

OUTCOMES OF PATIENTS WITH SYSTEMIC AMYLOIDOSIS UNDERGOING PERITONEAL DIALYSIS (PD)

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BACKGROUND

Amyloidosis is a heterogeneous entity that manifests as a systemic, progressive and fatal disease. The prevalence and incidence of systemic amyloidosis has decreased in recent years probably due to the emergence and increased access to treatment of the underlying cause. Poor outcome for patients with amyloid A (AA) amyloidosis on dialysis has been reported, however data regarding the long-term renal replacement therapy (RRT) outcomes of amyloidosis is scarce.

METHODS

We retrospectively analyzed all patients with AA amyloidosis who started dialysis peritoneal (DP) in our center between January 1, 1995 and October 31, 2015.

RESULTS

- 331 patients started PD. 8 (2,41%) presented AA amyloidosis (woman: 6; men: 2)
- Median age at onset of PD was 61 years (41-79 yrs).
- The reason for choosing DP was hypotension in 1 patient (12,5%), vascular access problems in 4 (50%) and patient decision in 3 (37,5%).
- Diagnosis of amyloidosis was confirmed through renal biopsy in 7 patients (87,5%).

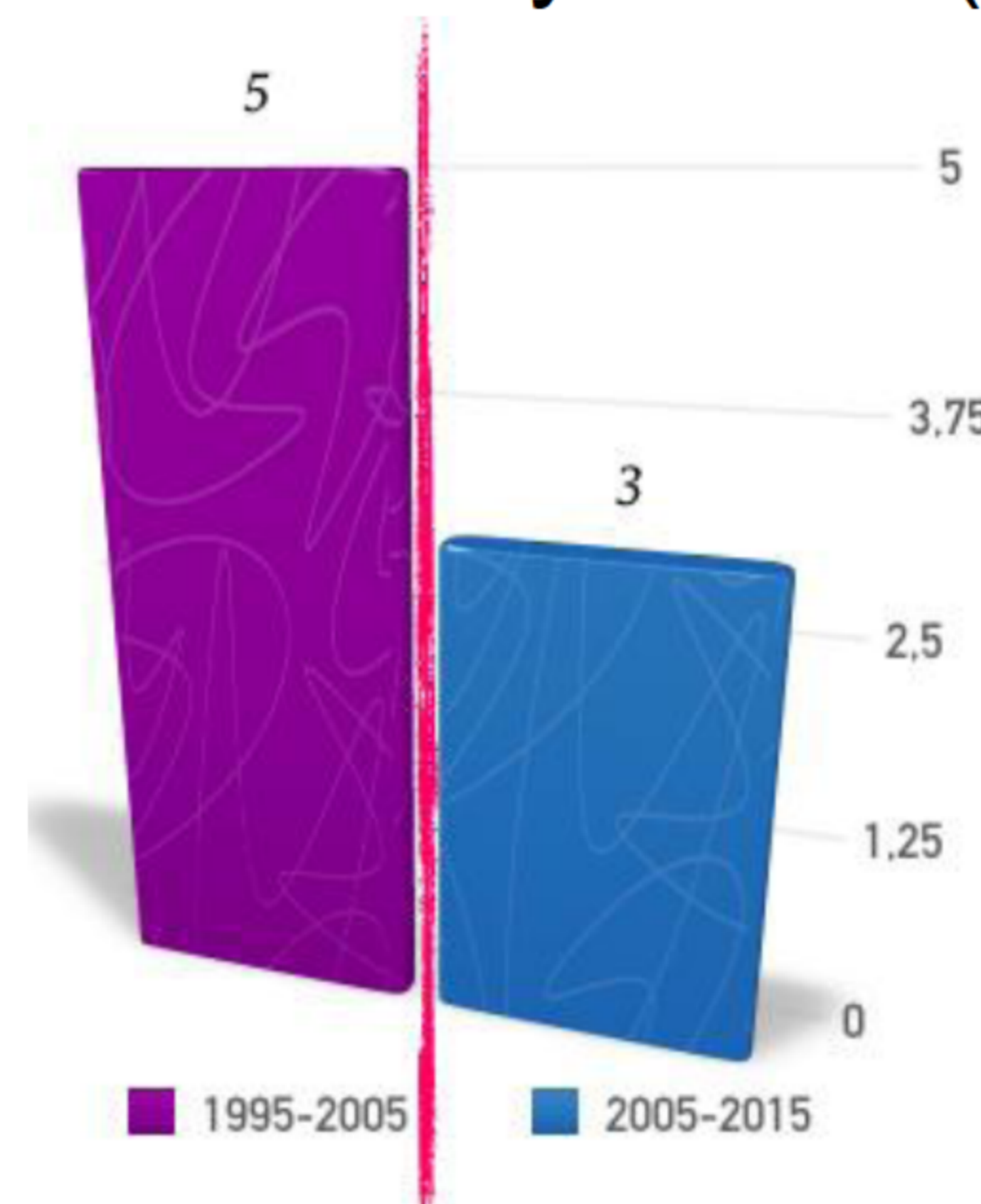


Fig 1. Distribution of case occurrence of cases

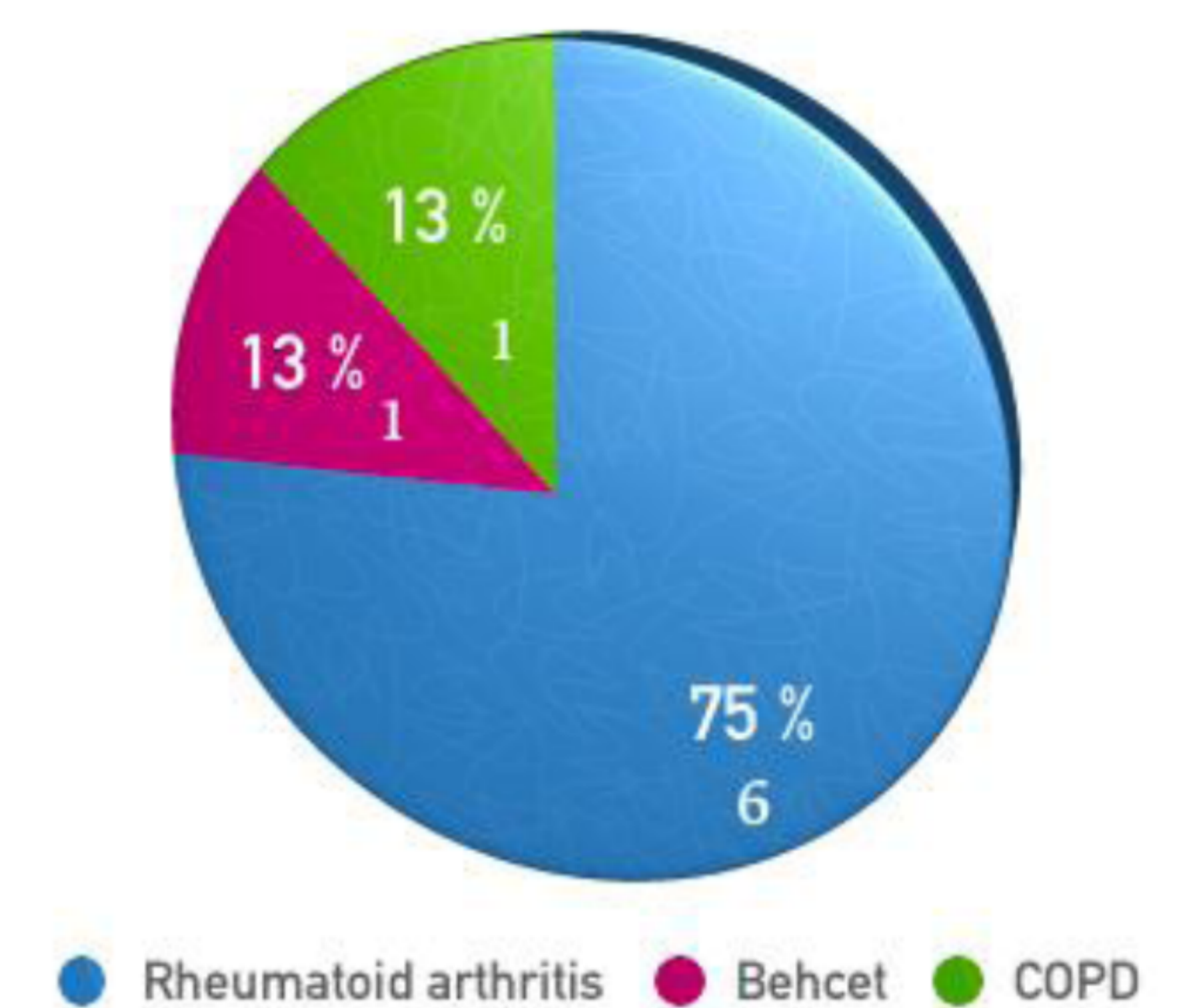


Fig 2. Etiology of AA amyloidosis

