

Etiologic-Sociodemographic Assessment and Comparison of Dialysis Modalities in Pediatric Syrian Migrants with Chronic Kidney Disease

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Abstract

Chronic kidney disease (CKD) and end-stage renal disease (ESRD) are among the important causes of mortality and morbidity in childhood. Early diagnosis and treatment of the underlying primary disease may prevent most of these patients from progressing to ESRD. However, not every patient may have this opportunity due to living conditions. There is no study examining chronic kidney diseases and dialysis modalities in Syrian immigrant children living in our country. We aimed to retrospectively research the etiologic, sociodemographic and clinical factors in chronic kidney disease observed among Syrian refugee children and at the same time to compare the clinical characteristics of patients with end-stage renal disease (ESRD) on peritoneal dialysis and hemodialysis.

Methods:

Our study included a total of 79 pediatric Syrian patients aged from 2-16 years monitored from September 2019-September 2020 at Hatay State Hospital pediatric nephrology clinic with diagnosis of various stages of CKD (stage 1-4) and with ESRD. Physical-demographic features and clinical-laboratory information were retrospectively screened.

Results:

The most common cause of CKD was CAKUT (37.9%). Other causes were Urolithiasis (15, 1%), Nephrotic syndrome (10, 1%), Spina bifida (8, 8%), Hemolytic Uremic Syndrome (7, 5%), Glomerulonephritis (7, 5%). Most patients used hemodialysis due to bad living conditions. Only 2 of the patients with peritoneal dialysis had automatic peritoneal dialysis (APD) applied, with 5 using continuous ambulatory peritoneal dialysis (CAPD). Long-term complications like left ventricle hypertrophy and retinopathy were significantly higher among hemodialysis patients. There was no difference identified between the groups in terms of hypertension and sex.

Conclusion:

Progression to ESRD for preventable reasons is very frequent among CKD patients. For more effective use of peritoneal dialysis in pediatric patients, in this patient group, the greatest responsibility of states is to improve.

Biography:

Ezel Celakil M is a currently working as Radiation Oncologist at Istanbul University, Turkey. He is leading stereotactic radiosurgery/ stereotactic body radiation therapy task groups at the same hospital. He was Head of Radiation Oncology department at Prince Faisal Cancer Centre, Saudi Arabia. He has his research experience from University of Ottawa Canada and Nantes University, France. He has been a recipient of many awards and grants, Reviewer for British Journal of Radiology and CARO annual scientific meeting. His research experience includes various programs, contributions and participation in different countries for diverse fields of study..

Publication of speakers:

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