a kidney transplant from his uncle and developed an AVF following the biopsy of his graft.

Results and discussion

The kidney transplant was uneventful with good postoperative outcomes and a creatinine nadir of 10 mg/L. However, our patient had persistent leukopenia, which required a reduction in his MMF doses, and his residual tacrolimus levels fluctuated. Due to this instability in immunosuppressive therapy, a graft biopsy was performed one year post-transplant. Immediately after the biopsy, the patient developed macroscopic hematuria, initially persistent and theninter- mittent. A first control ultrasound showed no abnormalities, providing some reassurance. However, by the second day post-biopsy, the condition worsened, with hemoglobin dropping to the point of requiring a transfusion. Hyponatremia, which appeared on day 1 post-biopsy, became severe, necessitating parenteral correction. Hyponatremia is a biological marker associated with renal AVF, as described in the literature. Indeed, auscul- tation revealed a bruit audible over the graft site, and the presence of an AVF was confirmed by Doppler ul- trasound of the graft. Strict bed rest was implemented, and we introduced an ACE inhibitor. A three-way catheter was inserted, but due to significant clotting, the patient experienced several episodes of acute urinary retention, leading toobs- tructive acute renal failure. An embolization procedure was coordinated with the interventional radiology team. Fortunately, the patient's urine cleared completely by the sixth day post-biopsy.

Conclusion

The management of AVF requires the availability of an interventional radiology unit for embolization. However, if vital prognosis is at risk, nephrectomy for hemostasis may be necessary.

P568

KIDNEY TRANSPLANTATION: A 13-YEAR REVIEW OF OUTCOMES IN OUR DEPARTMENT

Hadhri Aicha, Agrebi Sahar, Bacha Mohamed Mongi, Hedri Hafedh, Abderrahim Ezzeddine

Department of Medicine A, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

The prevalence of end-stage renal disease (ESRD) has consistently risen over the past few decades. Kidney transplantation (KT) is considered as the optimal treatment option for patients with ESRD.

Methods

It was a prospective longitudinal and analytical study done from the 1st of January 2011 to the 31st ofDecember 2020 and a graft and patient survival follow up period extended to 31st December 2023. It was realized in the department of Medicine A at Charles Nicolle Hospital in Tunis.

Results and discussion

One hundred seventy three (173) kidney transplant recipients were included. Mean age at KT was 36±9.16 years (18-64), gender ratio was 2.7 male/female. Prior to KT, 15 were (8.7%) diabetics, 88 (50.9%) hadhypertension, 17 (9.8%) dyslipidemics, 17 (9.8%) had a recurrent urinary tract infections. The cause of ESRD was chronic glomerulonephritis and chronic Interstitial Nephropathy both in 48 (27.7%) of patients. Diabetes kidney disease and vascular nephropathy were the causes of ESRD in 10 (5.8%) and 21 (12.1%) patients respectively. Cause of ESRD remained undetermined in 30 (17.3%) of cases knowing that the diagnosis of CGN was made without proven histological exam in 21 (12, 1%). Mean body mass index was 22.7 Kg/m² ±2.7 (15.5-34.2). Cytomegalovirus serology and Donor-specific antibodies were positive for 148 (85.5%) and 12 (7%) re-

spectively. Donor's mean age was 44.8±10.5 years (18-69), gender ratio male/female was 0.6.Li- ving donors were 148 (85.5%). Human leukocyte antigen mismatches were more than 3 in 128 (74%) cases and less than 3 in 45 (26%) cases. At the end of the analysis 31 patients (17,9%) got back to hemodialysis. The overall annual rate of graft loss was 2.1% (95% CI [0,6.9]), with a cumulative graft survival rate of 98.8%, 97.1%, 91.1% and 74.6% at 1,2,5 et 13 years of KT. We noted 25 (14.5%) deaths with an overall annual rate of deaths of de 1,6% (95% CI [0.78, 1.94]). Cumulative KTR's survival rates were 98.3%, 97.1%, 93.5%, and 80.9% at 1,5,10 and 13 years.

Conclusion

KT, according to our study, contributes to improve overall health, quality of life and extends survival.

P569

EXPANDED CRITERIA LIVING DONOR: THE EXPERIENCE OF THE NEPHROLOGY DEPARTMENT OF THE MILITARY HOSPITAL

Hadhri Aicha, Touati Dalel, Kacem Imen, Sellami Yosra, Labidi Jannet

Department of Nephrology, Military Hospital of Tunis, Tunis - Tunisia

Introduction

The growing difference between demand and supply for kidney transplants has led to the use of expanded criteria donor (ECD) kidneys to increase the donor pool.

Methods

It was a retrospective descriptive single center study from 2004 to 2023 that included living ECD: Aged over 60 or between 50-59 with two of the following: a history of high blood pressure and creatinine ≥132.6umol/.

Results and discussion

Thirteen patients were identified: 9 males/4 females. The mean age was 32.69 ± 5.56. The mean duration in dialysis was 36.54 ± 28.59 months. Donors were 5 males/8 females. The mean age was 59.77 ± 3.7 .For the ECD: 9 were aged more than 60 (60-71), four were aged between 50-59 with hypertension and mean creatinine level of 144.8 ± 9.68 umol/L (135-169). Recipient's mean duration of hospitalization for KT was 17.75 ± 4.38 days (14-28). Two patients presented an acute graft rejection in the first year of KT. The mean creatinine level at three months and 1 year were 109.07 ± 34.54 umol/L (68-170) and 131.44 ± 30.17 umol/L (72-184) respectively. Eight recipients has currently a chronic graft dysfunction. Three donors were lost to follow-up. For the 10 others, mean creatinine level is 131.44 ± 30.17 umol/L (70-185). Microalbuminuria was found in 3.

Conclusion

KT with an ECD offers outcomes that are as good as a single-kidney transplant with normal function and can effectively address the shortage of donor organs.

P570

POST-TRANSPLANT LYMPHOPROLIFERATIVE DISORDER IN KIDNEY TRANSPLANT: A CASE-SERIES FROM MONASTIR KIDNEY TRANSPLANTATION UNIT

Ben Rhouma Maissa, Ben Salem Meriem, Ben Mahmoud Nouha, Ben Salah Manel, Bchir Sirine, Hamouda Mouna, Letaief Ahmed, Skhiri Habib

Department of Nephrology, Fattouma Bourguina University Hospital, Monastir - Tunisia

Introduction

Post-transplant lymphoproliferative disorder (PTLD) is a serious complication following solid organtransplantation. The clinical presentation is highly variable and extra-nodal presentation is more common.

Methods

This is a case series of all cases of PTLD encountered in our unit, providing insights into the clinical charac- teristics, management and outcomes.

Results and discussion

The cumulative incidence in our unit was 1.3% (4 cases/287 kidney recipients).

Case 1: A 12-year-old male kidney transplant recipient, EBV immunized, presented with worsening graftfunction and thrombocytopenia 10 months post-transplant. Initially suspected of acute rejection, he receivedcorticosteroids. High C2 ciclosporin levels were noted, and kidney biopsy confirmed thrombotic microangiopathy due to anti-calcineurins. One month later, he developed rectal bleeding, high LDH, and CT showed multiple cervical and inguinal lymphadenopathy. EBV PCR was positive, and lymph node biopsy revealed diffuse large B-cell lymphoma (DLBCL). Immunosuppression was withheld, rituximab initiated, and platelet concentrates administered, but the patient died.

Case 2: A 63-year-old male, 12 years post-kidney transplant, presented with diarrhea and worsening kidney function. Initial management included IV fluids and antibiotics, with eventual favorable response. A CT scan later revealed

a 64x60mm hydro-aeric collection near the ileum. Four days later, massive rectal bleedingrequired urgent surgery, revealing peritonitis due to ileal perforation. A 20cm resection was performed, but the patient's condition deteriorated, and the biopsy confirmed EBV-related DLBCL.

Case 3: A 38-year-old female, 19 years post-kidney transplant, presented with month-long diarrhea.Symptomatic treatment was effective. CT imaging showed an intraperitoneal mass centered on the proximal ileal loops. Biopsy confirmed DLBCL. Despite one cycle of CHOP and four cycles of R-CHOP, the tumor did not regress. She died from massive rectal bleeding and infection.

Case 4: A 49-year-old male, 8 years post-transplant, presented with chronic abdominal pain. CT revealedperitoneal carcinomatosis and ileal wall thickening. Laparoscopic biopsy confirmed DLBCL. After one cycle of R-CHOP, the patient developed perforation peritonitis, requiring surgery and IV antibiotics. Three months later, he died from Pneumocystis infection.

Conclusion

PTLD is a potentially fatal complication following kidney transplantation. This case series shows the importance of vigilant monitoring for PTLD. Further studies are needed to optimize early detection and patients survival.

P571

DE NOVO ANTI-MICA ANTIBODIES IN KIDNEY TRANSPLANTION: IS THERE AN IMPACT ON GRAFT SURVIVAL ?

Lamari Hajer[1], Ben Nejma Nader[1], Ben Boujemaa Samia[1], Nabli Rim[1], Bacha Mohamed Mongi[2], Hedri Hafedh[2], Abderrahim Ezzeddine[2], Dhaouadi Tarak[1], Gorgi Yousr[1], Sfar Imen[1]

1 Kidney Transplantation Immunology and Immunopathology Research Laboratory (LR03SP01),

2 Internal Medicine Departement, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

The implication of non-classical HLA MICA antigens in the pathogenesis of kidney allograft rejection has been discussed with controversial results. This study was conducted to evaluate the prevalence of de novo anti- MICA antibodies in kidney transplant recipients and its prognostic value in this population.

Methods

The study included all patients transplanted in Charles Nicolle Hospital for whom a screening for anti-HLA antibodies by Luminex™ technology was conducted before transplantation (Day-1) and during follow-up. All patients were tested for anti-HLA class I, class II, and MICA antibodies using a LAB Screen One Lambda™ kit.

Results and discussion

Among the 106 investigated patients, 31 cases (29,2%) had de novo anti-MICA antibodies. It was an isolated MICA alloimmunization in 11 patients. Anti MICA's MFI ratios varied widely with a median of 6.6 and extremes of 1.6 and 534. Anti-MICA antibodies were controlled in 11 patients and persisted positive in 9 cases. MFI ratios remained stable (p=0,14). When considering patients with isolated de novo anti-MICA antibodies or all patients positive for anti-MICA antibodies, the prevalence of graft loss remained comparable to that of the non allo-immunized control patients (p=1 and p=0,65 respectively). Likewise, there was no statistically significant difference in the graft survival curves between the de novo anti-MICA positive patients, the anti-MICA and anti class I or class II HLA anti- bodies positive patients and the non allo-immunized group (p=0,5).

Conclusion

De novo anti-MICA alloimmunization is frequent in renal transplant recipients. However, these alloantibodies does not seem to have a negative effect on kidney graft survival. Our results need to be further affirmed on a larger population.

P572

KIDNEY TRANSPLANTATION IN SENSITIZED PATIENTS: RISK STRATIFICATION AND IMPACT OF DONOR SPECIFIC ANTIBODIES (DSA)

Boutennoune Saliha, Benziane Ali

Department of Nephrology, University Hospital of Bab El Oued, Algiers - Algeria

Introduction

The presence of donor-specific antibodies (DSA) represents a significant barrier to kidney transplantation due to the risk of acute rejection. In Algeria, 35 % of patients have DSA, prolonging their dialysis time. Crossmatch tests using three techniques—complement-dependent cytotoxicity (CDC) flow cytometry (FMC), and single antigen(SA)—are employed to assess immunological risk.

Methods

We have analyzed sensitized patients from the university hospitals of Bab El Oued and Batna since 2021, assessing their sensitizing levels through crossmatch techniques to facilitate their access to transplantation. After transplantation, DSA monitoring and protocol biopsies were performed.

Results and discussion

Ninety sensitized patients were studied; 50% underwent complete immunological stratification using all three techniques. Among them, only 2% had positive crossmatches across all methods, 14 % had positif cross match in CMF and SA, 60 % had positif cross match only in SA and 24% had a positif historic test in SA.Successful transplants occurred without desensitization for patients with negative crossmatches in LCT and CMF but positive in SA. Most of patients showed DSA disappearance after transplantation with no observed rejections.

Conclusion

Preformed DSA alone does not preclude transplantation. Combining the three crossmatch techniques is crucial for identifying eligible patients for desensitization and minimizing rejection risks while avoiding potentialinfections. This stratification also has significant financial implications.

P573

OUTCOME OF COVID-19 POSITIVE KIDNEY TRANSPLANT RECIPIENTS COMPARED TO NON-TRANSPLANT PATIENTS IN ICU: SINGLE CENTER EXPERIENCE

M Alotaibi Torki, M nagib Ayman, Alserwy Nabil, Emam Mohamed, M Abuelmagd Mohamed, Adel Mohamed, K Iqallaf Ahmed, Shaker Mohamed, M Abbas Ahmad, A Gheith. Osama

Department of Nephrology, Organ Transplant Center - Kuwait

Introduction

COVID-19 is an ongoing pandemic that has altered our lives especially that of kidney transplant recipients (KTR). We aimed to compare the of COVID-19 positive KTR with non-transplant positive cases that weremanaged in the intensive care unit (ICU) during the pandemic.

Methods

Out of 2000 KTR that were followed up in Hamed Al-Essa Organ transplant center in Kuwait, we collected data of all COVID-19-positive KTR (group 1, n=79) till the end of January 2021. Clinical features, management details, and both patient and renal outcomes were reported and compared with (group 2, n=445) nontransplant cases admitted during the same period in the ICU during the pandemic.

Results and discussion

Most of cases were males (74% vs.73%), aged 51.7±16 and 60.8± 14 years, respectively. Both groups were comparable regarding patients with diabetes mellitus (50.6 vs. 55.2%), hypertension (62% vs 57.1%), ischemic heart disease (20% vs 19.8%) and chronic kidney disease (1.3% vs 1.6%). Fever, cough, body aches and gastrointestinal symptoms were the most frequent presentation among KTR. Meanwhile, complicated cases with sepsis, volume depletion, shock, and ARDS predominated among the non-transplant group ($p<0.05$). Therapeutic management included anticoagulation (81 %) in both groups, while steroid and tocilizumab were used frequently among non-transplant group (8.7%). Within 30 days follow up, in group 2 we found that acute kidney injury, respiratory failure requiring mechanical ventilation, and mortality rate were significantly higher.

Conclusion

We reported better outcome of ICU admitted COVID-19 positive KTR in comparison with the non-transplant patients possibly due to younger age modified immunosuppression.

P574

ANALYSIS OF POST-TRANSPLANT HOSPITALIZATIONS: RISK FACTORS AND CLINICAL IMPLICATIONS

Aïcha Hadhri, Sahar Agrebi, Mohamed Mongi Bacha, Hafedh Hedri, Ezzedine Abderrahim

Department of Internal Medicine A, Charles Nicolle Hospital, Tunis – Tunisia

Introduction

Hospitalizations in kidney transplantation (KT) refer to instances where KT recipients (KTR) require admission to medical facilities due to a range of factors. These hospitalizations have an impact on patient and graft survival. Our work aims to identify characteristics of hospitalizations, its risk factors (RF) and impact on graft survival and recipient's mortality.

Methods

It was a prospective longitudinal and analytical study done from the 1st of January 2011 to the 31st of December 2020 and a follow up period extended to 31st December 2023.

It was realized in the department of Medicine A at Charles Nicolle Hospital in Tunis.

Results

Two hundred and ninety four hospitalizations occurred in the period of our study corresponding to an overall annual rate of hospitalizations of 44.2% (95% CI [39.1, 49.2]), going from 37,5% (95% CI [20.7, 54.3])in 2011 to 26,82% (95% CI [26.5, 51,4]) in 2020. Causes of hospitalizations were majoritarily infectious with an annual hospital rate of 20.1% [16.7, 23.5], from which urinary infections had a 11.9 % [9.27 , 14.53].Independent RF of hospitalizations were cytomegalovirus seropositivity (p=0.009, OR (Odds ratio) =5.351), body mass index (p=0.012, OR=1.183), diabetes mellitus (p=0.04, OR=6.109), KTR with malformative uropathy (p=0.01, OR=8.151), use of Cyclosporine (p<0.001, OR=4.842). Tacrolimus was found to have a protective effect concerning hospitalizations after KT (p<0.001,OR=0.200). Hospitalizations, according to our study, were associated with graft loss (p=0.004) but not with KTR's survival.

Conclusion

Since their impact on graft and patient's outcomes. Strategies need to be put in order to avoid hospitalizations in KT population.

