Back to dialysis after third Kidney transplant failure with severe calcific uremic arteriolopathy

Sawsan Babiker

Specialist in Renal Medicine at Ministry Of Health, Sultanate of Oman

Abstract

Introduction: Calcific uremic arteriolopathy (CUA), also known as calciphylaxis, is a serious condition with high mortality rate, characterized by skin ischemia, necrosis, and thrombosis due to calcium deposition. Frequent dialysis, sodium-thiosulphate (STH), vitamin K, and hyperbaric oxygen are trials with variable results. Steroid & warfarin are the most risk factors contributing for development of CUA. This middle age CKD female, post kidney transplantation failure, three times, all were commercial, was on steroid, developed vascular access failure and calciflaxis secondary to inadequate dialysis, with heart involvement, mitral annulus calcifications (MAC), and life threatening arrhythmias.

Results: Investigations showed high parathyroid hormone, normal serum phosphate and calcium, anemia, hypoalbuminemia, pulmonary CTA showed severe stenosis of left brachiocephalic and superior vena cava, echo revealed severe mitral annular calcification .

Calciphylaxis Graft calcification

Discussion: Permanent vascular access is important for dialysis adequacy. Calcific uremic arteriolopathy (CUA) is a life threatening condition. That following graft failure, and associated with inadequate dialysis, has poor response to current therapy polices and poor outcome, with cardiac involvement, including valve calcifications ,specially mitral annulus calcifications (MAC) that in this case inamenable to treatment or prevention due to vascular access failure and inability to implant device or pacemaker

Biography:

Dr. sawsan was working at Minstry of Health, Sultanate of Oman, Currently she is a Specialist In Renal Medicine and Physician Nephrologists at Buscher Renal Dialysis Center Oman

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