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RENAL REPLACEMENT THERAPY (RRT) IN INFANTS AND TODDLERS WITH END STAGE RENAL DISEASE (ESRD) IN THE CZECH REPUBLIC

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The management of infants with ESRF continues to present not only ethical dilemmas but also a very real practical challenge.

We present 9 infants on RRT during last 10 years.The mean age at the start of RRT was 4 months (14 days - 4 years). Causes of ESRF were renal hypoplasia / dysplasia (4), autosomal recessive polycystic kidney disease - ARPKD (3), obstructive uropathy (1), congenital nephrotic syndrome (1). Overnight cycling peritoneal dialysis (PD) was the preffered initial option. The nasogastric tube feeding was used to optimised growth, nearly 30% of patients had gastrostomy. Caloric intake was 120 % of recomended dose, protein intake was 1.8-2.2 g/kg/day. Erythropoetin, salt supplementation and activated vitamin D were used in the majority of patients. Children were placed on the transplant waiting list when they reached the weight of 10 kg. Five were grafted at the main age of 4 years (2,8 - 5,2 years). In one patient a preemptive transplantation was made. Developmental outcome all of them is good. 2 patients died. One (ARPKD) on the palliative care at the age of 1 year (parents were to oppose PD treatment), one boy with multiple anomalies (VACTER association) died on RRT before one year of age (sepsis). 2 patients are still on PD.
Conclusions: This intensive treatment can be successful if there is full compliance of family and a skilled and resourced medical team. Each case has be considered separately. When parents are considered, the importance of non-renal co-morbidity must be emphasized.