

Annual Congress on

Nephrology & Hypertension

December 06-07, 2018 | Amsterdam, Netherlands



Dewi Gathmyr

University of Indonesia, Jakarta

How to manage diabetic kidney disease with CHF for PCI? : a case report

Introduction: The prevalence of diabetic and CKD has increased and been associated with the risk of diabetic kidney disease (DKD). 10% DKD will end up with state renal disease (ESRD), 90% of deaths are due to cardiovascular disease (CVD), abnormalities and infections and requires needed early management to reduce these risks, but current treatment has not provided maximum results and controversial occurs. This case report aims to look at the limitations of current therapy, providing the best management related to the latest development of DKD therapies.

Case Report: A 59 year old woman presented with edema, fatigue, dyspnoe especially in activities. There was a history of high blood glucose and high blood pressure. On physical examination anemia was found, with increased fasting sugar levels, reduced haemoglobin, albuminuria, increased serum urea and creatinine and a decreased glomerular filtration rate (GFR), increased trigeride and decrease of ejection fraction (EF). There is a cardiomegaly with elongation of the aorta and congestive lung in thorax photo, Echo EF 29%. Management: low salt diet, protein 1.3g/kg/d, amlodipine, candesartan, bisoprolol, statin, furosemide, bicarbonat, folic acid, vitamin B12, HD two times a week, plan to PCI.

Discussion: Diagnose of DKD has been confirmed clinically; reduce of GFR, albuminuria, high blood glucose. Current DKD management is done by controlling blood sugar and blood pressure. Intensive sugar dick early, to prevent type 1 and type 2 DM from becoming DKD, but not for DKD therapy. ACEI is used for DKD therapy, but not for preventing DKD events in normotensive and controlled hypertension. The use of SGLT2 inhibitors and GLP1 receptor agonists can be considered in these patients. In conclusion, in these patients with GFR 8.4, hemodialysis is used to reduce the risk of contrast side effects in PCI. A new strategy is needed in treating early stage DKD, in which the treatment is based on genetic, biomarkers and personalized treatment.

Biography

Dewi Gathmyr is the Head of the internal medicine clinic Lakespra Saryanto. She was a commander of the health unit air force headquarters, Head of Health Airforce Educational Command and also a middle officer at Esnawan Antariksa Air Force Hospital. She is now persuing her postgraduate in nephrology of internal medicine department at University of Indonesia, Jakarta.

dewigathmyr@gmail.com

Notes: