Methods: A retrospective cohort of patients 60 years and older, who initiated dialysis between January 1/2017 and December 31/2019 was analyzed. IAPD was defined as less than 16 hours of treatment per day. Clinical, biochemical data were collected. The Katz, Lawton-Brody scales and EQ-5D-5L questionnaire were applied through a telephone call. The Katz and Lawton-Brody scores were added to create the FS (range 0-14). The EQ-5D-5L questionnaire has 5 domains (mobility, self-care, usual activities, pain, anxiety/depression) and a Visual Analogue Scale (VAS) for QoL (range 0-100).

Results: 91 patients were on IAPD: 63% were male, median age 66 years, etiology was diabetes in 85%. Principal comorbidities were hypertension (97%), heart failure (31%) and hypothyroidism (23%). To compare clinical and biochemical characteristics, VAS score and FS, the cohort was divided in groups by dialysis vintage and by hours per day of dialysis, no differences were found between the groups except for urine volume and creatinine (table 1 and 2).

Correlation analysis was made and no association was found for the hrs/d and urea.

With regard to EQ-5D-5L questionnaire: the best scores were found in 42% for mobility, 61% for self-care, 59% for usual activities, 48% for pain, 40% for anxiety/depression. In the same way, 44% of the patients had 80 points or more in their perception of QoL, and it associated with albumin and phosphorus (r 0.296, p 0.015; r 0.312, p 0.027) (figure 1).

The majority of patients, 67%, were classified as independent (figure 1) and FS was associated with albumin, urea and VAS (r 0.462, r 0.416, r 0.407). No differences were found when we compared the FS between the groups of hours of dialysis per day.

Conclusions: IAPD in this elderly population does not correlate with the residual urea and nevertheless it does not mean suboptimal dialysis: there were found favorable results in regard to biochemical parameters related to PEW and the functional and quality of life scores maintain despite the dialysis vintage, and age.

No conflict of interest

POS-645

THE INCIDENCE AND RISK FACTORS OF PERITONEAL DIALYSIS TREATMENT FAILURE: A RETROSPECTIVE ANALYSIS AT NATIONAL KIDNEY AND TRANSPLANT INSTITUTE (NKTI)

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Introduction: End stage renal disease (ESRD) is a global health burden worldwide. In the Philippines, based on the Philippine Renal Disease Registry (PDRD), the number of ESRD cases from a population of 10,000 last 2013, had increased to 14,000 in 2016. NKTI, being the tertiary referral hospital for patients who are suffering from ESRD, has the largest Peritoneal Dialysis (PD) center and most number of patients on PD. It is the goal of this study to be able to share the clinical expertise and resources of the hospital on PD by being able to provide recommendations that can be translated into protocols and guidelines that will aid in improving PD technique survival.

Methods: We included only service patients initiated with PD at NKTI from January 2015 to December 2016 and follow up until December 2017 and 2018 respectively. Descriptive statistics was used to summarize the demographic and clinical characteristics of the patients and Independent Sample T-test, Mann-Whitney U test and Fisher’s Exact/ Chi-square test was used to determine the difference of mean, rank and frequency, respectively with 0.05% level of significance.

Results: The average age of the study participants was 44.5 ± 14 years old and most were male (59.51%) and married (55.87%). The major etiology of kidney failure is chronic glomerulonephritis 195 (39.47%) and Diabetic nephropathy 137 (27.71%). Majority of patient was initiated with CAPD modality (81.98%) versus IPD (18.02%). The Incidence of PD treatment failure was 38.89% with 178 (89.5%) cases of morbidity and 14 (7.29%) cases of mortality with the primary reason being relapsing (57.14%) and refractory (23.03%) respectively. It is shown in the analysis that the following risk factors had positive correlation with PD treatment failure: Diabetic mellitus and asthma comorbidity, every unit of increase in BMI, SBP of 140-160mmHg, increase frequency of hospital admission and history of PD peritonitis.

Conclusion: Since PD infection is the predominant cause of failure which is reflective of the patient’s PD training, it is recommended that the hospital evaluate its PD training processes and protocols. The low mortality rate which is 7.29%, may be attributed to better clinical judgment and timely management.