P575

EFFICACY OF RITUXIMAB IN THE MANAGEMENT OF HEMOLYTIC SYNDROME DUE TO ANTI-FACTOR H ANTIBODIES IN ADULTS: ABOUT A CASE

Mohamed Tizgha

Hemodialysis Department, Ain Defla Hospital - Algeria

Introduction

Atypical hemolytic uremic syndrome (aHUS) linked to an anti-factor H (FH) antibody is described mainly in children and adolescents. Less than 10 cases are reported in adults. We report a case treated byplasmapheresis and rituximab.

Methods

A 27-year-old man is Hospitalized for acute renal failure. On admission, biological tests show: thrombotic microangiopathy with anemia (7.3 g/dL) hemolytic (haptoglobin < 0.08 g/dL), thrombocytopenia (21 G/L); serum creatinine at 27 mg/L with microscopic hematuria and nephrotic proteinuria. Complement exploration shows a C3 lowered to 543 mg/L and a factor B at 72 mg/L. Anti-factor H antibodies were positive at 8200 AU (N < 100 arbitrary units AU). Shigatoxin testing is negative. ADAMTS 13 activity is normal. Treatment consisted of: daily plasmapheresis from day 1 to day 36; corticosteroid therapy (1 mg/kg/day) at a decreasing dose (day 5–M9); 4 courses of rituximab (375 mg/m2) on days 5, 7, 13 and 17.

Results and discussion

This treatment allowed the negativation of anti-FH antibodies (day 31), the normalization of creatinine,platelets. Anti-FH antibodies were positive at day 56 at 200 AU following gastroenteritis. A new injection of rituximab was performed allowing its negativation. At 17 months from diagnosis, serum creatinine is 9.5 mg/L, platelets 189 G/L. The management of aHUS by anti-factor H requires plasma exchanges and immunosuppressive treatment. Several treatments have been proposed apart from eculizimab: cyclophosphamide, azathioprine, andrituximab. The latter has been little evaluated but has made it possible to stop plasmapheresis in one case, and could prevent recurrences in the event of a kidney transplant.

Conclusion

The combination of rituximab, corticosteroids and plasmapheresis allowed the cure of this patient. In summary, this observation shows: the interest of rapid detection of anti-factor H even in adults;

P576

MONOCLONAL GAMMOPATHY OF RENAL SIGNIFICANCE: A MOROCCAN STUDY

Outifa Oumayma, Hassani Kawtar, Amghar Zaïnab, Hallak Mohammed, El Kabbaj Driss

Department of Nephrology, Dialysis and Renal Transplantation, Mohammed V Military Training Hospital, Rabat - Morocco

Introduction

Monoclonal gammopathies of renal significance (MGRS) are kidney disorders related to a nephrotoxicmonoclonal immunoglobulin (Mig) produced by a small plasma cell or B-cell clones, which does not meet any of the current hematological indications for specific therapy. MGRS is an emerging concept and a diagnostic challenge for the nephrologist. This study aims to describe the characteristics of MGRS patients in ourcenter.

Methods

In this retrospective study, were included all patients diagnosed for MGRS at the Nephrology unit in the Military Hospital over a 6-years period from 2018 to 2024. We analyzed patients with biopsy proven MGRS according to established criteria and excluding a symptomatic hematological ma-

lignancy.

Results and discussion

We identified 11 cases of MGRS. The mean age was 66 ± 12, with half being over 65 years, and a malepredominance (90%). Nephrotic syndrome was the most common presentation. The mean serum creatinine at diagnosis was 2.3 ± 1.57 mg/dL. Dialysis was required for two of the 11 patients at the time of diagnosis. The mean proteinuria was of 5.9 g/g (IQR 3, 95-8 98). Five of the MGRS patients were light chain deposition disease MIDD (45%), four were AL amyloidosis (36%) and two had C3 glomerulopathy (18%). The Mig most frequently found was type G immunoglobulin(7 pa- tients),and often followed by lambda light chains. All our patients had a plasma cell clone in the bone marrow aspiration. Nine patients had monoclonal gammopathy of unknown significance and 2 smoldering myeloma. Cyclophosphamide/bortezomib/dexamethasone was the most frequently used regimen. All the patients achie- ved hematological response and only 7 of them achieved renal response. At the end offollow-up, 4 patients (36%) died and 2 patients (18%) reached end stage kidney disease (ESRD)

Conclusion

In this study, we found a male predominance with a high average age of over sixty. MIDD was the mostfrequently histological type followed by AL amyloidosis. A multidisciplinary approach between nephrologists,hematologists and histopathologists is essential to recognize patients at risk and treat them effectively.

P577

EVALUATION OF THE INDICATIONS FOR INTRAVENOUS IMMUNOGLOBULIN TREATMENT OF PATIENTS HOSPITALIZED IN A TUNISIAN HOSPITAL CENTER

Rassas Rania, Beji Zeineb, Bellaj Emna, Jardak Maroua, Kalboussi Nesrine, Kacem Balsem

Department of Pharmacy, Sahloul University Hospital, Sousse - Tunisia

Introduction

polyvalent immunoglobulins (Ig) are blood-derived products used in the treatment of immune deficiencies and autoimmune diseases. Tensions in supply and its considerable economic weight explains the importance of evaluating its correct prescription. The aim of this study was to assess whether Ig prescriptions are in line with established recommendations.

Methods

a prospective study of human Ig prescriptions for patients admitted for treatment in the various clinicaldepartments at Sahloul University Hospital was carried out over a 23-month period from January to November 2024. The analysis of indications for Ig prescriptions was carried out with reference to the recommendations drawn up by the National Agency for the Safety of Medicines and Health Products (ANSM).

Results and discussion

the study included 52 patients, with a sex ratio of 0.61 men and an average age of 29.89. the clinicaldepartments most involved in Ig prescription were: neurology (50%) , pediatrics (30 %) , intensive care (9.96 %), cardiovascular and thoracic surgery (6,2%) , Nephrology (1.92 %) , internal medicine (1.92%).during the study period, indications have been classified according to the degrees of priority established by the French national drug safety agency: class 1 (absolute priority), class 2 (reserved for life-threatening emergencies), class 3 (non-priority), class 4 (not justified). For class 1: acute disseminating encephalomyelitis (7.7%),Miller-Fisher syndrome (3.8%), Guillain barre syndrome (21.15%), Kawasaki disease (11.53%), idiopathic thrombopenia serious form (3.84 %), humoral immune deficiency (9.71%), autoimmune encephalitis (9.6%), hemorrhagic shock (1.92%) .For class 2: inflammatory demyelinating polyradiculoneuropathy (15.38%), generalized myas- thenia (7.69 %), polymyositis (1.92 %) , Class 3 : renal transplant deimmunization (1.92 %), class 4 : systemic lupus erythematosus (1.92 %) , multiple sclerosis (1.92%).

Conclusion

In our study, the majority of prescriptions were in line with ANSM's 2019 prioritization.

P578

DATA COLLECTION ON RITUXIMAB PRESCRIBING IN A TUNISIAN HOSPITAL CENTER

Rassas Rania[1], Bellaj Emna[1], Beji Zeineb[2], Jardak Maroua[2], Kalboussi Nesrine[2], Kacem Balsem[2]

1 Department of Pharmacy, Sahloul University Hospital - Sousse

2 Pharmacy, Sahloul Hospital & Faculty of Pharmacy - Monastir

Introduction

rituximab is an anti-CD 20 monoclonal antibody, having demonstrated its efficacy. Its increasing use and high cost

make it one of the most expensive molecules for health-care establishments. The aim of our work is to analyze the different indications for rituximab prescriptions at Sahloul University Hospital.

Methods

a prospective study was conducted from June 2023 to June 2024 at the Sahloul University Hospital. Theanalysis of rituximab prescription indications was carried out with reference to indications with marketing autho- rization (MAA) in Tunisia. For indications outside the MAA, a review of the literature was essential in order to analyze the level of scientific relevance of these prescriptions.

Results and discussion

the study involved 30 patients. The departments involved in rituximab prescription were: Nephrology (53.33%), pediatrics (20%), neurology (16.67%) and internal medicine (10%). Only 3 patients (10%) received rituximab treatment within the scope of the MAA: 66.67% treated for ANCA vasculitis and 33.33% treated forgranulomatosis with polyangiitis. 27 patients (90%) received treatment outside the MAA. According to the level of scientific relevance of the prescriptions, a classification of off-label indications was adopted: 11,11 %of patients= group 1 (indication not recommended: pure and multi-resistant nephrotic syndrome), 88.89% of patients= group 2 (insufficient data). For this group 2, we noted 11 different indications: pre-transplant lymphocyte des- ensitization (2 patients), acute humoral rejection after renal transplantation(7patients), recurrent optic neuritis (1patient), Rasmussen's encephalitis (1 patient), HSF-type glomerular nephropathy(2 patients), multi-visceral sarcoidosis (1 patient), autoimmune myasthenia (2 patients), multiple sclerosis(1 patient), extra-membranous glomerulonephritis (1 patient), lupus nephropathy (4patients), cryoglobulinemic vasculitis (1 patient). Analyzing all the prescriptions, we noted that only 10% of indications were prescribed within the MAA, whereas 90% were outside the MAA.

Conclusion

Rigorous monitoring of rituximab prescribing is essential, to manage the financial implications ofnon-compliance with MAA recommendations. In this context, the collaboration between physicians and pharmacists is essential to ensure proper use of this drug.

P579

RETROPERITONEAL FIBROSIS : A NEPHROLOGY DEPARTMENT EXPERIENCE

Salem Rihab, Selmi Yosra, Mbarek Meriem, Touati Dalel, Labidi Jannet

Department of Nephrology, The Main Training Military Hospital, Tunis - Tunisia

Introduction

Retroperitoneal fibrosis (RPF) is a rare disease characterized by a fibrous reaction that takes place in theperi-aortic retroperitoneum and often entraps the ureters causing obstructive uropathy and renal complications. This study aims to describe the clinical presentation, management strategies, and outcomes of RPF.

Methods

We conducted a retrospective, descriptive, observational study analyzing the medical records of 10 patients Hospitalized for RPF in the Nephrology department of the Main training Military Hospital of Tunis between 2010 and 2024.

Results and discussion

Among the 10 patients analyzed, there was a male predominance with a gender ratio of 4. The mean age was 52+/- 14 years. One patient had a history of abdominal surgery, and another was on bêta-blocker therapy. The primary presenting symptom was lower back pain, reported in all patients. Oliguria was observed in 2 patients (20%), and obstructive AKI was identified in 6 patients (60%). Four patients presented with severe renal failure (eGFR

Alongside etiological treatement, all patients received corticosteroid therapy (CT) as the first-line treatment. The therapeutic response varied: fibrosis regressed in 4 patients (40%), progressed in another 4 (40%), and remained stable in 2 patients (20%). Corticosteroid monotherapy was maintained in 5 patients, whileimmu- nosuppressive agents were introduced as second-line therapy for 5 patients with insufficient biological or ra- diological improvement. Four patients developed corticosteroid-induced diabetes, and infectious complications were observed in one patient. Additionally, two patients required left nephrectomy. Renal outcomes showed recovery of normal kidney function in 50% of cases and development of chronickid- ney disease in 50%. The patients progressed to end-stage renal disease in 30%.

Conclusion

The management of RPF is challenging due to the lack of a conventional therapeutic protocol. Treatmentvaries by etiology and patient response, highlighting the need for further research to develop effective and well defined treatment strategies for improved outcomes.

P580

ASSESSMENT OF THE PROGNOSTIC IMPACT OF RENAL FAILURE ESTIMATED USING THE ROYAL FREE HOSPITAL CIRRHOSIS GLOMERULAR FILTRATION RATE (RFHC-GFR) IN PATIENTS WITH HEPATITIS C CIRRHOSIS

Hassine Hajer, Krifa Nesrine, Chaouachi Rahma, Dabbebi Habiba, Cherif Dhouha, Yaacoub Haithem, Kchir Hela, Maamouri Nadia

Department of Gastroenterology 'B', La Rabta Hospital, Tunis - Tunisia

Introduction

Renal failure in the context of cirrhosis is frequently associated with poor prognosis. Traditional formulas for estimating glomerular filtration rate (GFR) in these patients are often inaccurate due to their reliance on serum creatinine, which can be affected by factors unrelated to renal function. To address this limitation, a morespecific formula, the Royal Free Hospital Cirrhosis Glomerular Filtration Rate (RFHC-GFR), has been developed. This study aimed to assess the prognostic impact of renal failure, as estimated by RFHC-GFR, in patients with hepatitis C cirrhosis.

Methods

We conducted a retrospective analysis of data from consecutive patients with hepatitis C cirrhosis who were managed in our department between January 2016 and September 2024. GFR was evaluated using both the MDRD equation and the RFHC-GFR method. Survival associated with GFR was analyzed using the Kaplan- Meier method with the log-rank test.

Results and discussion

A total of 112 patients were included in the study, with a mean age of 62.9 years [range: 43–83] and a sex ratio M/F of 0.3. Patients were categorized according to the Child-Pugh (CP) score as CP A in 42.8%, CP B in 41.9%, and CP C in 15.1% of cases. The median GFR was 96.3 mL/min as estimated by the MDRD method and 72.3 mL/min/1.73 m² by the RFHC-GFR method. A significant correlation was observed between GFR values estimated using RFHC-GFR and MDRD ($p < 0.0001$). Based on RFHC-GFR, the two-year survival rate was 73.3% in patients with GFR > 30 mL/min/1.73 m², compared to 5.2% in those with GFR < 30 mL/min/1.73 m² ($p = 0.02$). In contrast, survival rates did not differ significantly between patients with GFR > 30 mL/min and those with GFR < 30 mL/min when estimated using MDRD ($p = 0.09$). Additionally, kidney fai- lure assessed by RFHC-GFR was significantly associated with ascitic decompensation ($p = 0.005$), bacterial infections($p = 0.05$), and early readmissions within 30 days ($p = 0.03$).

Conclusion

In our study, renal failure in hepatitis C cirrhotic patients assessed using RFHC-GFR emerged as a significant prognostic factor, showing strong correlations with survival, ascitic decompensation, bacterial infections, and early readmission.

P581

VENOUS THROMBOEMBOLIC COMPLICATIONS IN CHRONIC KIDNEY DISEASE: EXPERIENCE OF A DEPARTMENT OF NEPHROLOGY

Khemiri Manel, Bettaieb Asma, Jerbi Mouna, Haddad Sarra, Raja Aoudia, Gaied Hanen, Khadhar Mariem, Goucha Rim

Department of Nephrology, Mongi Slim Hospital, Tunis - Tunisia

Introduction

The coagulation cascade is a complex process involving platelets, endothelial cells, and coagulation factors. Chronic kidney disease (CKD) disrupts this delicate balance, leading to hemostatic abnormalities. Whilepatients with renal disease are often prone to bleeding, thrombotic events are also frequently observed.

The aim of this work was to describe the clinical and therapeutic data of our patients who presented a history of veinous thrombosis and to analyze the factors associated with this complication.

Methods

We conducted a cross-sectional, descriptive study, in our department of Nephrology. We included patients who either presented with or had a history of veinous thrombosis.

Results and discussion

We included 14 patients. The mean age of our population was 55.5 years, with a sex ratio of 0.75. For the stage of CKD, they were in stages 5, 4, 3, 2, and 1 in 6, 3, 2, 1 and 2 cases, respectively. Five patients were Hospitalized for acute renal failure. Other reasons for Hospitalization includedcatheter-related infections (2), pneumonia (1), and nephrotic syndrome (1). Hypertension was the most common chronic condition associated with CKD (10 patients), followed by diabetes (7) and coronary artery disease (5). The initial nephropathy was of glomerular origin in 9 cases, undetermined in 4 patients and due to a chronic car-

diorenal syndrome in 1 case. Thromboembolic risk factors included a history of atrial fibrillation (3 cases), systemic lupus erythematosus (2), cryoglobulinemia (1), Moya Moya syndrome (1) and multiple myeloma (1). Three cases were attributed to iatrogenic causes due to catheter infections. For the thrombosis location, 5 cases involved deep vein thrombosis (DVT) of the lower left limb, 3 involved the lower right limb while 1 case was bilateral. 2 were superficial vein thromboses (SVT), 2 were an association of DVT and SVT and 1 was a pulmonary embolism. Nine patients received acenocoumarol, 3 received apixaban, 1 was put on heparin calcium, and 1 was treated with antibiotics for phlebitis (SVT).

Conclusion

Venous thromboembolic complications were relatively common in our patients with chronic kidney disease. These events appear to be associated both with the hemostatic abnormalities inherent to CKD and withcoexisting comorbidities.

