

# **Continuous Renal Replacement Therapy in children with acute renal failure-own experience**

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Continuous renal replacement therapy (CRRT) became a treatment modality of choice in acute renal failure (ARF), mostly in multiorgan failure (MOF). Aim: Evaluation of treatment efficacy with continuous veno-venous hemodialysis/hemodiafiltration/hemofiltration/ultrafiltration (CVVHD, CVVHDF, CVVH, SCUF) in ARF pts. Material 58 pts in mean age of 10,2 years (from 3 days to 24 y), in whom overall 92 treatment sessions were performed, lasting (mean) 66,6 hours (from 20 min to 369,5 h). Indications: -ARF in course of MOF (n=11), -liver transplant (LTx) (n=17), -congenital metabolic diseases (n=5), -post-chemotherapy (n=6), -other (n=14). For analysis patients were divided to age groups: 0-2 y (n=14); 2-5 y (n=5); 5-10 (n=8); 10-15 y (n=14); > 15y (n=17). Parameters of the procedures: mean blood flow 3,2 ml/min/kg, mean dialysate flow 437 ml/kg/h, mean supplement fluid flow 21,6 ml/kg/h. Results: Overall 23 patients died (39%). The highest mortality occurred among pts. of 0-2 y of age (57%) and among pts after chemotherapy (100%), while the lowest was among pts > 15 of age (29%) and LTx pts (23%). Mean ultrafiltration rate was 2,7 ml/kg/h. Intraprocedure MAP was 79,1 mmHg (the lowest in pts at 0-2 y of age: 57,2 mmHg). No anti-coagulation was used in 30% procedures. Summary: CRRT in high-risk pts provides effective volemia control, is performable in critically ill, instable cases, patients after major surgery and young infants.

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