181. THE MANAGEMENT OF PATIENTS WITH POLYCYSTIC KIDNEY DISEASE TREATED WITH PROGRAMMED HEMODIALYSIS

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Introduction: Polycystic kidney disease (PKD) is the most common potentially life-threatening monogenic disorder in humans, characterized by progressive development and expansion of fluid-filled cysts in the kidneys and other organs.The progressive evolution towards chronic kidney failure, focuses patients straight to profile clinics and dialysis center, that requires great expense for medical care.PKD is not just an public health problem but also actual scientific subject because of genetics were discovered the PKD etiopathogenetic mechanism.

Materials and methods: The objectives are to describe clinical and laboratory particularities at PKD pacients with chronic renal insufficiency, treated with hemodialysis. Studying general data, clinical parameters (kidney size, period of treatment with hemodialysis), uremic intoxication, the degree of anemia, electrolyte disturbances and the role of hemodialysis in treatment at patients with PKR were found following results: wereexaminated20 patients (75% women.,25% men) the mean age - 51.4 years,mostly from rural area – 13 patients versus 7 patients from urban environment. Length of stay to hemodialysis is 4,35 +/- 3,7 years.The kidneys size are:left kidney - 20,56 cm^2, right kidney - 19,39 cm^2. Hemoglobin - 8,93 +/- 1,27 g/dl (at initiating therapy) and 10,7 +/- 1,27 g/dl(during the treatment). Hematocrit - 25,22 +/- 4,4 % vs 30,85 +/- 4,2 %. Red blood cells - 2,64 +/- 0,13 x 〖10〗^12/L vs 3,79 +/- 0,56 x 〖10〗^12/L.Urea (32,8 +/- 6 mmol/l), creatinine (1030 +/-38 umol/l) at initiating therapy, decrease during treatment: urea (22,3 +/- 4,4 mmol/l), creatinine (749 +/- 32,3 umol/l). Potassium from – 5,7 +/-0,6 mmol/l to 4,7 +/- 0,5 mmol/l/. Sodium from - 137,9 +/- 3 mmol/l to 146 +/- 5,4 mmol/l. Calcium from - 2,3 +/- 0,4 mmol/l to 2,4 +/- 0,28 mmol/l. Phosphorus from - 2,69 +/- 0,5 mmol/l to 1,99 +/- 0,4 mmol/l.

Conclusions: The treatment with hemodialysis of patients with PKD allowed them to survive, live support-by correcting anemia, electrolyte disorders, hyperazotemia and parameters influencing hyperazotemia. PKD with End Stage Renal Disease (ESRD), requires treatment with dialysis, which one have a contribute at sustainablecontingent survival. To ensure asuitable treatment being on dialysis, it is necessary a continuous monitoring of patients, evolving diuresis, urea, creatinine, hemoglobine, hematocrit, red blood cells, electrolytic dynamics. Hemodialysis scheduled treatment contributes to survival, as well at preventing of major complications of hemodialysis patients.

Keywords: PKD, cysts, hemodialysis.