



A RETROSPECTIVE CASE STUDY OF VARIOUS CAUSES, CLINICAL PROFILE AND BIOCHEMICAL PROFILE OF CKD PATIENTS.

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ABSTRACT

Improved treatment of CKD complications is expected to lead to improved outcomes of ESRD. Many of these complications can be prevented or delayed by early detection and treatment. The aims and objectives of the study include

- AIMS AND OBJECTIVES-**
- 1.To study the various causes of CKD.
 - 2.To study the clinical profile of the CKD patients at presentation.
 - 3.To study the most common clinical presentation of CKD patients
 - 4.To study the biochemical profile of CKD patients on hemodialysis.
 - 5.To evaluate correlation between various biochemical parameters.

KEYWORDS :

INTRODUCTION- CKD is a complex comorbid condition with multiple manifestations. CKD is associated with a spectrum of complications involving a number of important organ systems, which includes anemia, dyslipidemia, resistant hypertension, cardiovascular disease (CVD), mineral and bone disorders, peripheral neuropathy, cognitive dysfunction, increased infection, malnutrition, and decreased functional capacity

SAMPLE SIZE- In the present study on 91 hemodialysis patients, the various clinical manifestations with which the patients presented to the hospital in 2016 were enquired and analyzed.

OBSERVATIONS AND RESULTS- results are as follows

AGE DISTRIBUTION- The present study contains 91 hemodialysis patients of various ages ranging from 20 years to 82 years. The age distribution among these patients is as in table.

AGE	NUMBER OF PATIENTS	PERCENTAGE
<35 years	23	25%
35-55 years	53	58%
>55 years	15	17%

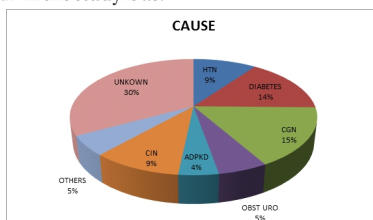
GENDER DISTRIBUTION:

Distribution of males and females in the present study is nearly 3:2.

GENDER	NUMBER OF PATIENTS	PERCENTAGE
Males	69	75.8%
Females	22	24.2%

CAUSE OF CKD:

In the present study the most important cause of CKD is unknown, followed by chronic glomerulonephritis, diabetes and hypertension. In majority, nearly 33% of the study population-attending hemodialysis the cause is unknown. A pie chart showing the various causes of CKD in the study is as:



HAEMOGLOBIN:

Majority of the patients in the study population are anaemic. The distribution of haemoglobin levels in the present study is:

HAEMOGLOBIN	NUMBER OF PATIENTS	PERCENTAGE
<=7g/dl	29	32%
>7g/dl	62	68%

ALBUMIN:

Table showing the number of patients and the percentage of study population having hypoalbuminemia:

ALBUMIN LEVELS	NUMBER OF PATIENTS	PERCENTAGE
<=3.5g/dl	30	32.9%
>3.5g/dl	61	67.03%

LDL LEVELS :

LDL LEVELS	NUMBER OF PATIENTS	PERCENTAGE
<=100mg/dl	73	80%
>100mg/dl	18	20%

HDL LEVELS:

HDL LEVELS	NUMBER OF PATIENTS	PERCENTAGE
<=40mg/dl	53	58.24%
>40mg/dl	38	41.76%

TOTAL CHOLESTEROL:

TOTAL CHOLESTEROL LEVELS	NUMBER OF PATIENTS	PERCENTAGE
>=150mg/dl	58	64%
>150mg/dl	33	36%

TRIGLYCERIDES LEVEL:

TRIGLYCERIDE LEVELS	NUMBER OF PATIENTS	PERCENTAGE
<=200mg/dl	83	91%
>200mg/dl	8	9%

SODIUM LEVELS:

SODIUM LEVELS	NUMBER OF PATIENTS	PERCENTAGE
Hyponatremia<135mEq/l	12	13%
Normal 135-145mEq/l	77	85%
Hypernatremia>145mE/l	2	2%

2 patients (2.2%) of the patients presented with fractures and 2 patients (2.2%) developed renal osteodystrophy in the form of kyphosis at presentation. Incidentally handful of the patients had accelerated hypertension and presented to outpatient department for headache.

SERUM POTASSIUM LEVELS:

SERUM POTASSIUM LEVELS	NUMBER OF PATIENTS	PERCENTAGE
3.5-5mEq/l	55	60.44%
>5mEq/l	36	39.56%

SERUM CALCIUM LEVELS:

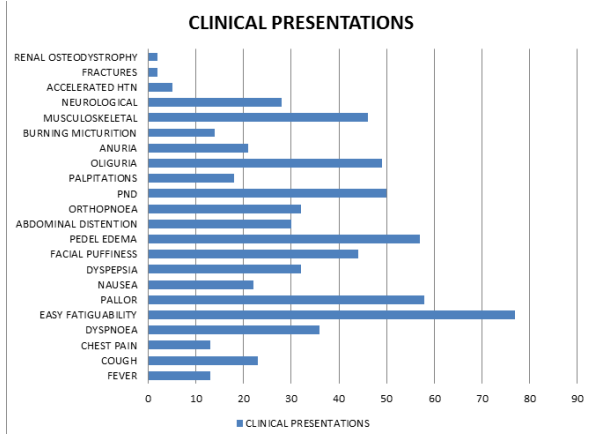
SERUM CALCIUM LEVELS	NUMBER OF PATIENTS	PERCENTAGE
<9mg/dl	15	16.5%
9-10mg/dl	67	73.6%
>10mg/dl	9	9.9%

URIC ACID LEVELS:

URIC ACID LEVELS	NUMBER OF PATIENTS	PERCENTAGE
<=6.5mg/dl	52	57.15%
>6.5mg?dl	39	42.85%

MEAN BLOOD PRESSURE:

BLOOD PRESSURE	NUMBER OF PATIENTS	PERCENTAGE
<=100mg/dl	38	41.76%
>100mg/dl	53	58.24%



CONCLUSION:

In the present study, 91 patients undergoing hemodialysis were enquired about their initial presentation at the time of diagnosis of CKD. In the present study, majority of the patients, 84.61% had a history of easy fatigability before diagnosed as CKD. In the study population, 62.64% of patients got admitted with symptoms of pedal edema. Oliguria was present in 53.85% of patients at admission. Half of the patients, 50.55% had generalized body pains before being diagnosed as CKD. Facial puffiness was present in nearly 48.35 % of patients and abdominal distension was present in 32.96%.

History of paroxysmal nocturnal dyspnea was present in 54.95%; palpitations were present in 19.78%. Neurological symptoms like tingling sensations and restless leg syndrome 30.77%.

Gastrointestinal symptoms like nausea were present in nearly 24.17% of the patients at presentation, and dyspepsia was present in 35.16%.

On examination, 63.73% of the patients had pallor. Fever was present in 14.28% of the patients at presentation.

5.5% of the patients presented with accelerated hypertension.