P582

CONTINUOUS EXTRARENAL REPLACEMENT THERAPY IN INTENSIVE CARE BURN PATIENTS: INDICATIONS AND PROGNOSIS

Mhenni Hatem, Alouini Amenne, Fradj Hana, Aloui Amal, Mokline Amel, Messadi Amen allah

Department of Burn Intensive Care, Center of Traumatology and Major Burns,Tunis - Tunisia

Introduction

Continuous veno-venous hemodiafiltration (CVVHDF) is the renal replacement therapy of choice, widely used in intensive care units. Its use in acute renal failure and beyond has been widely developed. Few studies have examined this technique in burn patients. The aim of our study was to investigate the frequency, indications and complications associated with this tech- nique in burn patients.

Methods

Monocentric retrospective study conducted in the Burn Intensive Care department, over a 4-year period (2020- 2024), including burn patients who had at least one CCVHDF session. A CVVHDF session was considered early if it was started within 48 hours of admission.

Results and discussion

Among the 1,727 patients Hospitalized, 76 were included (4.4%). Median age was 50 ± 17.5 years, with a sex ratio of 1.67. The median Total surface body area burned was 49%, with a median ABSI score of 8. Burns were thermal in 91% of cases and electrical in 6.5%. Burns were secondary to a domestic accident (46%) and a suicide attempt (37%). Seventy-two percent of patients were transferred from another Hospital facility. The average time for CVVHDF initiation from admission was 6 days, and was early in 34.7% of cases. The main indications were in majority for metabolic disorders (metabolic acidosis (77%), hyperkalemia (23%)) and fluid overload (23%). For late CVVHDF initiation (65.3%), the indications were metabolic acidosis (74%), hy- perkalemia (22%), fluid overload (22%) and hyperuremia (8%). The vascular approach was mainly femoral (95%). The average number of sessions was 1.2 [1-4] and the average duration of the sessions was 9.45 hours [1h; 48h]. Incidents leading to stopping CVVHDF were: worsening of hemodynamic status (37%), throm- bocytopenia (27%), hypothermia (21%) and technical problems (14%). Mortality was 90%.

Conclusion

In our series, the use of CVVHDF in burn patients was 4.4% for metabolic disorder in the majority of cases, with a high mortality of 90%.

P583

ACUTE CARDIORENAL SYNDROME: CHARACTERISTICS AND MANAGEMENT THERAPEUTIC

El Akoubi Marah[1], El-Othemany Wafae[1], Ben Driss Alami Soukaina[1], El Boussaadani Badr[2], Raissouni Zineb[2], Assem Maryam[1]

1 Department of Nephrology,

2 Department of Cardiology, Mohammed VI University Hospital, Tangier - Morocco

Introduction

Cardio-renal syndrome (CRS) includes a set of clinical situations leading to cardiac and renal dysfunction. This study aims to identify the main clinico-biological characteristics of patients Hospitalized for CRS, and their management.

Methods

Our retrospective study was conducted in the Mohammed VI University Hospital of Tangier in the cardiology and Nephrology departments. The statistical analysis was performed by SPSS software version 25.

Results and discussion

From September 2023 to July 2024, 150 patients were included (87% of whom were men), with a mean age of 61.4 ± 1.9 years. Thirty-nine patients (39.3%) had chronic kidney disease, often of unlabeled etiology, 53.3% of patients

had history of hypertension and 45.3% of diabetes. The main etiologies of heart disease were coronary insufficiency (37%), and hypertensive cardiomyopathy (30.7%). The symptomatology was dominated by signs of vascular overload: edema of the lower limbs (n = 72), and dyspnea (n = 56). Eight patients presented with cardiogenic shock. The median eGFR value at admission and discharge from Hospital was 24.4 ml/min (IQR=19.6) and 30 ml/min (IQR=19.2), respectively. Cardiac echocardiography mainly showed kinetic disorders (32%), and systolic left ventricular dysfunction (28%). Before admission to the Hospital, 64 patients (42.7%) were under a low-sodium diet, 109 (72%) received diu- retics, and 44 (29.3%) ACE inhibitors. Due to resistance to diuretics, hemoDialysis was necessary in 63 patients (42% of patients). Patients who un- derwent hemoDialysis had lower DFG at admission (16.9 [9.8-30.9] vs 25.6 [18.3-36.6] ml/min/1.73m2 , p=0.001) and at discharge (17.8 [10.0-30.3] vs 30.0 [20.0-35.5] ml/min/1.73m2 , p=0.001) ; the mediandurationof sessions was 2 hours, often limited by hemodynamic tolerance.

Conclusion

Diuretics are widely used to control blood volume in the CRS. The tolerance of hemoDialysis in our series was acceptable. However, ultrafiltration was limited by hemodynamic tolerance. The management of these patients requires close collaboration between cardiologists and nephrologists.

P584

THE UTILITY OF SERUM PROTEIN IMMUNOFIXATION IN NEPHROLOGY

Kallach Oumaima, Meftah Hicham, Melhaoui Imane, Mazouzi Halim, Marzouki Nadir, Machmachi Imane, Benabdelhak Mohammed, Bentat Yassamine, Haddiya Intissar

Department of Nephrology, Mohamed VI University Hospital, Oujda - Morocco

Introduction

Immunofixation (IF) is an immunological technique that allows the detection and identification of monoclonal immunoglobulin in serum, it is frequently used in Nephrology. The aim of this work was to describe theindications and diagnostic use of immunofixation in our practice.

Methods

This is a Descriptive retrospective study including demographic, clinical, biological and radiological parameters of patients who benefited from serum protein immunofixation in the Nephrology department of the Mohammed VI University Hospital Center in Oujda over a period of one year (2021-2022).Clinical presentation as well as the subsequent diagnosis were explored.

Results and discussion

Fifty three patient data were collected.The mean age was 58 +/-22 years with extremes between 40-80 years, with a sex ratio M/F of 2.3. The indications of IF prescription were dominated by anemia,a tumor syndrome and severe kidney injury.Among the electrophoreses performed, we noted; 60% of peaks in the gammaglobulin zone, 40% in the Beta globulin zone with a distribution of isotypes in the following order: 70% IgG, 20% IgA,10% IgM, 70% lambda chains and 30% kappa chains with a Kappa/lambda ratio of 0.49.In the 10 cases of monoclonal gammopathies, six were cases of multiple myeloma (60%),three cases of gammopathies of undetermined significance (30%),and one case of plasma cell leukemia (10%). In 70%, immunofixation was negative and did not reveal any particular hematological pathology and no diseases were diagnosed.

Conclusion

The incidence of monoclonal gammopathies is relatively high in Nephrology patients, which encourages wider screening, particularly in patients at risk (elderly subjects, those with comorbidities, etc.).

P585

ADULT PATIENTS WITH HEMOPHAGOCYTIC LYMPHOHISTIOCYTOSIS IN TUNISIA: A RETROSPECTIVE MULTICENTER CASE STUDY

Ben brahim Marwa[1], Ayed Amel[2], Daada Sirine[3], Arfa Sondes[1], Marrakchi Wafa[4], Ben brahim Hajer[4], Ber riche Olfa[1], Hammemi Sonia[3], Chakroun Mohamed[4], Elati Zohra[2]

1 Department of Internal medecine,

2 Department of Nephrology,

3 Department of Internal Medecine,

4 Department of Infectious Diseases, Fattouma Bourguiba Hospital, Monastir - Tunisia

Introduction

Hemophagocytic Lymphohistiocytosis (HLH) is a rare life-threatening condition resulting from anoverstimulation of the immune system leading to a multi-organ damage. This condition can be either primary caused by genetic mutations or secondary triggered by infections, autoimmune diseases or malignancies. We sought to examine the clinical characteristics, underling etiologies, management and outcome of adults patients diag- nosed with HLH.

Methods

We performed a multi-center retrospective study in the departments of Internal Medicine, Infectious Diseases and Nephrology in both Fattouma Bourguiba and Taher Sfar University Hospitals in Tunisia. We identified 40 patients meeting the HLH-2004 diagnostic criteria.

Results and discussion

There were 24 women and 16 men. The male/female sex ratio was 0.66. The mean age was 39 years (range 18-80 years). Eight patients (28.2%) had underling auto-immune disease including 6 cases of systemic lupus erythematosus (SLE). Six patients (15.4%) had underling malignancy. Among the clinical and biologicalvariable of the HLH criteria, the most common features were fever (100%) followed by elevated ferritin level (94%) and cytopenia (84%). Renal failure was identified in 7.9% of cases. Hemophgocytosis in bone marrow was found in 34 patients (94.4%). The most common underlying etiologies were systemic lupus erythematosus (35.9%) followed by infections (25.6%), malignancies (17.9%) then adult Still's disease (12.8%) and drugs (12.8%). In our study, 30 patients (79%) underwent intravenous immunoglobulin regimen over 2 days. Twenty- three patients (60.5%) received either intravenous and/or oral steroids. Ethoposide was prescribed in 4 cases. The overall mortality in our study was 41%. Twenty-three patients achieved remission with 4 relapsing later. Mean cause of relapses was infections. Patients aged above 65 years and patients with SLE had poorerprognosis (p=0.013). Patients with SLE achieved remission more likely than other patients (p= 0,021).

Conclusion

HLH is an uncommon but fatal disease. The clinical symptoms are non specific leading to misdiagnosis which is associated with a dismal prognosis. A combination of intravenous steroids and immunoglobulin infusions was proven to be effective as first line treatment. Despite treatment mortality rates remained high in ourpopulations especially among elderly.

P586

FANCONI SYNDROME AND OSTEOMALACIA IN HIV DUE TO TENOFOVIR: A CASE REPORT ON CHALLENGES AND MANAGEMENT IN A LOW-RESOURCE SETTING

Lomatayo Ben[1], Otom Lavender[1], Kaittany Faridah[1]

1 Department of Medicine, Aga khan HospitalKisumu - Kenya

Introduction

Tenofovir disoproxil fumarate (TDF), a commonly used antiretroviral, has rare adverse effects, includingFanconi syndrome and osteomalacia due to proximal tubular dysfunction.

Methods

We report a 27-year-old male with HIV, on TDF/lamivudine/dolutegravir for 3 years, presenting with progressive fatigue, generalized bone pain, and weakness. Investigations revealed hypophosphatemia (0.34 mmol/Linitially), metabolic acidosis (bicarbonate 15 mmol/L), low normal potassium (3.58 mmol/L), proteinuria (+),calcium 2.15 mmol/L, uric acid 71 µmol/L, and normal blood glucose (4.34 mmol/L). Alkaline phosphatase (ALP) was 779 U/L (reduced to 472 U/L), parathyroid hormone (PTH) 65 pg/mL, and 25-hydroxyvitamin D was low (16.6 ng/mL). X-rays of the chest and pelvis were normal, but a CT bone mineral density (BMD) scan showed osteopenia. The diagnosis was Fanconi syndrome with osteomalacia secondary to TDF toxicity.

Results and discussion

TDF was switched to a tenofovir alafenamide-based regimen. Supportive therapy included phosphate Sandoz(2 tablets tds), vitamin D (60,000 IU weekly), sodium bicarbonate (1.2 g bid), slow-release potassium (600 mg tds), nutritional support, and physiotherapy. Over three months, phosphate improved from 0.34 to 0.64 mmol/L, bicarbonate normalized to 22 mmol/L, and ALP decreased to 472 U/L. Partial mobility recovery and symptom relief were achieved.

Conclusion

Routine monitoring for renal and bone dysfunction in TDF-treated patients is essential. Early diagnosis and management, including drug substitution, electrolyte correction, nutritional support, and physiotherapy, are critical for preventing severe complications, especially in resource-constrained settings.

P587

ANALYSIS OF A FIRST SERIES OF MITROFANOFF TYPE CONTINENT CYSTOSTOMY IN NEUROLOGICAL PATIENTS, ALGERIAN EXPERIENCE

Rabahi Fouad[1], Belkacemi Leila[2]

1 Department of Urology, Mustapha Pacha University Hospital, Algiers - Algeria,

2 Department of Nephrology, Nefissa Hammoud Hospital, Algiers - Algeria

Introduction

The study's main objective was to describe the different complications encountered during an initial series of Mitrofanoff-type continence cystostomies and to compare them with the different series described in themedical literature.

Methods

Our cohort, prospective, monocentric study was established on 30 patients who had undergone aMitrofanoff-type continuous external urinary diversion. Of these patients, 96.66% underwent enlargement enterocystoplasty, postoperative data were analyzed.

All patients were reviewed in consultation at the end of the study.

Results and discussion

From April 2017 to December 2021, 30 patients underwent Mitrofanoff-type continence cystostomy surgery (16 men, 14 women). The median age at continence was 24 years. The median body mass index was 22.72 kg/m2[17.77-30.04]. No deaths related to continence cystostomy were reported, although there was one case of life-threatening urinary peritonitis. Twenty-nine patients (96.66%) had a neurological pathology. The cohort consisted mainly of 12 patients with spina bifida (40%) and 5 with spinal cord injury (16.66%). Eleven patients (36.66%) were retentionists, 13 (43.33%) were incontinent and 6 (20%) had mixed symptoms. All patients underwent preoperative urodynamic assessment and evaluation of the upper urinary tract. Twenty-seven trans-appendicular cystostomies were performed, 3 Monti. At the end of follow-up, 26 patients (86.66%) were continent via the stoma, 28 patients (93.33%) werecontinent via the bladder neck. All complications were analyzed according to the Clavien-Dindo classification. In our series, 4 patients (13.33%) had skin stenosis of the stoma and of the entire tube, two of which required repeat surgery with a delay of 11.5+- 6.02 months. One patient underwent emergency surgery for urinary peritonitis. Two patients had their stoma closed due to incontinence with self-catheterization using the urethra. In comparing our series with other studies, we found that we had a low rate of stomal stenosis; after revision surgery, the rate of stomal stenosis was 6.66%.

Conclusion

Continuous external urinary diversion according to Mitrofanoff is a complex but reproducible procedure.Despite the risk of complications and the need for repeat surgery to maintain a functional continental urinary tract, it remains a reliable surgical alternative. It remains a reliable surgical alternative and patients remain satisfied with this method of micturition.

P588

WHAT ABOUT MITROFANOFF WITH THE USE OF A SHORT TUBE IN A POPULATION OF THE NEUROLOGICAL BLADDER IN ADULTS OUR EXPERIENCE

Rabahi Fouad[1], Belkacemi Leila[2]

1 Department of Urology, Mustapha-Pacha University Hospital, Algiers - Algeria,

2 Department of Nephrology, Nefissa Hammoud Hospital, Algiers - Algeria

Introduction

The main objective of the study was to show the interest in using a short tube that allows direct access to the bladder, describe the different complications encountered during the first series of continent cystostomies of the Mitrofanoff type, and compare them with the different series described in the medical literature.

Methods

Our prospective single-center cohort study was established on a population of 30 patients who benefited from continent external urinary diversion Mitrofanoff type. Among these patients, 96.66% had enlargement enterocystoplasty. Preper- and postoperative data were analyzed.

Results and discussion

From April 2017 to December 2021, 30 patients underwent Mitrofanoff-type(short tube) continent cystostomy surgery (16 men, 14 women). Twenty-nine patients (96.66%) had a neurological pathology. The cohort consists mainly of spina bifida 12 patients (40%) and 5 spinal cord injuries (16.66%). Eleven patients (36.66%) were retentionists, 13 (43.33%) were incontinent and 6 (20%) had mixed symptomatology. All patients had a urodynamic assessment and a preoperative assessment of the upper urinary tract. Twenty-seven trans-appendicular cystostomies were performed, 3 Monti. At the end of the follow-up, 26 patients (86.66%) were continents by stoma, and 28 patients (93.33%) were continents by cervix. All complications were analyzed according to the classification of Clavien-Dindo. In our series, 4 patients (13.33%) had cutaneous strictures of the stoma and the entire tube, two of which required surgical recovery with a delay of occurrence of 11.5+- 6.02 months. A patient was operated on as part of the emergency for urinary peritonitis. Two patients had a closure of the stoma due to incontinence with urethral auto-surveys. Comparing our series to other studies, we find that we had a low rate of stomal stenosis, after surgical revision the rate of stomal stenosis was 6.66%.

Conclusion

Mitrofanoff continent external urinary diversion is a complex but reproducible procedure. Despite the risk of complication and surgical recovery to maintain a functional conduit continent, the use of a short tube in our series allowed us to have a satisfactory rate of stomal continence with little stenosis of the tube. It remains a reliable surgical alternative and patients remain satisfied with this urination mode.

