

THE EFFECT OF HIV INFECTION ON OUTCOMES OF CONTINUOUS AMBULATORY PERITONEAL DIALYSIS



KCZ Ndlovu ^{1,2}, A Assounga ^{1,2}

- 1. Inkosi Albert Luthuli Central Hospital
- 2. University of KwaZulu-Natal, Department of Nephrology

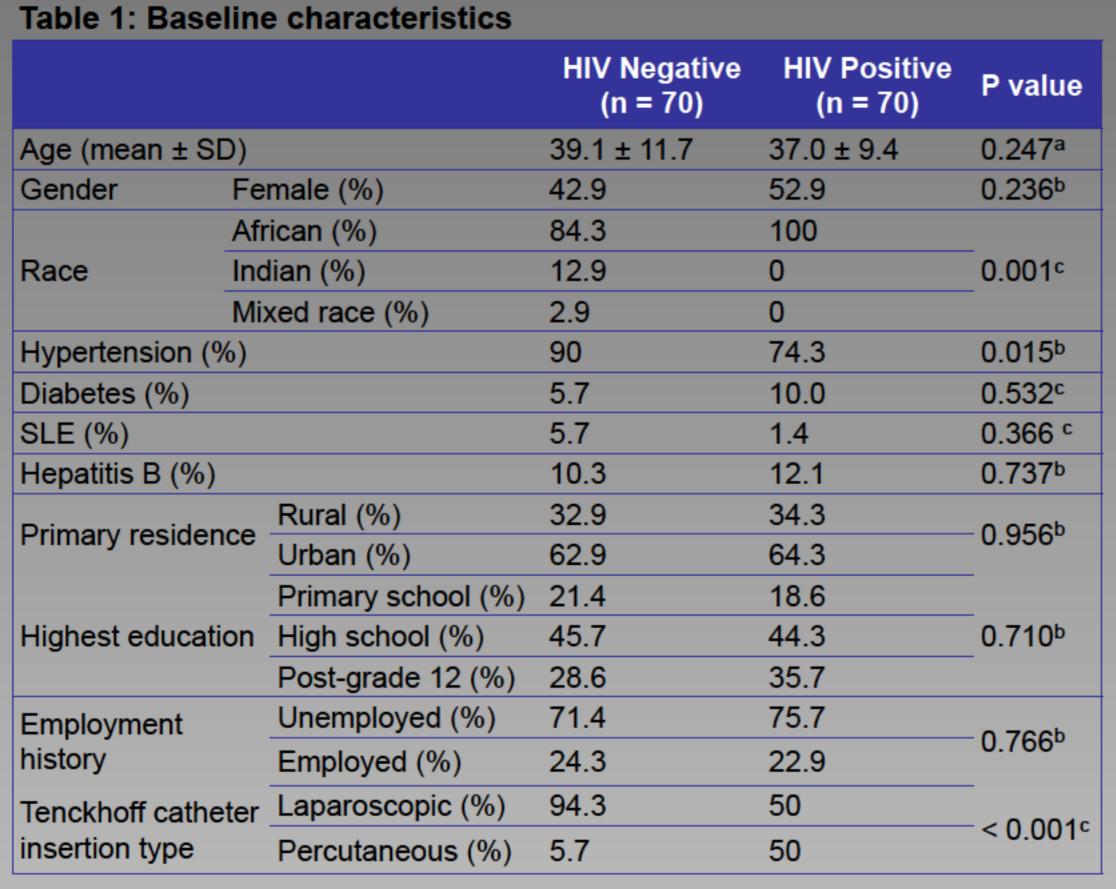
INTRODUCTION

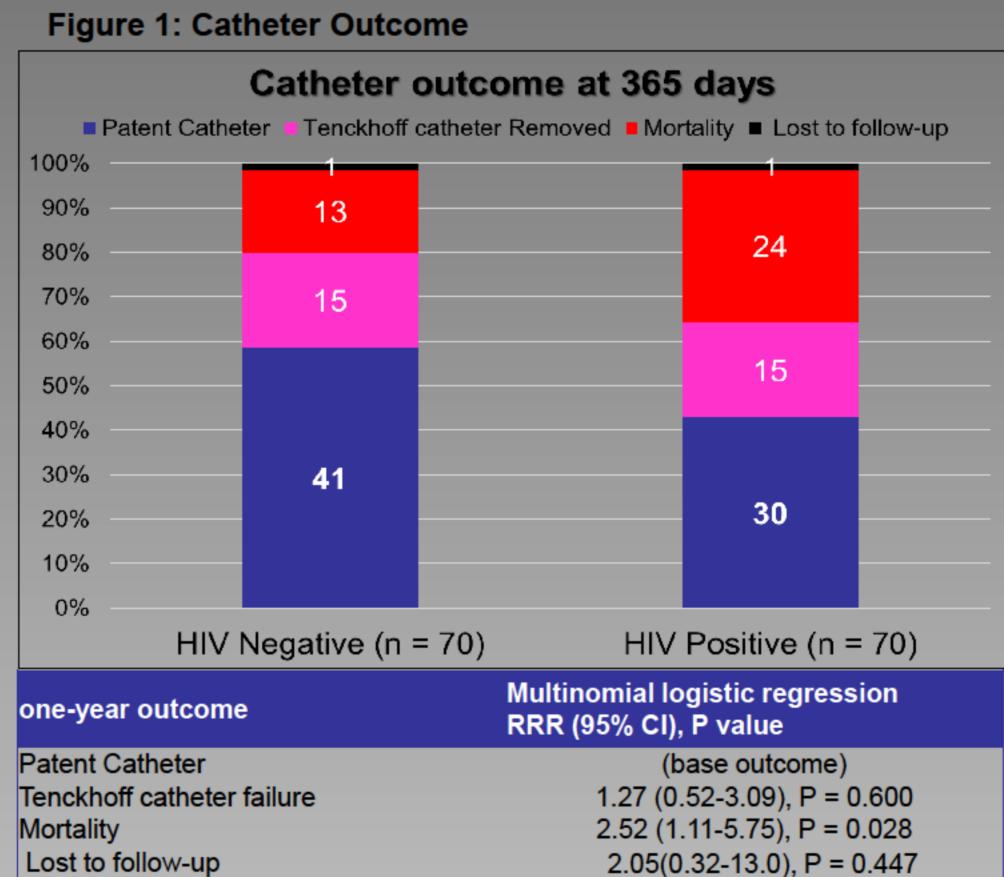
Management of Renal failure in the setting of HIV infection has been scarcely studied particularly in low resource settings where access to renal replacement therapy is not widely available. This study aims to evaluate the outcomes of Continuous Ambulatory Peritoneal Dialysis (CAPD) in the management of renal failure associated with HIV infection.