| | Hb (g/dl) | EPO (U/kg/week) | ERI* (U week/kg/g/dl) | Alb (g/dl) |
|-------------------------|---------------------|-------------------|-----------------------|------------------|
| 0 month n=8 | 10.2 (8.2-11.9) | 81 (0-113) | 10.3 (9.6-10.6) | 2.8 (3.1-3.8) |
| 1 month n=8 | 11.1 (9.9-12.7) | 74 (0-143) | 12.2 (11,1-13,1) | 2.7 (2.3-3.8) |
| 6 months n=6 | 11.4 (10.8-12.3) | 94 (65-128) | 8.3 (6-9,8) | 2.7 (2.3-4) |
| 12 months n=6 | 12 (11.15-13,15) | 145 (69-160) | 10.1 (8.4-12,3) | 3 (2.4-3.4) |
| 15 months n=5 | 12.4 (10.7-13.4) | 148 (66.2-158) | 10,9 (4,5-13.5) | 3,1 (1,9-3.5) |

* Erythropoietin resistance index

Tab 1. Biochemical characteristics

- Median patient survival was 16 months (2-54 months).
- Seven patients died during follow-up time. The causes of death were cachexia in all the patients in addition to respiratory sepsis in 2 and stroke in 2.
- One patient was transplanted and survives 54 months later.

CONCLUSIONS

- Amyloidosis is associated with poor patient survival following dialysis. Most patients died of amyloidosis complications like cachexia.
- PD is a suitable RRT option showing acceptable results in our patients, constituting an option for patients with difficulty for HD.
- The low incidence and prevalence of this disease makes the case series published contain a small number of patients.