No conflict of interest

POS-646

CHALLENGING MANAGEMENT OF A CRITICAL COVID-19 PATIENT WITH PERITONEAL DIALYSIS

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Introduction: The pandemic of novel coronavirus disease 2019 (COVID-19) is posing a threat to all populations, especially those with underlying diseases. Patients with kidney failure who require renal replacement therapy to sustain their lives often have accompanying damaged immune systems and multiple coexisting disorders; hence, there is a need for special care for these patients under the COVID-19 outbreak.

The management of these patients is more complex because it requires managing complications related to COVID-19 and those to end-stage renal failure (ESRF).

Methods: We present here the unique case of a patient on peritoneal dialysis and suffering from critical COVID-19 pneumonia.

Results: A 28-year-old male patient with a past history of systemic lupus erythematosus under corticosteroid therapy, prednisone 40 mg per day with ESRF and continuous ambulatory peritoneal dialysis. The frequency of exchanges was four times a day using isotonic and mediolotic fluids with a daily ultrafiltration at 2000 ml. The patient had residual diuresis less than 500 ml per day.

Clinical presentation started with a 10-days course of fever with odynophagia, relayed by a diarrhea, with dyspnea. An RT-PCR performed on a nasopharyngeal swab returned positive to SARS-CoV2. The patient was hospitalized in the infectious disease department. He displayed fever at 38.5, polyne, crackles and SpO2 at 92% in room air. Ascitic fluid Gram stain and culture was negative. The patient was initially put on nasal cannula, azythromicin, the CAPD was maintained with the same regimen. After a transient stabilisation, respiratory state worsened, leading to a severe acute respiratory failure. The patient was transferred to medical intensive care unit. The presentation was peculiar by the addition of an alternating hyperactive and hypoactive delirium suggesting COVID-19 related neurological impairment, making difficult the CAPD management. The diagnosis of acute respiratory
failure was adjusted to the natural evolution of the COVID-19 pneumonia associated with a probable hemodynamic pulmonary edema consecutive to overload and a higher neural drive because of the delirium. He was put under High Flow Nasal Cannula, imipenem-cilastatin, colymicin, azithromycin and preventive anticoagulation. CAPD was maintained by adding hypertonic solutions and extravasally to achieve a negative fluid balance. Special respiratory care was achieved to manage the transient alterations of the abdominal wall compliance by the administration of the peritoneal dialysis fluids, thus worsening the viscoelastic properties of the respiratory system. This goal was achieved by introducing a pressure support non invasive ventilation to stabilise the respiratory state while performing CAPD sessions. A chest CT-scan showed severe lesions consistent with COVID-19 pneumonia. A gradual consolidation of the respiratory and general state was observed (resumption of oral feeding, delirium, satisfactory autonomy, with better respiratory tolerance of the effort), allowing his discharge eight days later without oxygen.

Conclusions: Managing critical COVID-19 pneumonia in patients with peritoneal dialysis is challenging. Intelligent use of different ventilatory assistance procedures coupled to delirium management may prevent more invasive procedures such as invasive mechanical ventilation and hemodialysis and respective related poor prognosis

No conflict of interest

POS-647

A RARE CAUSE OF PERITONEAL DIALYSIS RELATED PERITONITIS: ACTINOMYCES ODONTOLYTICUS

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Introduction: Peritonitis remains the most feared complication in patients on peritoneal dialysis. The most frequently reported bacteria are Gram positive and are mainly coagulase negative staphylococci. Actinomyces peritonitis is rarely reported in the literature. Actinomycosis is a chronic supplicative infection of often slow progress caused by an anaerobic gram-positive bacillus. Abdominal localizations are rare and can simulate a malignancy, making the diagnosis harder. Hereby, we report the first Actinomyces Odontyliticus peritonitis in a patient undergoing peritoneal dialysis.

Methods: We report the first Actinomyces Odontyliticus peritonitis in a patient undergoing peritoneal dialysis.