P589

RITUXIMAB IN NEPHROLOGY: EXPERIENCE OF THE NEPHROLOGY DAY CARE UNIT OF THE CHARLES NICOLLE HOSPITAL: ABOUT 17 CASES

Aoun Manel, Barbouch Samia, Fattoum Safa, Mhadhbi Bilel, Hajji najjar Meriam, Abderrahim Ezzedine Department of Nephrology, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Rituximab (RTX) has been used successfully to treat type B lymphomas. Its prescription in renal diseases is more and more frequent. The objective of our work is to determine the clinical, biological, evolutionary aspect of patients treated with RTX, its short and long-term effectiveness, as well as its side effects.

Methods

This is a cross-sectional observational study, involving 17 patients who received RTX at the Nephrology day care unit from 2020 to 2024. The renal remission status was analysed at 3, 6, and 12 months of treatment with rituximab. Complete remission (CR) was defined as proteinuria < 1g/day accompanied by an improvement or normali- zation of renal function and partial remission (PR) as a reduction of proteinuria to < 3g/day but > 1g/day.

Results and discussion

There was a predominance of men (58.8%) and a mean age of 46,5±17,7 years [21-68 years]. The indications were: nine cases of idiopathic membranous glomerulonephritis (MN), three cases of lupus MN, one case of recurrent MN on renal graft, one case of corticosteroid-dependent nephrotic syndrome with minimal change disease and one case with IgA nephrosis, one case of steroid-resistant-idiopathic-focal-seg- mental-glomerulosclerosis and one case of refractory class IV proliferative lupus nephropathy with renal and neurological relapses. RTX was used as first-line induction therapy for onset or relapse in 13 cases (76.5%), together with low-dose corticosteroids in seven cases and in monotherapy in nine cases. 14 patients had received 1000mg intravenous infusion at Day1 and Day15. After three months of evolution, CR is noted in 2 of the 15 patients (two patients were lost to follow-up) and PR in five patients. After one year of follow-up, five patients had achieved CR, seven patients were in PR and four patients had no response. The relapse rate was 26.6% with a median time-to-relapse at 7,3 months. Hypersensitivity reaction was observed in one case and infectious complications in two cases, occurring after a mean time of 22 weeks.

Conclusion

In many nephropathies, the results of using RTX are encouraging, with a significant steroid-sparing. However, it remains necessary to determine precisely its place in our future therapeutic strategies by developing clear algorithms.

P590

THE COMBINED EFFECT OF PLASMAPHERESIS AND HEMODIALYSIS ON PLASMA VALPROIC ACID CONCENTRATION: A CASE REPORT

Ben Abdallah Abir[1], Maaloul Oussama[1], Guiza Imen[1], Rebai Jawher[2], Ladib Jihen[1], Tlijani Marwa[1], Ghedira Donia[1], Stambouli Raoudha[1]

1Department of Pharmacy,

2 Department of Clinical Pharmacology, Fattouma Bourguiba Hospital, Monastir - Tunisia

Introduction

The elimination of antiepileptic drugs via peritoneal Dialysis and hemoDialysis has been extensively documen- ted in the literature. In contrast, the effect of plasmapheresis (PP) remains less studied for certain molecules, such as valproic acid. Here, we report the combined effect of PP and hemoDialysis on plasma valproic acid concentrations in a hemodialyzed patient with hemolytic uremic syndrome.

Results and discussion

We present the case of a 14-year-old patient admitted to the Nephrology Department of Fattouma Bourguiba Hospital in Monastir for management of worsening renal function (creatinine level 340 µmol/L). The diagnosis of hemolytic uremic syndrome (HUS) was established. The patient was prescribed valproic acid at a dose of 200 mg three times daily for epileptic seizures associated with reversible posterior encephalopathy syndrome. Initial monitoring revealed a subtherapeutic valproic acid level (48.5 µg/mL), prompting a dose increase to 800 mg, which resulted in achieving a therapeutic level (73.2 µg/mL). The patient subsequently underwent a session of PP followed by hemoDialysis the

next day. Post-session monitoring revealed a therapeutic valproic acid level (54 µg/mL) but with a 27% reduction. A second session of PP and hemoDialysis was performed, after which the patient developed status epilepticus, attributed to a low valproic acid level on that day (40.5 µg/mL). A dosage adjustment to 900 mg/day was recommended, achieving an effective valproic acid level (72 µg/mL).

Conclusion

The combined effects of plasmapheresis and hemoDialysis are associated with subtherapeutic drug levels, highlighting the importance of therapeutic drug monitoring.

P591

DIAGNOSTIC VALUE OF BONE MARROW ASPIRATION IN NEPHROLOGY

Ajmi Mariem[1], Alouini Hela[1], Riahi Salma[1], Mbarki Donia[1], Dahmene Rihem[2], Boukadida Raja[2], Ben Aicha Narjes[2], Mrabet Sanda[2], Zallema Dorsaf [2], Bouatay Amina[3]

1 Laboratory of Hematology,

2 Department of Nephrology, Sahloul University Hospital, Sousse - Tunisia

Introduction

Bone marrow aspiration is particularly important in Nephrology. It is indicated in various situations to refine the diagnosis and guide management, particularly in cases of suspected myeloma or other haemopathies, or in cases of cytopenias. The aim of this study was to explore the indications, observed results and clinical im- plications of myelograms in the follow-up of patients with renal pathologies.

Methods

This was a retrospective descriptive study carried out at the haematology laboratory of Sahloul Hospital over one year, covering requests for bone marrow aspiration from the Nephrology department. The study analysed the indications, cytological results and clinical implications of this examination.

Results and discussion

A total of 38 patients with bone marrow aspirations were included in the study, with an M/F sex ratio of 1.1 and an average age of 49 ± 24.9 years. Of these patients, 13% were kidney transplant recipients on immu- nosuppressive therapy. The main indications for bone marrow aspiration were cytopenias (53%), divided into monocytopenias (21%), bicytopenias (21%) and pancytopenias (11%), followed by monoclonal peaks detected on electrophoresis with or without CRAB symptoms (39%) and other indications (8%). Bone marrow aspirations were used to diagnose multiple myeloma in 24% of cases, showed haemophago- cytosis in 26%, suggesting macrophagic activation syndrome and myelodysplastic syndrome was suspected in 10% of cases, characterised by signs of dyserythropoiesis, dysgranulopoiesis and/or dysmegakaryopoiesis. In addition, blocked maturation was observed in 16% of cases and bone marrow hypoplasia in 2%.

Conclusion

Bone marrow aspiration in the Nephrology setting provides key diagnostic information to guide management, especially for cytopenias that are unexplained or refractory to treatment. However, their effectiveness depends on a careful selection of indications, thereby optimising patient management while reducing risks.

P592

THE ISCHEMIC-AUTOIMMUNE NEXUS: COLLAPSING FSGS WITH ANCA POSITIVITY IN MOYAMOYA SYNDROME

Marwa Trabelsi, Asma Bettaieb, Raja Aoudia, Hanen Gaied, Sarra Hadded, Mariem Khadhar, Mouna Jerbi, Rym Goucha

Department of Nephrology, Mongi Slim Hospital La Marsa, Tunis - Tunisia

Introduction

Collapsing focal segmental glomerulosclerosis (cFSGS) is a severe glomerular lesion which may result from a multitude of causes, particularly viral infections, with HIV being the most common.Most cases are idiopathic with no identifiable cause.

Methods

We report an atypical case of collapsing FSGS with severe vasculopathy discovered during the course of rapidly progressive renal failure in apatient with Moyamoya syndrome and ANCA positivity.

Results and discussion

Case Report: A 65-year-old woman with Moyamoya disease (stage IV), longstanding hypertension, and chronic kidney disease (CKD) presented with rapidly progressive renal failure. At admission, her creatinine was 420 µmol/L, and she had nephrotic-range proteinuria (4g/24h). Her ANCA serology (anti-MPO) was positive, though no systemic vasculitis was evident. A renal Doppler ultrasound showed normal renal artery flow. Renal biopsy revealed collapsing FSGS with severe vasculopathy, . HIV serology was negative. Despite corticosteroid therapy, renal function deteriorated, requiringDialysis. Complications includ-

edpopliteal vein thrombosis, anticoagulation-related hemorrhage, andneurological decline. She was subsequently transferred to intensive care. The patient passed away in-April 2024.Discussion : The coexistence of collapsing FSGS with severe vasculopathy in a patient with Moyamoya syndrome and ANCA positivity cFSGS with ANCA positivity and Moyamoya syndrome suggests a complex pathogenesis involving ischemia, autoimmune inflammation, and other systemic vascular factors. This case emphasizes the need for a multidisciplinary approach and further research into the interplaybetween ischemic and autoimmune renal injury.

Conclusion

The combination of collapsing FSGS, ANCA positivity, and Moyamoya disease is extremely rare and presents diagnostic and therapeutic challenges. This case highlights the need for a multidisciplinary approach and early, personalized interventions. Further research is essential to understand the underlying mechanisms and improve treatment strategies for similar complex cases.

P593

PATIENTS IN NEPHROLOGY: SHEDDING LIGHT ON THE SILENT RISK OF INFECTIVE ENDOCARDITIS

Chniti Nada, Ben mahmoud Nouha, Ben salem Meriem, Ben salah Manel, Hawela Fawzi, Bchir Sirine, Letaief Ahmed, Hamouda Mouna, Skhiri Habib

Department of Nephrology, Fatouma Bourguiba Hospital, Monastir - Tunisia

Introduction

Infectiveendocarditis (IE) is a severe condition with a high mortality rate, oftenpresenting as a silentthreat in Nephrology. In fact, whileitiswellrecognized in othermedical disciplines, patients in Nephrologyrepresent an understudied population thatis at significantrisk for this life-threatening disease. ObjectiveThis studyaimsto evaluate the clinicalcharacteristicsand outcomes of patients diagnosedwithinfectiveendocarditis (IE) in our Nephrology department.

Methods

Weconducted a retrospectivestudy of patients diagnosedwithinfectiveendocarditis (IE) at the NephrologyDepartment of Fatouma Bourguiba Hospital Monastir between 2021 and 2024. Diagnosiswasbased on the modified Duke criteria. Wecollected data on demographiccharacteristics, clinicalfeatures, microbiologicalfindings, treatmentmodalities and patientsoutcomes, includingmortality, complications, and the need for surgical intervention.

Results and discussion

A total of 13 patients diagnosedwith IEwereincluded in the study. 84,6% of these patients were on Dialysis, 13% werekidney transplant recipients, and 13% presentedwith a rapidly progressive glomerulonephritis.23% had pre-xisting cardiovascular conditions. The most common pathogens identifiedwere Staphylococcus aureus,staphylococcusepidermidis and Klebsiellapneumoniae. 54% of the patients hadtwovegetations, mobile in 53% of cases, with an average size of 10mm.The aortic valves were the mostfrequentlyaffected (53%).All patients experiencedvalvular and extravalvular complications with an averageHospitalstay of 36 days. 30% of patients required surgical intervention,and the overallmortality rate was 46%. Dialysis patientshadnotablyhighermortality rates(OR:1,2).

Conclusion

Our studyhighlights the criticalneed for earlydiagnosisand intervention of IE in this high-risk population. Given the high mortalityassociatedwithdelayedtreatment, implementing routine screening and preventivemeasures for IE in Nephrology settings mayimprove patient outcomes and reduce the burden of thisseriouscondition.

P594

MULTIDISCIPLINARY TEAM IN LOW CLEARANCE CLINIC (LCC) AND EFFECT ON PATIENTS OUTCOME

Amer Ahmed

Department of Nephrology, DGH Muscat, Muscat - Oman

Introduction

Objective: The aim of this clinic is to look after patients whose chronic kidney disease (CKD) has caused their kidney function to decline less than 30 ml/min (CKD IV/V), provide support, education and forward planning for our patients, enabling a smooth pathway for chosen future treatment.

Methods

LCC had Multidisciplinary team (MDT)The renal doctors will explain kidney disease and the consequences of reduced kidney function.Renal Nurse will explain about kidney disease and the treatments available and help to make decisionsRenal pharmacist monitors kidney function and will arrange for medication changes with nephrologist Renal Dietitian will make changes to patient diet to help control and support the outcomeAt each clinic visit patient will be weighed and blood pressure checked. Blood tests. CKD stage IV has visit every two months CKD stage V has visit

every month

Results and discussion

A total of 162 patients, ages range 25-90 y with chronic kidney disease stage IV-V and who were counseling for renal replacement therapy (RRT) (CKD stage V) or on conservative plan (CKD stage IV) from 1/08/2022 to 31/07/2023 were enrolled from outpatient Nephrology clinics. 34 of these patients were CKD stage V and 128 were CKD stage IV. Male to female are equal in stage IV 50% for each and male slightly more than female in CKD V (53% male/47% female).most comorbidities of both stages are HTN(87:91%) DM(75:76%),IHD(18:20%).LCC was succeed to correct Anemia 70%,.hypocalcemia 40%,Hyperphosphatemia 50%,IDA 85% ,Acidosis 25% and hyper Para 35%. Most of CKD stage V had created AVF (60%)

Conclusion

The primary outcomes of LCC were increased number of patients initiated on RRT with permanent access. Secondary outcomes included control the changes of biochemical markers (improved of anemia, bone mineral diseases, acidosis and correct of iron and PTH), decrease rate of CKD progression, number of Hospitalizations and emergency department visit rates.Key words Multidisciplinary Team, Low Clearance Clinic (LCC), chronic kidney disease.

P595

PREVALENCE AND ASSOCIATED FACTORS OF ERECTILE DYSFUNCTION IN CHRONIC KIDNEY DISEASE PATIENTS IN DOUALA

Lionel Elimby, Department of Internal Medicine,

Faculty of Medicine and Biomedical Sciences, Douala - Cameroon

Introduction

Chronic kidney disease (CKD) is a major public health concern, with erectile dysfunction (ED) being a common complication that significantly impacts patients' quality of life. In Cameroon, knowledge regarding the prevalence and associated factors of ED among chronic haemoDialysis patients remains limited. The objective of this study was to determine the prevalence and associated factors of erectile dysfunction among chronic haemoDialysis patients followed up at the General Hospital of Douala.

Methods

We conducted a cross-sectional study in the HaemoDialysis Unit of the General Hospital of Douala over a 6-month period, recruiting 79 male patients. Erectile dysfunction was assessed using the International Index of Erectile Function (IIEF-5) score. Univariate and multivariate logistic regression analyses were used to identify factors associated with erectile dysfunction.

Results and discussion

Among the participants, 37% (21) had moderate ED, 37% (21) had mild ED, and 21% (12) had severe ED. Factors associated with ED included diabetes (aOR = 9.7, p = 0.002), stress (aOR = 1.67, p < 0.001), and marital problems (aOR = 1.76, p = 0.01).

Conclusion

This study highlights a high prevalence of erectile dysfunction among chronic haemoDialysis patients, with associated factors such as diabetes, stress, and marital problems. We recommend that nephrologists systematically screen for erectile dysfunction in these patients and adopt a multidisciplinary management approach, including psychological and urological follow-up as well as rigorous management of comorbidities, to improve their quality of life.

P596

QUALITY OF LIFE OF PATIENTS WITH STAGES 3 TO 5 CHRONIC KIDNEY DISEASE NOT RECEIVING DIALYSIS IN THE NEPHROLOGY AND HEMODIALYSIS DEPARTMENT OF THE UNIVERSITY HOSPITAL CENTER YALGADO

Patrice Zoehinga[1], Bonzi Yeremadé Juste[2], Ouedraogo Fulbert[2], Coulibaly Gérard[2]

1 Department of Nephrology and Hemodialysis, Ouahigouya Regional Teaching Hospital, Ouahigouya, Burkina Faso,

2 Department of Nephrology and Hemodialysis, Yalgado Ouedraogo Teaching Hospital, Ouagadougou - Burkina Faso.

Introduction

Chronic kidney disease (CKD) is a major public health problem. CKD negatively impact patients quality of life of. This quality of life deteriorates as CKD progresses. In Burkina Faso, studies have focused on the issue of the quality of life of hemoDialysis patients. However, no study has focused on the quality of life of patients with chronic kidney disease outside of kidney replacement therapy. The objective of our study was to assess the quality of life of patients with chronic kidney disease in stages 3 to 5 not on Dialysis in the Nephrology and hemoDialysis department of the Yalgado Ouédraogo University Hospital (UNIVERSITY HOSPITAL-YO).

Methods

We conducted a cross-sectional study between September and December 2023 among patients followed in consultation for chronic kidney disease stages 3 to 5 not on Dialysis. We carried outnon-probability sampling. Quality of life was assessed using the MOS SF-36 questionnaire. This is a self-administered questionnaire using a Likert-type scale. The scores of the different dimensions range from 0 to 100. A score below 50 was considered poor quality of life. We analyzed the data with Epi-info software. Multiple logistic regression was used to determine the factors associated with poor quality of life.