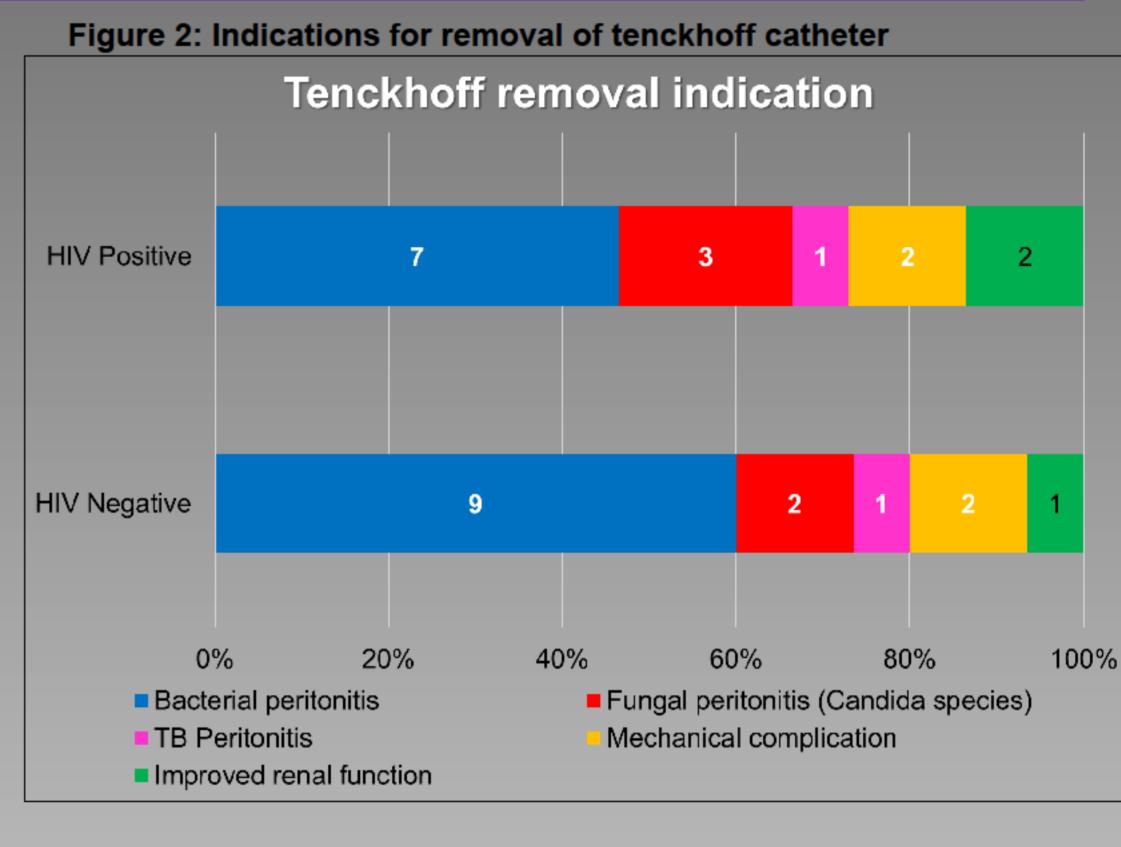
METHODS

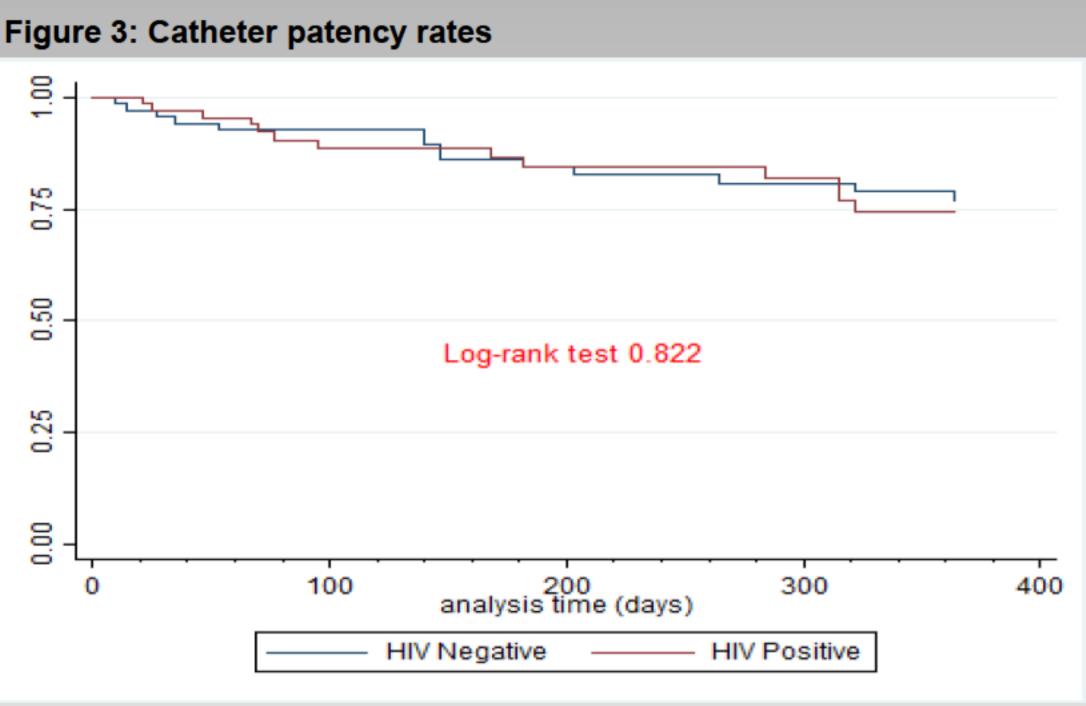
This is an ongoing prospective cohort study following-up 70 HIV positive and 70 HIV negative renal failure patients newly inserted a tenckhoff catheter in our units, King Edward VIII and Inkosi Albert Luthuli Hospitals, Durban, South Africa, between September 2012 and Febuary 2015, monthly followed up data of the first year was used to assess outcomes of catheter failure and mortality.