Results: A 51-year-old patient with a history of arterial hypertension, hypertensive heart disease, dyslipidemia and chronic renal failure, secondary to undetermined nephropathy, has been on peritoneal dialysis for 2 years. He has had no anterior peritonitis. The history of the disease dates back to May 2020 when the patient visited our unit for dyspnea, fever above 39°C, severe abdominal pain and a cloudy drainage. Blood biology showed a C reactive protein of 227 mg/l, and hyperleukocytosis of 23680 / mm3. Analysis of the dialysate showed a cloudy peritoneal effluent containing 970 white elements / mm3 predominantly neutrophilic on direct examination. The diagnosis of infectious peritonitis was made and we started an empirical antibiotic treatment based on intraperitoneal vancomycin (1 g every 5 days) and 500 mg of oral ciprofloxacin. Five days later, we received the germ identification, revealing the presence of a rare one; Actinomycosis Odontolyticus. The antibiogram showed sensitivity to vancomycin, ciprofloxacine, amoxicilin and rifampicin, and resistance to metronidazole.

In order to be sure of the entry point of the peritonitis, an abdominal-pelvic CT scan was performed, which revealed no abnormalities.

The course of action was to keep the same initial antibiotic therapy based on vancomycin and ciprofloxacin for a fairly prolonged period of 6 weeks with a planned extension based on the combination of rifampicin and ciprofloxacin. The addition of an antifungal has proved necessary in this context of prolonged antibiotic therapy. The evolution to date is favorable. There has been no need to remove the cather so far as the infection was well controlled.

Conclusions: Through this case, we underline the importance of pronged time for culture of the dialysate liquid in order to isolate slowly growing germs. Cooperating with the microbiologists, helps choosing adequate antibiotic therapy, hence we could avoid relapses and abscesses, insuring the patient’s and the technique’s survival.

No conflict of interest

POS-648

PRURITUS AND QUALITY OF LIFE IN PERITONEAL DIALYSIS PATIENTS

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Introduction: Pruritus is a common complication among end-stage renal disease patients. It affects approximately 40-90% of these patients. Although it highly affects their life quality, it remains underdiagnosed and very poorly cared for.

The objective of this work is to describe the frequency of this entity, its risk factors, and its relationship with the quality of life of patients on peritoneal dialysis.

Methods: This is a cross-sectional survey of 27 end-stage renal disease patients treated with peritoneal dialysis (PD).

The pruritus was assessed by the following tests: the global VAS-UP scale and the DLQI (Dermatology life quality index). The quality of life was measured by adapted and validated questionnaires (KDQoL-SF36) and according to the Karnovsky index.

Results: The descriptive study included 15males and 12 females. the mean age was 45.74 years (21–77 years). Eleven patients were on automated peritoneal dialysis (APD) and 16 patients on continuous ambulatory peritoneal dialysis (CAPD).

The mean duration of dialysis was 45.77 ± 25 months. Four patients had retained urine output (> 1000 mL per 24 h). Moderate to extreme pruritus was reported in 29.6% of patients. Average SF-36 scores ranged from 38.8 (limitations due to physical condition) to 61.1 points (life and relationships with others). The mean KDQoL scores ranged from 41.2 (burden of kidney disease) to 65.1 points (symptoms / problems). Karnovsky's average index was 76.3%. The intensity of the pruritus was significantly associated with a decrease in the Karnovsky index (p = 0.03).

Conclusions: This study underscores the fairly high prevalence of pruritus in peritoneal dialysis patients.

It has a negative impact on their quality of life.

These results should attract the attention of the nephrologist for adequate management of the pruritus.

No conflict of interest

POS-649

SEASONAL VARIATION OF PERITONITIS EPISODES IN CHILDREN UNDERGOING PERITONEAL DIALYSIS

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Introduction: Peritoneal dialysis (PD) is an effective and frequent dialysis modality in adults, particularly preferred in infants and young children with end stage kidney disease. Peritonitis in patients undergoing peritoneal dialysis (PD) remains a common complication. The aim of this study is to investigate the role of climatic factors in dialysis-related peritonitis.