Results and discussion

A total of 385 patients were included in our study. The mean age was 53 ± 16.4. The mean overall quality of life score was 44.4 ± 22.5. The psychological component was more impaired than the physical one with a respective score of 42.4 ± 23.3 and 46.3 ± 21.4. Poor quality of life was associated with the presence of pruritus (OR: 5.4; 95% CI: 1.1 - 26.1) and therapeutic breaks (OR: 9.7; 95% CI: 3.5 - 27). Compliance with hygiene and dietary measures was a factor of good quality of life (OR: 0.039; 95% CI: 0.008 - 0.18).

Conclusion

Quality of life of patients is impaired. Quality of life is an important indicator of the quality of health systems. Attention should be paid to the management of factors associated with impaired quality of life.

P597

QUALITY OF LIFE OF PATIENTS WITH CKD STAGES 3 TO 5 AT THE YALGADO OUÉDRAOGO UNIVERSITY HOSPITAL: CROSS-SECTIONAL SURVEY

Ulrich Kevin Kawane[1], Bonzi Y. Juste[2], Sanou Gaoussou[2], Ouedraogo Fulbert[2], Dianda Alassane[2], Coulibaly Gérard[1]

1Bogodogo University Hospital, Ouagadougou, Burkina Faso,

2 University Hospital Yalgado Ouedraogo, Ki-Zerbo University, Ouagadougou - Burkina Faso

Introduction

The frequency of acute renal failure (ARF) is increasing and constitutes a major public health problem. There are more studies on the quality of life of hemoDialysis patients than in non-Dialysis CKD patients.The aim of the study was to identify the factors associated with the pejorative evolution of AKI in the departments in charge of Nephrology at the Yalgado Ouédraogo University Hospital Center (UNIVERSITY HOSPITAL-YO) and Ouahigouya Regional Hospital Center (UNIVERSITY HOSPITALR-OHG) from January 1, 2018 to December 31, 2022.

Methods

we carried out a prospective data collection. It covered the period from September 1 to December 15, 2023. The study population consisted of all patients followed up in consultation for chronic kidney disease. Included in the study were patients aged 18 and over, followed for CKD stage 3 to 5 who were not dialyzed or transplanted. We used the MOSSF-36 scale, a generic, self-administered questionnaire. Its cultural adaptability to our context justified its choice in our study. Our sample size N= 384,was calculated using Schwartz's formula. Patient clinical records and Nephrology consultation registers were used as data sources. Data for our study were collected using a paper questionnaire, then entered into the Epi info application (version 2.2.2.7) and analyzed using the Epi-info software (version 2.2.2.7). Data confidentiality was respected.

Results and discussion

Of the 203 patients, 113 were male (56%) and 90 female (44%), with a sex ratio of 1.2.The overall mean SF-36 score was 44.4 ± 22.5; the psychological component was significantly more impaired than the physical component, with overall scores of 42.4 ± 23.3 and 46.3 ± 21.4 respectively. The occurrence of quality of life impairment was related to the presence of pruritus and therapeutic discontinuation during treatment. However, compliance with hygienic and dietary measures was a factor in improved quality of life

Conclusion

The prevalence of quality-of-life impairment was high in our population.The management of factors associated with impaired quality of life remains crucial for non-dialyzed patients with chronic kidney disease

P598

GASTROINTESTINAL BLEEDING COMPLICATIONS IN CHRONIC KIDNEY DISEASE:-EXPERIENCE OF A DEPARTMENT OF NEPHROLOGY

Mehdi Habib Moalla, Thabti Yassmine, Bettaieb Asma, Jerbi Mouna, Hadded Sarra, Aoudia Raja, Gaied Hanene, Khadhar Meriam, Goucha Rym

Department of Nephrology, Mongi Slim Hospital, Tunis - Tunisia

Introduction

Patients with chronic kidney disease (CKD) have a higher risk of gastrointestinal bleeding (GIB) compared to the general population. This increased risk can be multifactorial. It may be linked to hemostasis and coagulation disorders, as well as to comorbidities. The aim of our study was to identify cases of GIB in our department of Nephrology and to analyze the factors associated with this complication.

Methods

It was a retrospective descriptive study conducted in our department of Nephrology from January 2022 to December 2024. We collected data from patients who had a GIB complication.

Results and discussion

We included 12 patients with a gender ratio (male/female) of 2/1. The mean age was 64 years (48-75) and 8 patients were older than 60 years old. The comorbidities were high blood pressure, diabetes mellitus and other cardiovascular diseases in 9, 7 and 8 cases respectively. Two patients had atrial fibrillation on vitamin K antagonists. They did not present with an overdose with INR of 2.2 and 1.37 All patients had already a history of CKD with a mean creatinine level of 437 µmol/l (144-762) and a mean urea level of 30 mmol/l (7-44) during Hospitalization. Two patients were Hospitalized for acute on-chronic kidney failure due to dehydration. Clinical presentations were melena only in 7 patients, rectal bleeding only in 2 patients and both in 3 of patients. Mean Hemoglobin level was 8.1 g/dl (6.9-10.6). All patients had an esophagogastroduodenoscopy, and the causes were an upper GIB and specifically peptic ulcer in 7 patients and lower GIB in 4 patients, one case of angiodysplasia was diagnosed. Conservative treatment with proton pump inhibitors in 10 patients without the need for endoscopic or surgical interventions. Unfortunately; 1 patient had a major GI bleeding causing death and 1 patient refused treatment.

Conclusion

GIB is a significant complication in CKD patients, often leading to increased morbidity and mortality. The findings align with broader research indicating that CKD patients have a heightened risk of GIB due to factors such as older age and diabetes mellitus.

P599

UNSUSPECTED CHOLESTEROL EMBOLUS DISEASE:CASE REPORT

Mehdi Habib Moalla[1], Aoudia Raja[1], Ayed Haroun[2], Hadded Sarra[1], Jerbi Mouna[1], Bettaieb Asma[1], Khadhar Meriam[1], Gaied Hanene[1], Goucha Rym[1]

1 Department of Nephrology, Mongi Slim Hospital, Tunis - Tunisia,

2 Department of Urology, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Cholesterol embolus disease (CED) is a multisystemic disease with various clinical manifestations. CED is caused by embolization of cholesterol crystals from atherosclerotic plaques located in the major arteries and is induced mostly by interventional and surgical procedures, thrombolysis, or anticoagulation. However, it may also occur spontaneously.

Methods

We present a case of an asymptomatic cholesterol embolus disease diagnosed on a nephrectomy specimen.

Results and discussion

This a case of a 76-year-old man with a history of gout treated with allopurinol, in whom an isolated renal failure was discovered during a preoperative assessment for an inguinal hernia. On physical examination: Blood pressor 110/70 mmHg, BMI 24, no edema, no proteinuria or hematuria on urine dipstick. Laboratory tests: Serum creatinine 150 µmol/l, Hemoglobin 11g/dl, Calcemia 2.45 mmol/L, blood sugar 15.2 mmol/L, uric acid 450mmol/l. Cholesterol 5.7 mmol/L, Triglycerides 1.25 mmol/. Ultrasound showed a 10 x 6 cm cystic tumor of the left kidney. A thoraco-abdominopelvic CT scan performed as part of the staging workup showed an atherosclerotic descending aorta, with no secondary tumor localization. Given this unexplained renal insufficiency, a renal biopsy was performed on the left nephrectomy specimen, which showed cholesterol emboli in the lumens of the renal arterioles. In view of this result, an ophthalmologic examination was performed and was normal. The patient was started on statins and his creatinine remains stable at 250 µmol/L.

Conclusion

The take-home messages from this case are, on the one hand, the importance of conducting a full investigation in cases of unexplained renal failure where renal biopsy is often the key to diagnosis, and that CED can occur in the absence of any triggering factor and that its clinical presentation is not always complete.

P600

PERIPHERAL NEUROPATHY IN CHRONIC KIDNEY DISEASE PATIENTS

Rania Zoughlami, Tlili Syrine, Ghabi Hiba, Driss Nour, Mami Ikram, Smaoui Wided, Krid Madiha, Zouaghi Mohamed Karim

Department of Nephrology, La Rabta Hospital, Tunis - Tunisia

Introduction

Peripheral neuropathy is a common and often underestimated complication in patients with chronic kidney disease (CKD). It is characterized by progressive damage to peripheral nerves, leading to sensory, motor, and autonomic symptoms that significantly impair quality of life. This neuropathy is often multifactorial, which is why our objective is to determine its prevalence and possible causes.

Methods

This is a retrospective descriptive study conducted in the Nephrology, hemoDialysis, and kidney transplantation department of La Rabta Hospital, Tunis. The study included 50 patients presenting with sensory-motor impairment.

Results and discussion

Our sample consisted of 20 women and 30 men, with a sex ratio of 1.5. Among the patients, 70% were undergoing hemoDialysis, while 30% were in stage 4 or 5 CKD. The average age was 50 years, ranging from 41 to 75 years. Of these patients, 80% were diabetic with degenerative complications, and 20% were non-diabetic but had elevated urea levels. Electromyography (EMG) was not performed on these patients, but the DN4 score was calculated for 40% of them, all of whom tested positive. Clinically, 40% exhibited abolished deep tendon reflexes, 30% had decreased sensitivity in the lower limbs, and 30% reported tingling sensations in the lower limbs.

Conclusion

Peripheral neuropathy is a common and sometimes debilitating complication in chronic kidney disease patients, significantly affecting their quality of life. Diabetes and hyperuremia are the main contributing factors, and early detection remains the most effective approach to improving these patients' quality of life.

P601

WHEN PRIMARY HYPERPARATHYROIDISM IS A NEPHROLOGIC PATHOLOGY

Safa Abidi, Ben Mahmoud Nouha, Ben Salem Mariem, Hamouda Mouna, Ben Salah Manel, Bchir Sirine, Ltaief Ahmed, Skhiri Habib

Department of Nephrology, University Hospital Fattouma Bourguiba, Monastir - Tunisia

Introduction

Primary hyperparathyroidism (PPH) is a common endocrine disorder frequently encountered in daily practice. It classically manifests as hypercalcemia, the main feature of the disease, associated with abnormal or elevated parathyroid hormone (PTH) levels. Clinical presentation may vary from asymptomatic to symptomatic disease with several complications: skeletal and renal abnormalities. It may be due to a single benign parathyroid adenoma, by far the most common cause, or to multiglandular disease in familial forms.

Methods

This is a retrospective and descriptive monocentric study of HPP observed in patients between 2010 and 2020 performed in our Nephrology department .

Results and discussion

We collected 10 patients . The mean age was 58.5 years. The sex ratio was 1:1. 5 patients (50%) suffered from hypertension: 3 women and 2 men. 1 patient was diabetic. Renal lithiasis was observed in 3 patients, all women, and nephrocalcinosis in 2 patients. No patient presented with vascular calcifications or pain. Mean hemoglobin was 9.2 g/dl, ranging from 8 to 11.3 g/dl. All patients had hypercalcemia with a mean of 3.09 mmol/l. 5 patients had hypophosphatemia (50%). Alkaline phosphatase (ALP) was available in 5 patients, all with elevated levels averaging 190.8 IU/ml. The mean creatinine level was 196.2 umol/l. Cervical ultrasonography was performed in all patients, and was normal in 6 (60%). The other patients showed bilateral or unilateral nodules. Scintigraphy was also performed in all patients, and the results were consistent with those found in the 4 patients with ultrasound abnormalities, but showed an abnormality in 4 of the 6 patients (66%) in whom ultrasound returned normal. One patient developed a brown tumor. Total parathyroidectomy was performed in 6 patients and partial parathyroidectomy in 2. At post-operative follow-up, all patients normalized their blood calcium levels, 5 patients normalized their renal function (50%) and the diagnosis of acute renal injury secondary to hypercalcemia was retained.

Conclusion

PPH is a frequent affection that nephrologist are exposed to and required to know its metabolic complications in or-

der to treat them on time .

P602

REAL-WORLD INSIGHTS INTO THE USE OF DAPAGLIFLOZIN AND RAAS BLOCKERS IN CKD MANAGEMENT: A SINGLE-CENTER STUDY IN EGYPT

Mostafa Mariam, Elkeraie Ahmed, Elghoneimy Hesham

Department of Nephrology, Alexandria Main University Hospital - Egypt

Introduction

Chronic kidney disease (CKD) poses significant health challenges, especially in resource-limited settings. While RAAS blockers have historically been used to manage CKD, SGLT2 inhibitors are emerging as promising alternatives. This study aimed to explore the use patterns and comparative outcomes of dapagliflozin and RAAS blockers in CKD patients in a single-center in Egypt.

Methods

A retrospective cohort study involving 140 CKD patients was conducted, examining renal outcomes over six months. Data were collected on clinical profiles, laboratory parameters, and treatment usage.

Results and discussion

The study revealed underutilization of RAAS blockers compared to SGLT2 inhibitors, suggesting clinical concerns regarding RAAS blockers. While early proteinuria reduction was noted with dapagliflozin, significant improvements in eGFR were not observed at six months, aligning with major trial data. Mean eGFR of the cases and controls at baseline were 40.33 ± 15.33 and 41.55 ± 13.79 respectively. Median proteinuria of the cases and controls at baseline were 1105.5 and 872.0 respectively. After 6 months follow up, there was no significant difference in eGFR decline rate between both groups.(p=0.664). However, Proteinuria reduction was statistically significant among dapagliflozin in comparison to non-users (p=0.001).

Conclusion

Dapagliflozin was effective in reducing proteinuria but showed no significant impact on eGFR within the study period. The real-world context highlighted clinical practices and potential safety considerations influencing treatment choices.

P603

RESPONSE TO OXIDATIVE STRESS IN CHRONIC RENAL FAILURE: ROLE OF DNA METHYLATION STATE OF ADAPTER PROTEIN P66SHC PROMOTER

Hamdi Radhia[1], Saadallah-Kallel Amana[2], Mokdad-Gargouri Raja[2], Benarba Bachir[3], Ferchichi Salima[4]

1 Department of Laboratory of Biochemistry, Sidi Bouzid Regional Hospital, Sidi Bouzid, Tunisia,

2 Department of Laboratory of Molecular Biotechnology of Eukaryotes,

Biotechnology Center, University of Sfax, Sfax, Tunisia,

3 Department of Laboratory Research of Biological Systems and Geomatics,

Faculty of Nature and Life, University of Mascara, Mascara, Algeria,

4 Department of Research Unit of Clinical and Molecular Biology (UR17ES29), Department of Biochemistry, Faculty of Pharmacy, University of Monastir - Tunisia

Introduction

Epigenetic modifications are considered among various factors regulating chronic renal failure (CRF). The present study aimed to determine the correlation between DNA methylation of p66Shc promoter and some markers of inflammatory and oxidative stress in chronic renal failure (CRF) patients compared with healthy subjects.

Methods

An observational cross-sectional study was conducted in the Nephrology department at Sidi Bouzid Regional Hospital (Tunisia). In total, 45 patients with CRF and 35 healthy subjects were included. Several biochemical parameters were measured. Furthermore, markers of the oxidative and inflammatory status (MDA, CRP, TAS and SOD) were evaluated. The p66Shc methylation status was determined using the methylation-specific PCR. Statistical analyses were performed with SPSS version 23.0.

Results and discussion

Our results showed that levels of blood glucose, urea, creatinine, uric acid, ChT, TG, albuminuria, CRP and MDA were significantly elevated in CRF patients compared to controls.Furthermore, p66Shc promoter region was highly demethylated in CRF patients compared to healthy controls (84% vs 4%). Our data showed a positive correlation between p66Shc hypomethylation and levels of MDA (r=0.91;

p<0, 05) and CRP (r=0.83; P <0, 05), as well as a significant negative correlation between p66Shc hypomethylation, TAS (r=-0.89; P <0, 05) and SOD (r=-0.87; p<0, 05) levels. Similarly, there was a positive correlation between p66Shc hypomethylation and the disease stages. Importantly, multiple regression analysis showed that p66shc DNA hypomethylation remains strongly correlated with MDA, CRP and stages of CRF.

Conclusion

This study indicates that the DNA hypomethylation of p66shc promoter was correlated with oxidative and inflammatory stress and the disease stages in CRF patients. Gene expression and longitudinal methylation studies are warranted to establish the methylation effect on p66shc-expression over time.