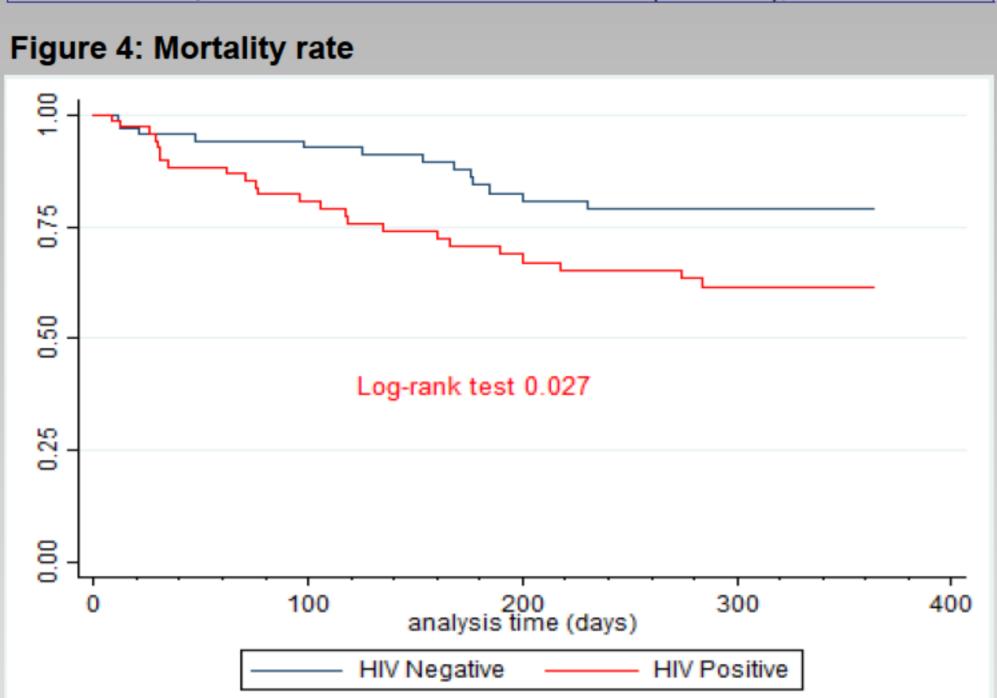
RESULTS

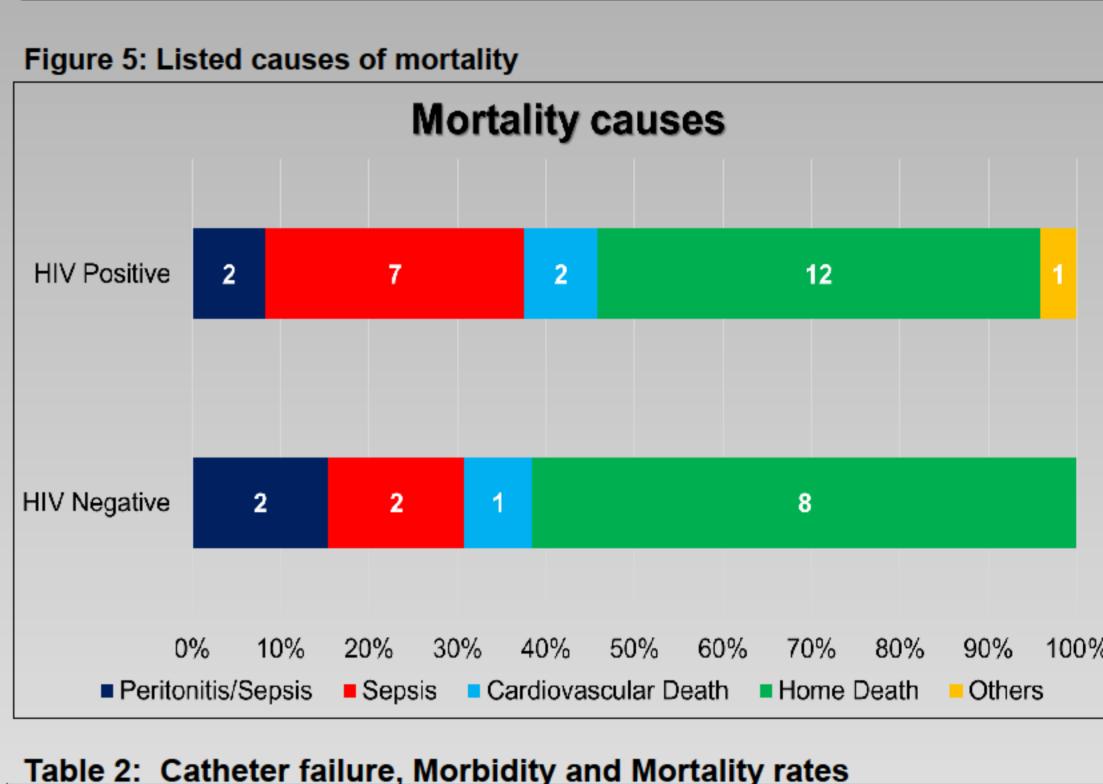


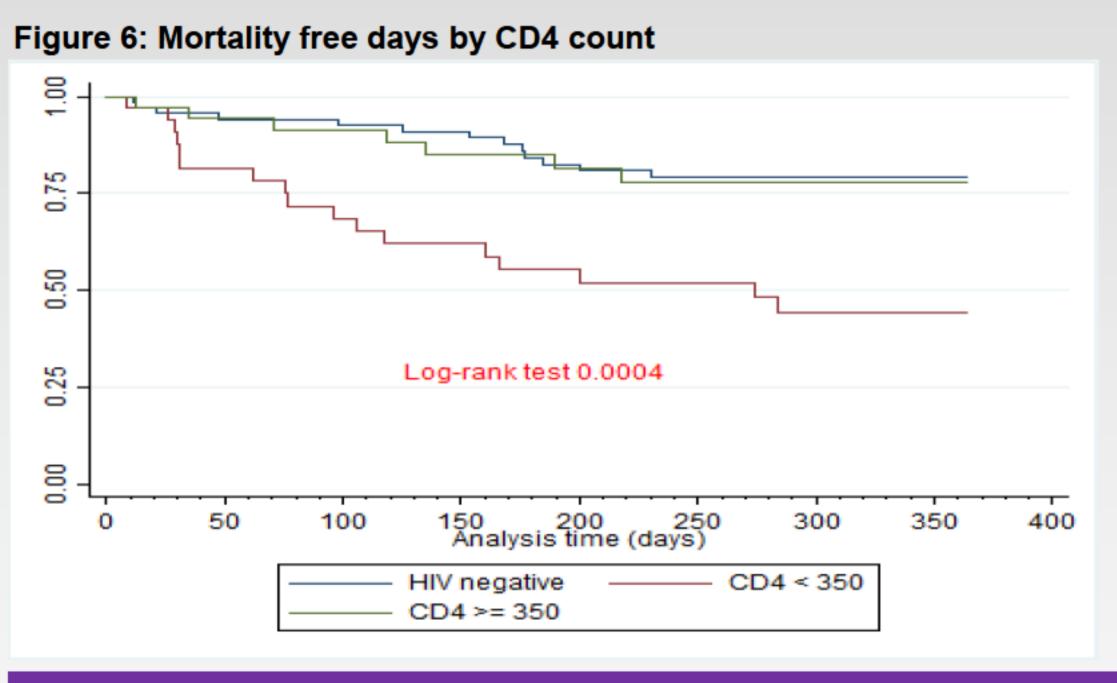


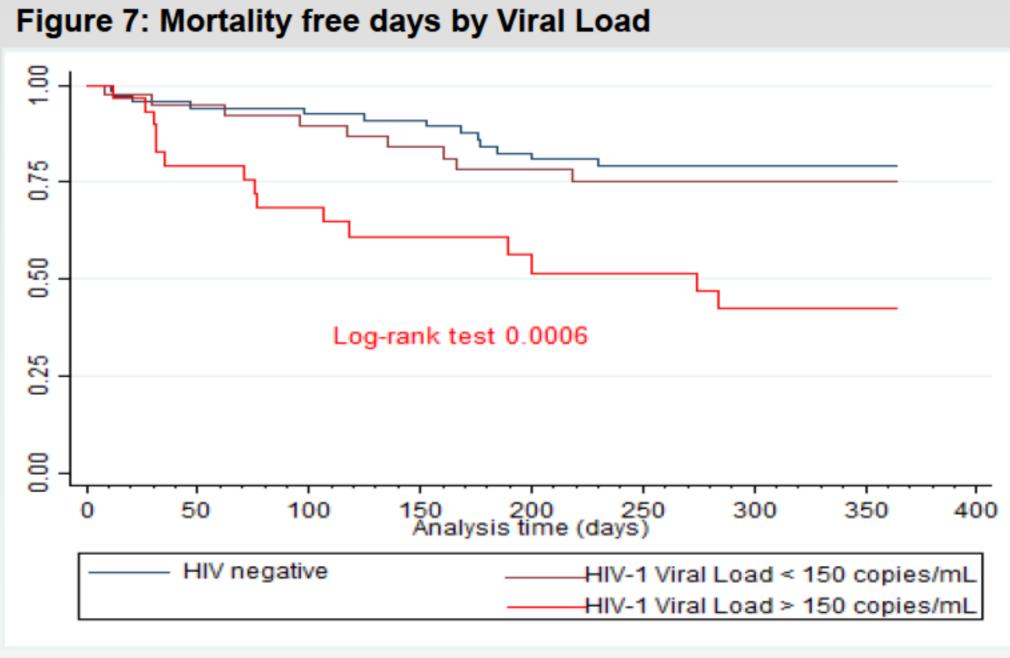












HIV Incidence Rates per Hazard Ratio / **Negative Positive** P value Incidence Risk Ratio person-years (n = 70)Catheter failure rate 0.270 0.298 HR 1.09 (0.51 - 2.32) 0.822 Mortality rate 0.251 0.550 0.031 HR 2.11 (1.07-4.14) All-cause admission 1.52 2.97 0.013 HR 1.66 (1.12-2.48) rate Accumulative hospital 25.9 < 0.001 IRR 1.47 (1.34-1.61) admission days Catheter related 0.924 1.67 HR 1.58 (0.997-2.50) 0.051

CONCLUSIONS

This study suggests that HIV infection in patients on CAPD does not adversely influence catheter failure rates at one year, however, uncontrolled HIV infection may be associated with increased mortality relative risk.



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admissions

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