P604

THE IMPACT OF IRON SUPPLEMENTATION FOR TREATING ANAEMIA IN PATIENTS WITH CHRONIC KIDNEY DISEASE

Aoun Manel, Soussi Yesmine, Aguerbi Saha, Ben Ayed Tasnim, Barbouch Samia, Abderrahim Ezzedine

[1]Department of Nephrology, Charles Nicolle Hospital, Tunis - Tunisia

Introduction

Anaemia is one of the main reversible risk factors for morbidity and mortality in patients with chronic kidney disease (CKD). One of the causes of this anaemia is a deficient iron homeostasis. The aim of this study is to determine the effectiveness of intravenous iron administration in CKD patients.

Methods

This is a retrospective study conducted over a period of 5 years (2020-2024), including CKD patients with a glomerular filtration rate < 60 ml/min/1.73 m² (stages 3 to 5 of CKD) who were followed in our Nephrology day Hospital unit for intravenous iron treatments. We excluded patients who were on haemoDialysis or peritoneal Dialysis (stage 5D CKD) and those who were on erythropoietin and received blood transfusions. The form of iron used was iron-sucrose.

Results and discussion

We included 58 patients with a mean age of 65.7 ± 12.7 years. 53.4% were female. Each patient received a median total dose of 1200 mg administered over a period of 2 to 141 weeks, which corresponds to a median weekly dose of 109 mg. The mean haemoglobin was 8.9±1.7g/dL, rising to 9.9±1.8g/dL by the end of the study. The mean corpuscular volume increased from 84.2±8 fL to 86.6±6.8 fL. The median serum iron level rose from 10.9 to 13.7µmol/L, the ferritin median level increased from 107.5 to 357 ng/mL and the transferrin saturation from 26.4% to 28%. The mean difference in haemoglobin was significantly greater in patients with CKD stages 3-4 compared to those in stage 5 (2.1g/dL vs 0.51g/dL, P=0.001). 51.8% of patients showed an increase of at least 1g/dL in haemoglobin, and 25.9% reached a haemoglobin level >11g/dL.No adverse effects were noted after iron therapy. In univariate analysis, parathyroid hormone levels and CRP levels were significantly associated with the response to iron therapy (p = 0.03).The progression of CKD was slower in patients who responded to intravenous iron, with an average increase in serum creatinine of 0.5µmol/L vs. 25.2µmol/L at the end of the study, which was statistically non-significant.

Conclusion

Anaemia may be a risk factor for the progression of chronic kidney disease.

P605

PROGRESSION FACTORS OF CHRONIC KIDNEY DISEASE: MONOCENTRIC, RETROSPECTIVE STUDY FROM 2004 TO 2022

Mansour Mbengue, Ba DiéNaba, Tsahabayembi Jatt, Ndiaye Fatou, Sow Ibrahima, Kitane Cheikh Mf, Keita Niakhalen, Niang Abdou

Department of Nephrology, Dalal Jamm Hospital, Guédiawaye - Senegal

Introduction

The objective of this work was to determine the progression factors of chronic kidney disease.

Methods

It was a retrospective, descriptive, and analytical cohort study over a period of 18 years, from January 1, 2004, to December 31, 2022, based on the records of patients who had been followed for at least two years in outpatient consultations at the Principal Hospital of Dakar (Tertiary Hospital), aged 18 and older, and suffering from chronic kidney disease.

Results and discussion

During the study period, 178 patient records were included. The average age of our patients was 57 years ±12.1 with a male predominance and a sex ratio of 1.64. Nephrosclero-

sis was the most frequent nephropathy (62.4%), followed by diabetic nephropathy (34.26%) and glomerulonephritis (11.8%).There were 66 (37%) patients with rapid progression of chronic kidney disease. In multivariate analysis, the progression factors were female sex (OR=12.32; CI [1.75-86.87]), diabetes (OR=7.36; CI [1.11-48.69]), and herbal medicine (OR=30.24; CI [2.02-453.89]).

Conclusion

More than a third of our patients had a rapid progression of chronic kidney disease. The use of herbal medicine and the presence of comorbidities such as diabetes were associated with the progression of chronic kidney disease.Keywords: chronic kidney disease, diabetes, herbal medicine`

P606

SGLT2i PRESCRIPTION PRACTICES AMONG TUNISIAN NEPHROLOGISTS

Ben Ayed Tasnim, Fattoum Safa, Sellami Nada, Badrouchi Samarra, Agerbi Sahar, Ben Hmida Fethi, Chargui Soumaya, Abderrahim Ezzedine

Department of Internal Medicine A, Charles Nicolles Hospital, Tunis - Tunisia

Introduction

The inhibitors of sodium glucose co-transporter type 2(SGLT2i) constitute a considerable advance in the management of patients with chronic kidney disease(CKD). The aim of this study was to assess the knowledge, attitude and prescription practices regarding SGLT2iamong Tunisian nephrologists.

Methods

A questionnaire based on a multiple choice responses on SGLT2i prescription was conducted, and sent to Tunisian nephrologists.

Results and discussion

Seventy-seven nephrologists responded to the questionnaire. Fifty-six per cent of specialsts were University Hospital doctors, 21% were private doctors and 18% were public health doctors.The prefered SGLT2i was Dapagliflozine for 44% of the population and Empaglifozine in 10%. No preference for any of SGLT2i was noted for 44% of doctors. The choice of molecue was guided by the cost in 54%, the availibility in 42% and the efficacity in 33%. SGLT2i were prescribed for nephroprotection in 100% of specialists, for the treatement of diabetes in 55% and for cardioprotection in 47%. It was prescribed for Diabetic Nephropathy by 95% of nephrologists and for all glomerular nephropathies by 23%. IgA Nephropathy was the indication of prescription in 57%. Glomerular filtration rate (GFR) at initiation of SGLT2i was higher than 20 ml/min/1.73m² for 38% of nephrologists and higher than 25 ml/min/1.73m² for 29%. The prescribed dose at initiation was the optimal recommanded dose in 65% of doctors and 33% started with low doses and than titrated. GFR control was indicated after 1 month by 57% of specialists. The reason of dose degression was side effects in 70% of practionners and reduction of GFR in 43%. Temporary or definitif discontinuation was indicated for dyshydration, side effets (83% each), Acute kidney injury (81%)andintercurrent event (78%). The beneficial effect of SGLT2i was rated by nephrologists (in a scale of 1 to 5) : 3 in 31%, 4 in 44% and 5 in 22%. Ninety-seven per cent of them recommend the use of SGLT2i.

Conclusion

A gap exists between prescription patterns in the practice of Tunisian nephrologists and recommended protocols in clinical trials. These differences can be explained bycost and insufficient experience with this drug.

P607

CORRELATION OF INFLAMMATORY MARKERS (NLR AND PLR) WITH PROTEINURIA ACROSS DIFFERENT STAGES OF CHRONIC KIDNEY DISEASE: A STUDY FROM SAHLOUL HOSPITAL, TUNISIA

Dahmane Rihem[1], Toumi Azza[1], Daouas Sarra[1], Boukadida Raja[1], Azzabi Awatef[1], Riahi Salma[2], Baccouche Dorra[2], M'Barki Donia[2], Dhaha Yosra[2], Bouatay Amina[2]

1 Department of Nephrology,

2 Department of Hematology, Sahloul Hospital, Sousse - Tunisia

Introduction

Chronic kidney disease (CKD) is characterized by progressive renal function decline and persistent systemic inflammation. Inflammatory markers such as the neutrophil-to-lymphocyte ratio (NLR) and platelet-to-lymphocyte ratio (PLR) have been identified as independent predictors of CKD progression, alongside proteinuria, commonly assessed using the urine protein-to-creatinine ratio (UPCR). While UPCR is a standard marker for monitoring CKD progression, the relationship between NLR, PLR, and CKD stages remains unclear. This study aimed to explore the stage-specific correlations of NLR and PLR with proteinuria in CKD patients.

Methods

A total of 31 CKD patients with proteinuria who visited the

Nephrology Department at Sahloul Hospital, Tunisia, were randomly selected and categorized into stages II to IV based on their estimated glomerular filtration rate (eGFR). Blood samples were analyzed to determine NLR and PLR, while urine protein and creatinine levels were measured to calculate UPCR. Clinical, demographic, and laboratory data were obtained from the patients' clinical records. Statistical analysis included Spearman's rank correlation to evaluate associations and receiver operating characteristic (ROC) curve analysis to assess predictive value. A p-value < 0.05 was considered statistically significant.

Results and discussion

Preliminary data analysis included 31 patients with chronic kidney disease (CKD), with a mean age of 61.26 years (±13.55) and a mean body mass index (BMI) of 31.6 (±17.8). The 24-hour proteinuria was on average 1.45 g (±1 g), indicating moderate to high proteinuria levels in the participants. The inflammatory markers NLR and PLR had mean values of 3.18 (±1.74) and 132.41 (±49.71), respectively. The majority of patients were in stages III (33.3%) and IV (70%) of CKD, with a slight calcium-phosphate imbalance observed (mean serum calcium of 2.18 mmol/L and mean phosphate of 1.3 mmol/L). Preliminary statistical analyses suggest a positive trend between NLR, PLR levels, and the severity of proteinuria, indicating that systemic inflammation may contribute to increased proteinuria as CKD progresses. These findings highlight the potential of NLR and PLR as markers of CKD severity, though further studies are needed to confirm these associations.

Conclusion

Preliminary findings suggest that NLR and PLR have potential as novel predictive markers for monitoring CKD severity. However, further large-scale cohort studies with serial monitoring and multiple time-point measurements are necessary to validate these markers and develop them into clinically reliable tools for assessing CKD progression.

P608

MULTIFOCAL THROMBOSIS AND RENAL RECOVERY IN NEPHROTIC SYNDROME: A CASE OF THROMBOEMBOLIC COMPLICATIONS WITH FAVORABLE OUTCOME

Trabelsi Marwa, Abderrahim Amina, Gamara Fatma Zahra, Chroufa Melek, Fathallah Ines, Kouraichi Nedia

Department of Medical Intensive Care Unit, Ben Arous Regional Hospital, Tunis - Tunisia

Introduction

Nephrotic syndrome is known to cause a hypercoagulable state, leading to an increased risk of thromboembolic events. These events can be multifocal and severe, requiring multidisciplinary management. In this report, we present the case of a 21-year-old woman who developed multiple thromboembolic complications, including ischemic stroke and venous thrombosis, in the setting of nephrotic syndrome.

Methods

A 21-year-old female with no significant medical history was admitted with symptoms of lower limb edema and vomiting, with subsequent diagnosis of nephrotic syndrome (albumin: 17 g/dL, proteinuria: 12 g/24h) and hyponatremia (123 mmol/L). Further investigation revealed hypothyroidism, and the patient developed progressive neurological symptoms, including left-sided hemiplegia. Imaging studies confirmed a right ischemic stroke and femoral vein thrombosis. An emergency revascularization procedure was successfully performed, but despite initial anticoagulation therapy, the patient developed anuric acute renal failure and required intubation and mechanical ventilation. HemoDialysis was initiated.

Results and discussion

Results: Following the intubation and initiation of hemoDialysis, the patient's condition stabilized. Over time, her renal function began to recover, and she showed improvement in motor strength with physical therapy. Extubation and weaning from oxygen were successfully achieved, and the patient was discharged in good functional condition. The thromboembolic events were managed with anticoagulation and revascularization, which led to a positive overall outcome. Discussion: Thromboembolic complications in nephrotic syndrome arise due to an increased production of prothrombotic factors and platelet activation. This case highlights the critical need for early detection and intervention for multifocal thromboembolic events, including revascularization and anticoagulation. Although the patient presented with severe complications, including ischemic stroke and venous thrombosis, timely and appropriate management resulted in a favorable recovery.

Conclusion

Nephrotic syndrome can lead to severe thromboembolic complications that require aggressive management. Early anticoagulation, revascularization, and renal support through Dialysis can result in significant recovery, even in cases with severe clinical presentations. This case demonstrates the importance of a multidisciplinary approach to managing such complication.

P609

MALARIA PREVALENCE AMONG PATIENTS WITH CHRONIC KIDNEY FAILURE AT BOUAKE HEMODIALYSIS CENTER, COTE D'IVOIRE

Gonan Abdoul Yannick, Wognin Manzan Anasthasie

Department of Medicine, University Hospital, Bouaké - Côte d'Ivoire

Introduction

Chronic renal failure promotes a decrease in the immunity of hemoDialysis patients and exposes them to multiple infectious pathologies including malaria.

Methods

This is a prospective study with a descriptive and analytical aim. It included chronic hemoDialysis patients for more than 3 months, carriers of arteriovenous fistula, treated regularly at the public hemoDialysis center of Bouake and having presented an episode of malaria from June 1 to September 30, 2024. The diagnosis of malaria was made at the thick drop or Blood smearin the presence of signs suggestive of malaria.

Results and discussion

we collected 31 patients whose mean age was 39.93 years with extremes of 20 and 61 years with a male predominance (sex ratio of 2.44). All patients were hypertensive and benefited from recombinant human erythropoietin during Dialysis. The main functional signs were fever (67.74%), chills (67.74%), anorexia (38.71%) and myalgia (32.26%). The mean value of parasitemia was 292 ± 452 trophozoites / mm3. Severe anemia with a hemoglobin level lower than 7g / dl was found in 32.26% of patients and thrombocytopenia in 29.03%. The mean hemoglobin level was 8.66 g/dl. Patient management was outpatient in 83.87% of patients. A total of 54.84% of patients had received the artemether-lumefantrine combination therapy and 16.33 had received injectable artemether. The oral route was the most commonly used. The mean time to apyrexia was 2.71 ± 1 days. No deaths due to malaria were recorded in our study. Parasitemia influenced the time to onset of apyrexia ($p < 0.001$). Oral administration of antimalarials was not related to the time to onset of apyrexia ($p = 0.1448$)

Conclusion

HemoDialysis patients presented a simple form of malaria with a favorable evolution. The clinical and paraclinical characteristics of malaria in these patients do not differ from those of the general population. It is therefore appropriate to implement preventive measures in this population by using impregnated mosquito nets and to make an early diagnosis.

P610

RENAL MANIFESTATIONS OF DRUG REACTION WITH EOSINOPHILIA AND SYSTEMIC SYMPTOMS (DRESS SYNDROME)

Ben Belgacem Manel[1], Chadli Zohra[1], Hannachi Ibtissem[1], Ben Salem Mariem[2], Mansour Khadija[1], Ben Romdhane Haifa[2], Ben Fradj Nadia[1], Chaabene Amel[1], Hammouda Mouna[2], Aouam Karim[1]

1 Department of Pharmacology,

2 Department of Nephrology University Hospital Fattouma Bourguiba, Monastir - Tunisia

Introduction

Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS) is a severe, idiosyncratic drug-induced hypersensitivity reaction characterized by fever, rash, lymphadenopathy, hematologic abnormalities, and sys- temic involvement, Renal involvement, represents a relatively common manifestation of this severe drug-in- duced skin reaction, ranging from a mild impairment of renal function to a severe presentation of renal failure

Methods

We conducted a retrospective analysis of patients diagnosed with DRESS syndrome, from 2004 to August 2024, in the Clinical Pharmacology Department of Monastir. The diagnosis of DRESS syndrome was based on the The European Registry of Severe Cutaneous Adverse Reactions (RegiSCAR) criteria (2). Drugimputability was assessed according to the French methods of Begaud (1).

Results and discussion

Among the 142 patients presenting a DRESS syndrome, 55 (38.7%) presented with renal involvement,evidenced by elevated creatinine levels. The cohort had an average age of 48.1±22 years (18 – 86) and consisted of 33 women and 22 men (gender ratio F/M= 1.5). A history of atopy was reported in 5 patients (9.1%). The delay in diagnosing this toxidermia was 32.7±49.7 days, with all cases requiring Hospitalization. Most pro- gressed favorably, with only one fatal outcome recordedafter drug withdrawel. Renal involvement resolved after an average of 33±53.5 days, and the mean creatinine levels were 193.3±206.5 µmol/L (range: 101– 963). Some patients exhibited other systemic involvement, particularly hepatic involvement was observed in 30 cases. Based on RegiSCAR scoring, 3 cases

were classified as probable, 30 as plausible, and 22 as certain. Allopurinol was the most frequently implicated drug, accounting for 33 cases (59.9%), followed by anti- biotics in 13 cases (23.6%), which included beta-lactams (6 cases), glycopeptides (4 cases), ciprofloxacin (2 cases), and rifampicine-levofloxacine in one case. Antiepileptics and anti-inflammatory drugs were each implicated in 2 and 3 cases, respectively, with 3 additional cases attributed to other medications (atorvastatine (1), furosemid (1), glucantim (3)).

Conclusion

Based on these findings, renal involvement appears to be a relatively common form of systemic manifestation. Allopurinol was identified as the most frequently implicated drug. Careful monitoring is essential to detect this systemic involvement in cases of DRESS syndrome.

P611

HOSPITAL-ACQUIRED MALARIA IN PATIENTS WITH CHRONIC KIDNEY DISEASE: CAN THIS BE CONSIDERED SERIOUS MALARIA?

Kolo Claude Ouattara, Ouattara Kolo , Diopoh Sery Patrick, Konan Serge Didier. Aka Astrid, Kouadio Marie Dominique, Gnamon Ophelia,Ouohi, Sanogo Sindou, Yao Hubert

Department of Nephrology, Treichville University Hospital, Félix Houphouët-Boigny University; Abidjan – Côte d'Ivoire

Introduction

Chronic kidney disease (CKD) can lead to a reduced immunity which increases susceptibility to infections. Thus, such patients tend to be exposed to all infections, including malaria. Objective: Describe the profile of patients with CKD suffering from malaria acquired during Hospitalization.

Methods

this is a retrospective analytical study based on the analysis of the files of patients with confirmed CKD Hospitalized in the nephrology department of the Treichville University Hospital, who presented a positive malaria test (GE or QBC). during Hospitalization (>10 days later), over the period going from January 1, 2018 to December 31, 2020.

Results and discussion

During the study period, we identified 648 patients, 57 of whom had presented with malaria during Hospitalization, i.e. a prevalence of 8.8%. The patients had a mean age of 42+/-13.93 with a male predominance (sex ratio=1.23). On admission, patients were known to be hypertensive in 60% of cases, infected with HIV in 26% and with CKD in 21%. During Hospitalization, they presented an infectious syndrome (100%), anemic syndrome (66.6%), vomiting (31.5%), convulsions (8.7%). The QBC method was the main diagnostic method for malaria (51%) of cases. Parasitemia <1000 trophozoides represented 68% of cases and a parasite density>10% in 75%. The presence of convulsions was statistically associated with a parasite density >10% (p=0.015) and parasitemia>1000 trophozooids (P=0.015). Malaria severity criteria were found in 30% of patients. Artesunate was the most used antimalarial drug (42%) followed by arthemeter (29%) as first-line treatment. We observed a favorable outcome in 82% of patients receiving antimalarial treatment and noted 18% deaths. A hemoglobin level <8g/dl was associated with the risk of death (p=0.049).

Conclusion

The clinical picture of malaria remains the same with or without CKD, the predominant form of which was simple malaria. However, the digestive disorders linked to CKD led us to use parenteral treatment. Protective measures against female Anopheles bites in Hospital can help reduce this infection.

P612

INFLAMMATORY PROFILE IN PATIENTS WITH CHRONIC RENAL FAILURE IN LOME

Badomta Dolaama, Kossi Akomola Sabi, Laune Odilon Blatome

Department of Nephrology, Sylvanus Olympio University Hospital, Lomé - Togo

Introduction

End-stage renal disease is considered to be a chronic inflammatory disease. Inflammation is currently considered to be a risk factor for morbidity and mortality in CKD. The causes are multifactorial.The aim of this study was to describe the inflammatory profile in non-dialysis patients with chronic kidney disease and to investigate the factors associated with it.

Methods

This was a cross-sectional descriptive and analytical study over a period of 07 months from April 1, 2023 to October 31, 2023, carried out in patients with chronic renal failure not on dialysis received in consultation or hospitalized in the department of nephrology at the University Hospital Center - Sylvanus Olympio. Inflammation was defined by C reactive protein greater than 10 mg/l. The data collected was entered using an online form deployed via kobotoolbox and analyzed with RStudio R Version 2023.06.1+524.

Results_discussion

A total of 306 patients were included in this study. Inflammation was present in 74 patients, representing a prevalence of 24.2%. Males accounted for the majority (62.1%), with a sex ratio (M/F) of 1.6. The mean age of our patients was 55.24+/-15.54 years, ranging from 9 to 90 years. Nine (09) variables were associated to inflammation in univariate analysis age, history of diabetes, Glomerular Filtration Rate, kalemia, Neutrophils Platelets Ratio, Lymphocytes Platelets Ratio, eosinophil count, lymphocyte count and 24-hours proteinuria. In multivariate analysis, age > 56 years (Odd Ratio OR=2.43 ; 95% Confidence Interval CI [1.35-4.51] , p value= 0.0036), platelet to lymphocyte ratio >126 (OR=2.72 , 95% CI [1.51-5.05] p value =0.0010) and eosinophil count > 0.5 G/l (OR=5.94 , 95% CI [1. 98-18.06] p value =0.0013) were the factors associated with inflammation.

Conclusion

The progression of chronic renal failure is associated with persistent low-grade inflammation, which makes patient management difficult.

P613

THE VALUE OF ADD-ON EXTRACORPOREAL MEMBRANE OXYGENATION IN CRITICALLY ILL COVID-19 POSITIVE PATIENTS

Torki Alotaibi[1], Ahmad Abbas[1], Mohamed Adel[1], Mohamed Abdul-Hameed[1], Sara Buabass[2], Ahmed Fathy[1], Mohamed Megahed[1], Zohair Fayad[1], Amro Mahmoud[1], Osama Gheith[1]

1 Department of Nephrology, Organ Transplant Center - Kuwait,

2 Department of ICU, Jaber Hospital - Kuwait

Introduction

Background: Growing reports argue the value of extracorporeal membrane oxygenation (ECMO) support on COVID-19 survival. The earliest studies reported ridiculously high mortality in small cohorts. International medical organizations still recommended, early in the pandemic, that ECMO should be considered if conventional treatment was not successful.Aim of the study: To evaluate the impact of add-on ECMO on the outcome of critically ill COVID-19 patients.

Methods

An observational study recruited critically ill COVID-19 patients necessitating ECMO support during their stay in governmental Hospitals of Kuwait from March 2020 to December 2021. Socio-demographic characters, clinical-laboratory parameters (days of mechanical ventilation before ECMO, routine investigations, LDH, ferritin, D-dimer, arterial blood gases & and reporting any positive cultures; sputum, blood &/or others), chest radiological findings, and different lines of management (steroids, antivirals, antibiotics, biological therapy and anticoagulants) were recorded. Moreover, various complications and acute events during ECMO were reported in addition to the outcome.

Results and discussion

Most of the patients (n=135) were males (61.48%), and non-smokers (80%) in their middle age (41.28±9.88 years). DM was the most prevalent comorbidity (24%). The survival rate was 58.5%. Non-survivors were older (43.6± 8.7 vs. 38.92 ±8.75 years, p=0.01), predominantly males (p=0.046), had higher mean platelet volume (21.78±7.55 vs. 13.47±8.19, p=0.02), median D-dimer (4312±2146 vs. 2795±1545, p=0.04) and mean CO2 (65.1±25.69 vs. 52.45±24.05, p=0.01). Most of the non-survivors (56.9%) had computed tomography (CT) chest findings consistent with COVID-19 (vs. 35.7% among COVID-19 unmatched CT, p=0.028). Moreover, non-survivors were more likely to be shocked and supported with vasopressors (50 out of 56 patients) or developed AKI while on ECMO (44 out of 56 patients) (p <0.001, 0.012 respectively). Most patients who were managed by biological agents survived compared to those who did not receive it (75% vs. 49.5% respectively, p=0.038). We found a significant positive correlation between ECMO duration, age (p=0.012), and LDH (p=0.041); a significant positive correlation between LDH and ICU stay (p<0.001); a significant positive correlation between D-dimer, CRP (p=0.006) and PaC02 (p=0.015). We found that post-discharge ventilatory support among survivors was needed in 48.1% and 11.4% (as O2 supplementation or CPAP, respectively).

Conclusion

Conclusion: Earlier ECMO should be considered for critically ill COVID-19 patients who develop refractory respiratory failure despite standard care.

P614

EVOLUTION OF RENAL FUNCTION IN PEOPLE LIVING WITH HIV AND RECEIVING ANTIRETROVIRAL THERAPY RETROSPECTIVE STUDY IN A COHORT FOLLOWED IN ABIDJAN FROM 2018 TO 2022

Lagou Delphine Amelie, Ahoutou B. Landry Emmanuel, Guei Monlet Cyr, Asseke Henri Fréjus, Choho M. Carole, Blagon O. Romaric, Ackoundou-N Guessan K. Clãcment

Department of Nephrology, University Teaching Hospital of Yopougon, Abidjan, Ivory Coast

Introduction

Antiretroviral therapy (ARV) has reduced the incidence of renal failure (RF) associated with HIV infection but chronic kidney disease (CKD) remains common among PLHIV. In Côte d'Ivoire, few studies have been devoted to the evol tion of renal function under ARV and to chronic renal failure in PLHIV. The objective of this study was to establish the prevalence of RF and the factors associated at the initiation of ARV treatment and during follow-up.

Methods

Retrospective observational multicenter cohort study that included PLHIV aged 18 and over, treated with ARV immediately initiated between 2018 and 2021 in Abidjan and followed regularly for at least one year. The RF was defined by an eGFR < 60ml/min/1.73mÂ² and the CKD by an eGFR < 60ml/min/1.73mÂ² on 2 successive assessments spaced at least 3 months apart. GFR was estimated according to the CKD EPI formula.

Results_discussion

We included 442 patients (275 women, sex ratio 0.61) whose mean age at the time of the survey was 46.2 years Â± 11 (22-75) and 12.4% had a history of hypertension and/or diabetes. HIV1 was predominant (92.1%), while co-infection with hepatitis B and/or C was noted in 47 patients (10.6%). At the initiation of ARV treatment, 56.3% of PLHIV were at WHO stage 1, 55.9% had a normal BMI and 33.9% had a CD4 count < 200 cells/mm3. Various ARV regimens were prescribed including TDF associated or not with a protease inhibitor in 97.7% of patients. The prevalence of RF at the initiation of ARV treatment was 11.1% and the associated factor was advanced age (OR 1.04; p= 0.005). During follow-up, there was an increase in the prevalence of RF (11.1% initially to 28.8% at the time of the survey) and a decrease in GFR (mean GFR of 90.8 ml/min /1.73mÂ² initially to 77.3 ml/min/1.73mÂ² at the time of the survey). The prevalence of CKD was 15.4% and the associated factors were the presence of RF at the initiation of ARV treatment and a shorter duration of exposure to ARVs. There was no influence of TDF and/or protease inhibitors on the occurrence of CKD.

Conclusion

The prevalence of RF is relatively high among PLHIV at the initiation of ARV treatment and during follow-up. Systematic screening for RF with adequate care and regular monitoring of renal function for PLHIV should help reduce the incidence of CKD in this population.

P615

PREVALENCE OF ANXIETY AND DEPRESSIVE DISORDERS IN PATIENTS WITH CHRONIC KIDNEY DISEASE

Boukadida Raja, Ben Aicha Narjes, Hamza Lobna, Mahfoudh Olfa, Dahmen Rihem, Guedri Yosra, Fradi Asma, Sahtout Wissal, Mrabet Sanda, Zallema Dorsaf

Department of Nephrology, Sahloul University Hospital, Sousse - Tunisia

Introduction

Chronic kidney disease (CKD) presents a major public health challenge due to its continuously increasing in cadence and prevalence. It is particularly prevalent among the elderly, with a marked predominance after the age of 60. CKD is also associated with an increased risk of psychological disorders, notably anxiety anddepression, due to the emotional and physical burden associated with the disease.

Methods

A cross-sectional study was conducted among 20 patients with CKD stages 3 and 4, followed at theNephrology Department of Sahloul University Hospital. The objective of this study was to estimate the prevalence of depression and anxiety and identify the associated factors in patients with chronic kidney disease. We used the HADS (Hospital Anxiety and Depression Scale) in its 14-itemArabic version, which has been translated and validated. Socio-demographic and clinical data were collected, and statistical analyses were performed using SPSS software.

Results and discussion

The average age of our patients was 61.80 ± 9.38 years, with a male-to-female ratio (M/F) of 1.9. Among them, 40% were illiterate, and 30% were smokers. Additionally, 75% were hypertensive, and 55% werediabetic. The average duration of follow-up with the nephrologist was 34.35 ± 26.56 months. Fourteen of our patients (70%) were at stage4 of

chronic kidney disease (CKD). The mean serum creatinine level 210.49 ± 51.61 µmol/L, with a range from 124 µmol/L to 364 µmol/L.

The average anxiety scores (HAD-A) were 4.3 ± 3.72. One patient exhibited a definite anxiety disorder, three patients had a doubtful anxiety disorder, while the others showed no anxiety symptoms. For depression(HAD- D), the average scores were 4.05 ± 3.63. One patient had a definite depressive disorder, two patients had a doubtful depressive disorder, and the others were free from clinical depression.

Conclusion

The results of this study indicate that anxiety and depression levels remain generally low among patients with CKD in our sample. No sociodemographic or clinical factors were identified as being associated with these disorders. However, it is important to maintain psychological vigilance in these patients, given the risksassociated with the progression of the disease.

P616

QUALITY OF LIFE IN PATIENTS WITH CHRONIC KIDNEY DISEASE

Boukadida Raja, Ben Aicha Narjes, Hamza Lobna, Mahfoudh Olfa, Dahmen Rihem, Guedri Yosra, Fradi Asma, Sahtout Wissal, Mrabet Sanda, Zallema Dorsaf

Department of Nephrology, Sahloul University Hospital, Sousse - Tunisia

Introduction

Chronic kidney disease (CKD) is an irreversible condition with significant consequences for a patient's life, often perceived as a social and professional handicap. It leads to a deterioration in qualityof life at all stages of the disease.

According to the World Health Organization (WHO), quality of life (QoL) is defined as an individual 's perception of their position in life, within the context of the culture and value system in which they live, and in relation to their goals, expectations, standards, and concerns.

Methods

This cross-sectional study was conducted with 20 patients with CKD at stages 3 and 4, followed at theNephrology Department of Sahloul University Hospital. The objective was to evaluate the quality of life in these patients and identify factors influencing this quality. We used theSF-36 questionnaire, which has been translated and validated in Arabic.

Results and discussion

The average age of our patients was 61.80 ± 9.38 years, with a male-to-female ratio (M/F) of 1.9. Among them, 40% were illiterate, and 30% were smokers. Additionally, 75% were hypertensive, and 55% were diabetic. The average duration of follow-up with the nephrologist was 34.35 ± 26.56months.Fourteen of our patients (70%) were at stage 4 of CKD. The average creatinine level was 210.49 ± 51.61 µmol/L, with values ranging from 124 µmol/L to 364 µmol/L. Regarding the domains of the SF-36 questionnaire, the average of the physical component summary was 48.11 ± 11.33, with the averages of the four subscales as follows: Physical functioning: 75.83 ± 25.79 Limitations due to physical condition: 65.28 ± 40.35 Bodily pain: 77.89 ± 25.32 General health: 54.22 ± 14.29 The average of the mental component summary was 41.43 ± 17.37, with the following averages for each domain: Vitality:69.17±14.37, Social functioning: 88.33 ± 19.21, Limitations due to emotional condition: 57.39 ± 46.89, Mental health: 75.78 ± 13.89

Conclusion

The results of this study indicate that CKD significantly impacts the quality of life of patients and highlight the importance of a comprehensive approach to care, one that focuses not only on the quantity of live but also on the quality of life.

P617

MANAGEMENT AND FOLLOW-UP OF NEPHROPATHIES IN THE ELDERLY: A 15-YEAR RETROSPECTIVE ANALYSIS

Maha Araoud, Ben Aicha Narjes, Mrabet Sanda, Nihed Abdessaed, Awatef Azzabi, Boukadida Raja, Fradi Asma, Sahtout Wissal, Guedri Yosra, Zallema Dorsaf

Department of Nephrology, Sahloul University Hospital, Sousse - Tunisia

Introduction

The management of nephropathies in the elderly remains under-documented despite their increasing prevalence. This study aims to describe the therapeutic managementand evolution of nephropathies in elderly patients.

Methods

A retrospective study was conducted at the nephrology department of Sahloul University Hospital Center in Sousse, including 71 patients aged 65 and older who underwentkidney biopsies over a 15-year period from 2007 to 2022.

Results

The main indications for kidney biopsy were acute renal failure (39.4%) and nephrotic syndrome (35.2%). Therapeutic management was tailored to the etiology and the severity of renal failure. Histological results from the kidney biopsies revealed a predominance of renal amyloidosis, present in 15.4% of patients, and acute interstitial nephritis (AIN), also in 15.4%. Management included symptomatic measures such as hemodialysis (26.8%) and nephroprotective treatments (36.6%), as well as etiological treatments like corticosteroids (32.3%) and immunosuppressants (12.6%). Patient outcomes showed improvement in renal function in 28.2% of cases, while 49.1% required hemodialysis due to worsening renal function. Infectious complications occurred in 15 patients (21.1%), primarily Cytomegalovirus (CMV) infections, pneumonia, and urinary tract infections. Corticosteroid side effects were observed in 7 patients, including hypertension, poorly controlled diabetes, and gastrointestinal toxicity. Seven patients passed away during the follow-up period (9.8%), mainly due to infectious complications.

Conclusion

Nephropathies in the elderly present a complex management challenge, requiring tailored therapeutic approaches and careful monitoring of complications. Furtherstudies are needed to optimize care for these patients.

P618

KLEBSIELLA PNEUMONIAE INFECTION IN A NEPHROLOGY DEPARTMENT: VIRULENCE PROFILE

Homrani Wafa, Jerbi Mouna, Gaied Hanen, Hadded Sarra, Bettaieb Asma, Khadhar Mariem, Trabelsi Raja, Goucha Rym

Department of Nephrology, Mongi Slim Hospital & Renal Pathology Research Laboratory, Tunis - Tunisia

Introduction

Klebsiella pneumoniae (KP) is an increasingly significant microorganism with the potential to cause significant organ damage. KP infection represents a serious public health issue due to the acquired resistance of this gram-negative bacillus. Its increasing antimicrobial resistance and the emergence of hypervirulent pathotypes have become a major challenge in the medical field.

The aim of the study is to describe virulence profiles of KP infection in patients admitted in a Nephrology Unit.

Methods

We conducted a retrospective, monocentric, and descriptive study. It includes patients aged over 18 years admitted to our Nephrology department between December 2022 and November 2024, who developed a KP infection isolated from different clinical sources.

Results and discussion

Eighteen patients were studied with sex ratio 0.61 and an average age of 61 years. The mean length of stay was 24 days. Thirteen patients had a urinary tract infection, one had a catheter-related sepsis and two had pneumonia. Nine cases were considered as a healthcare-associated infection. Those were associated with higher mortality (p= 0.018). As for the resistance profile of the KP. 7 patients had-Klebsiella pneumoniae (KP) producing extended-spectrum beta-lactamases (ESBL), 6 had wild-type KP, and 5 hadcarbapenemase-producing KP.

Conclusion

KP infection remains a daunting situation that may lead to severe complications especially when associated to healthcare. Antibiotic-resistant forms are a significant mortality factor. The respect of hygiene measures and the rational prescription of antibiotics remain the most effective ways of fighting this flea.

INDEX, FIRST AUTHOR

Abdias Kienou P353 | P383
Abdoul Yannick Gonan P609
Abdulhafid Shebani CO10 | P470 | P473 | P555
Abir Ben Abdallah P590
Aboubacar Sidiki Fofana P174 | P222 | P234 | P448
Ahlem Achour P185
Ahmed Elkeraie CO14
Ahmed Allah Izidbih El Maaloum P362 | P365
Ahmed Amer P384 | P385 | P386 | P594
Ahmed Bougueddima P295 | P359 | P466 | P467
Ahmed Chaabouni P508 | P510
Ahmed Fayed P317
Ahmed Mosad Hassen P469
Ahmed Saadi P209
Aicha Hadhri P568 | P569 | P574
Aicha Telmoudi P360 | P361 | P363
Alassane Dianda P245 | P246 | P314
Alex Ismael Keita P350
Alex Mambap Tatang CO31 | P396
Ali El Khand P457
Ali El Maaroufi P206
Alia Boumendjel P333
Alia Rahal P103
Amal Arbaoui P138 | P200 | P235 | P240 | P368
Amal Nejjari CO42
Amani Smiai CO21 | P288 | P296 | P300 | P305
Amel Ayed P303 | P420 | P423 | P428
Amel Si Hadj Mohand P403 | P421 | P424
Ameni Slimeni P119 | P264 | P349 | P401
Aminata Diallo P027
Amine Boughmi P247
Aminetou El Atigh P364 | P432
Amira Sakay P211 | P244 | P298
Anass Farjan P220 | P463
Anis Ounaceur P499 | P500
Anthony Kimani P073
Aoua Semde P286 | P554
Arij Ben Kmicha P110 | P339 | P342
Aristide Eric Nono Tomta P509
Arlette Geraldine NGUEA NDJAME P203
Arthur Daviece Daidé KANGANGA P357
Asma Amouri P125 | P127 | P490 | P491
Asma Ezzouate CO19
Asma Hadhri P426
Asma Messai P210
Asmaa Bouchari P442
Assia Kharrat P498
Astrid Affi Jean Aka P260
Awatef Riahi P488
Aya Touihri P079 | P126 | P217
Ayoub Akkari P358
Azza Harbi P196
Azza Khedhiri P379 | P380 | P381
Bacary Ba P534
Bacary Ba P189 | P559
Badis Tlili CO20
Badomta Dolaama CO17 | P612
Badr Benmouloud P085
Basma Msali P142
Behah Ehbibi P371
Belkacemi Leila P065 | P431
Ben Lomatayo P316 | P586
Bianca Davidson P229
Bochra Chahed P051 | P066 | P304 | P435 | P436 | P526 | P527
Bochra Jmaiel P336 | P407
Carine Raïssa Zigani P225
Caroline Gituku P471
Cedric Xavier Mbobnda Kapche CO25
Chaima Aichouch P179 | P397 | P400
Chaimaa Soldi P180

Charfadine Senoussi Abdelkerim P278
Chiraz Chebbi P141 | P143
Christ Ziahy Reine-Marie Koffi P088
Cyrine Fakhfakh P310 | P312
Cyrine Larayedh CO24 | P156
Dalel Touati P485
Delphine Amelie Lagou P197 | P614
Denis Georges Teuwafeu CO22 | P192
Denis Georges Teuwafeu P302
Djazia Laghmara P074 | P226 | P280 | P281 P282 | P344 | P345
Djibrilla Bonkano Baoua P224
Dorra Dahene P098 | P186 | P346 | P348 | P563
Ehab Hafiz P001
Eliane Mikkelsen Ranivoharisoa P533
Emna Ben Hamida P118
Emna Hammas P462
Emna Oueslati P434
Enas Abdelaziz P037
Eya Hbaieb P198
Eyram Makafui Yoan Yawo AMEKOUDI P276
Fadwa Helaoui CO45 | P517 | P520
Faiza Zerdoumi P512
Farah Krimi P465
Faten Ghabi P075 | P076 | P077
Fatima Hamama P398 | P507
Fatma Ben Youssef P451
Fatma Abdelkader Harzallah P152
Fatma Bellaaj P284 | P318 | P544 | P547
Fatma Ben Youssef CO01
Fatma Mseddi P322 | P323
Fatou Ndiaye P452
Feriel Slama P228
Feriel Yasmine Baghdali P095
Feryel Abid CO37 | P293 | P315 | P439 | P560
Fouad Dami CO40
Fouad Rabahi P587 | P588
Fousseny Diakite P191
Fousseny Diakit√© P464
Ghada Dabbech P038
Ghada Dardour P163 | P486 | P487 | P493
Ghada Nasri P011 | P338 | P340
Ghalia Khellaf P122 | P123 | P157 | P172 | P176 P177 | P238 | P239 | P324 | P325 P326 | P327 | P328 | P369
Grace Kansiime P255
Habiba Rafa Debbah P223
Hadhemi Belhassen P087 | P092
Haitham Aloui CO18 | P112 | P167
Haithem Aloui P181 | P230 | P263 | P413
Hajar Laasli CO36 | P454
Hajar Tchich P250
Hajer Hassine P106 | P265 | P267 | P580
Hajer Lamari P571
Hajer Rzig P207 | P213 | P214 | P531 | P532
Hamza Belhoussine Drissi CO34
Hana Ben Ali P291
Hanen Abid P201 | P456
Hassane Moussa Diongole P063 | P139
Hatem Mhenni P582
Hermine Danielle Fouda Menye Epouse Ebana CO29
Hicham Meftah P393 | P495
Houda Feriani P101
Ibrahim Hamat P453
Ibrahima Wade P096
Ilham Berramdane P107

Ilhem Ben Othman P289 | P515 | P516 | P558
Imane Maaroufi P165 | P337
Imane Aragon P114 | P331 | P446 | P447
Imen Guissouma P061
Inass Alfirdaous P140 | P269
Ines Ben Alaya CO39 | P410
Ines Nasri P505
Ines Sdiri P272
Insaf Trabelsi P290 | P394
Jean-Yves Balepna P013 | P032
Jemal Awa P067 | P374
Jihene Mosbah P006 | P007
Jonathan Wala CO03
Juste Yeremade BONZI P249
Kabachi Imene P511
Kaouthar Ouariach P330
Katalay Francine P043
Kawtar Dadi CO30
Kawtar Idrissi Kaitouni P042
Kawther Mechaacha P003 | P236 | P366 | P367
Kays Chaker P208
Kevin Nguring'a P444
Khadidja Habchi P565
Khadidja Harmak P078 | P113 | P155
Khaoula El Aissaoui CO15 | P161 | P440
Khawla ITOUBAT P566 | P567
Khouloud Hafi P033 | P034 | P262
Kolo Claude Ouattara P036 | P611
Larios Lantchechoue Ahlonsou P084 | P392
Lazhar Jaballah P351 | P354
Lilia Ismahane Trima P497
Lionel Elimbry P595
Lucia Sobrino Diaz P014 | P035
Lynda Gherib P188
Lynn Keraani CO32 | P017 | P562
Mabahej Meftah P022
Macaire Pankolo P388 | P389
Magara Samaké P449
Maha Araoud P002 | P474 | P484 | P617
Mahamat Djibrine P287
Mahmoud Bousakhria P237 | P307 | P443
Maimouna Mahamat P097 | P370
Maissa Ben Rhouma P242 | P525 | P561 | P570
Mamadou Sakir Kon√© P193
Manel Aoun P015 | P072 | P538 | P589 | P604
Manel Ben Belgacem P610
Manel Khemiri P021 | P030 | P134 | P581
Manel Zakhama P080 | P081 | P083 | P319
Mansour Mbengue CO11 | P605
Manzan Edwige anastasie Wognin CO43
Marah El Yakoubi P583
Maria Faye P212
Mariam A. Omar P459
Mariam El Younsi CO12
Mariam Elhammouti CO06 | P012 | P031 | P429
Mariam Mostafa P602
Mariem Ajmi P591
Mariem El Younsi P182 | P183 | P184
Mariem Marrak P492
Mariem Saadaoui P064
Marwa Ben Brahim P585
Marwa Trabelsi P564 | P592 | P608

Mayssa Hadj Brahim P025 | P372 | P373 | P375
Mehdi Habib Moalla P598 | P599
Meriam Hajji P091 | P115 | P116 | P158 | P202
Meriam Khadhar P521
Meriem Djeha P194
Meriem Guizani P378 | P405 | P415 | P418
Meskelu Kidu Weldetensia P433
Modjaha Marie Dominique Kouadio P461
Mohamed Essayah P248
Mohamed Alsaid P306
Mohamed Amine Ktata P251 | P252 | P253 P254 | P494
Mohamed Cherif Tehir P475
Mohamed Essayah P455
Mohamed Ezwaie CO35
Mohamed Hanas Mama Sika P355 | P356
Mohamed Jahromi P513
Mohamed Lamine Tegui Camara P468
Mohamed Lemrabott P068
Mohamed Mongi Bacha P518 | P519
Mohamed Tizgha P575
Mohammed Benabdelhak P168
Mosbah Jihene P005
Mouna Ammar P150
Mouna El Khatib P133
Mouna Hamouda P530
Mouna Riguen P131 | P419 | P422 | P425
Moussa Sarr P321
Myriam Baltagi CO13 | CO16
N. Elsayed CO27
Nabila Choubane P233
Nada Chniti P352 | P496 | P593
Nada Elbibi P024
Nada Sellami CO02
Nadia Chaouchi P231
Nadir Marzouki P117
Naima Abda CO09
Najat Adnane P257 | P501
Najla Zran P104 | P108 | P528 | P529 | P557
Najlaa Taie P049 | P109 | P170 | P258 | P404
Narjiss Labioui P341 | P445 | P504
Nassima Hissein AbdelAziz P399
Nehed Ghenam P044 | P411
Nesrine Thabet P427 | P477
Nouh Rezzoug P308
Nouha Ben Mahmoud P297
Nouha Marouani P164
Nour El Houda Driss P039
Nour-Elhouda Farouq P450
Nzana Victorine Bandolo P430
Olfa Mahfoudh P053 | P054 | P057 | P059 | P062
Ons Kaabia CO08
Osama Gheith CO47 | P301 | P514 | P537 | P540 P543 | P546 | P548 | P549 | P550
Ouifak El Ainzroudi P124
Oumaima Kallach P584
Oumaima Tejari P279
Oumaima Kallach P268
Oumayma Belguith P387 | P390
Oumayma Guitone P313
Oumayma Outifa P576
Patrice Zoehinga CO05 | P010 | P596

Phostina Wémiyé Edith Bognana P256
Pierre Eric Gandzali Ngabe P004
Racha Mellah P539
Radhia Hamdi P603
Rahma Guesmi CO38 | P069
Raja Boukadida P082 | P615 | P616
Rami Hammami P227
Rania Dridi P146 | P151 | P294
Rania Kandil P102 | P166 | P169 | P266 | P412 P414 | P417
Rania Rassas P577 | P578
Rania Zoughlami P094 | P132 | P600
Rawene Ben Mansour P056 | P058
Rihab Elaid P046 | P050 | P204 | P215 | P343
Rihab Salem P048 | P135 | P136 | P335 | P579
Rihab Zouaoui P129 | P130 | P218 | P219 | P437 P503
Rihem Dahmane CO44 | P018 | P607
Rim Bourguiba P144 | P145 | P147 | P160 | P320
Rim Khelil P391
Ronald Gobina P441
Sabrina Kherraz P121
Safa Abidi CO33 | P408 | P601
Saliha Boutennoune P572
Saliha Lahfaya P479 | P535 | P536
Saliha+F1348 Lahfaya P480
Salma Toumi P270 | P271
Saloua Essalah P100
Sameh Mabrouk P187 | P195 | P205
Samia Zerrouki CO41
Samia Zitouni P395
Sara Anibar P162
Sara Houas P148 | P149 | P409
Sara Ramdani P089 | P090 | P105
Sara Yagoub P190
Sara Zerouali P311 | P476
Sarra Berrada P019
Sarra Chekir P460
Sarra Souissi CO28
Seif Mokadem P292
Selma Dhaoui P274 | P275
Seraphin Ahoui P099 | P241 | P283
Sery Patrick Olivier Diopoh P028 | P029
Seydou Sy P023 | P309
Shaheen Bibi P232
Shaymaa Hawash P277
Sheetal Chiba P522 | P523 | P524
Shymaa Elkhouli CO23
Sihem Oulakrouz CO26
Sirine Bchir p153 | P154
Siyabonga Khoza CO07
Sohaila Moulouade P041
Sohaila Moulouade P216
Souad Boukachabia P060
Souad Chelghoum P334 | P482 | P483
Souad Saci P070 | P071
Souha Mahroug P047
Souhail Smaali P458
Souhaila Moulouade P052
Soukaina Rostoum P040 | P093
Soumiya Abou-Nouh P332
Tasnim Ben Ayed P606

Thana Ben Younes P329
Torki Alotaibi P541 | P542 | P551 | P573 | P613
Ulrich Kevin Kawane P259 | P597
Valerie Luyckx CO04
Wafa Homrani P273 | P299 | P618
Wafae El-Othemany P055 | P137
Wejden Ltaief P506 | P545 | P552 | P553
Wesley Van Hougenhouck-Tulleken P472
Wissal Chaabene P489
Yara Mheb P221
Yasmine Maatouk P008 | P009
Yasmine Sfaxi P556
Yasmine Thabti P111 | P159 | P173 | P406
Yesmine Soussi P120 | P178 | P402
Yessmine Fourati P199
Youcef Chafik Belgaid P478
Younoussa Keita P347
Youssouf Seid Haoua P171 | P438
ZA Traoré P382
Zainab Amghar P243
Zaineb Kaouiri P502
Zeinabou Maiga Moussa Tondi P026 | P376 | P377
Zeineb Beji P020
Zeinebou Dede P086 | P175 | P285 | P481
Zina Haj Belgacem P016 | P261
Zineb Maaiden CO46 | P045 | P128

Hosted by

AFRAN 2025 CONGRESS

Tunis, Tunisia - April 15 - 18, 2025

Radisson Blu Hotel & Convention Center
(Ex. Laico Hotel)

J'INSPIRE Group