

ACUTE RENAL FAILURE.

- A sudden decrease in the renal function is called Acute Renal Failure.
- It is often reversible as long as permanent injury to the kidney has not occurred.

CLINICAL MANIFESTATIONS:

- o Oliguria
- o Possible edema and fluid retention
- o Elevated blood urea nitrogen (BUN) and serum creatinine.
- o Alteration in serum electrolytes.

ETIOLOGY:

- Myocardial infarction
- Decreased blood flow
- Obstruction
- Hemolytic-uremic syndrome
- Glomerulonephritis.

Acute renal failure is classified as pre-renal, ultra-renal and post-renal failure.

(1) Pre-renal failure:

- It results from impaired or reduced blood flow to the kidney.
- It can occur due to -
 - ~ SHOCK
 - ~ Hypotension
 - ~ Anemia
 - ~ Ischemic formation.

(2) Intra-renal failure:

- It results from acute damage to renal structures.
- It can occur due to -
 - ~ Acute glomerulonephritis ; pyelonephritis.
 - ~ May also result from acute tubular necrosis (ATN) → most common cause.
 - ~ Damage of kidney structure from exposure to toxins, solvents, drugs and heavy metals

(3) Post-renal failure:

- It results from conditions like blockage of urine outflow.
- It can occur due to -
 - ~ Obstruction of urine outflow by calculi.
 - ~ TUMORS
 - ~ PROSTATIC HYPERPLASIA.

SYMPTOMS :

- Decreased kidney function
- obstruction in urinary tract
- Blood in urine
- Reduced urine output
- Dehydration
- Detectable abnormal mass
- Pale skin
- Poor appetite.

DIAGNOSIS :

- (1) Routine laboratory test (creatinine & BUN)
- (2) Ultrasound ~~out~~ of kidney helps to continue

whether kidney failure is acute or chronic.

(3) kidney biopsy

(4) CT scan

TREATMENT:

- Prevention of acute renal failure through support of blood pressure and volume.
- correction of fluid and electrolyte imbalance
- dialysis
- low protein, high carbohydrate diet to minimize the formation of nitrogenous waste.

chronic renal failure.

- It is the end result of progressive kidney damage and loss of function.
- Chronic renal failure is classified into four progressive stages based on the loss of GFR.

4 stages:

(1) Diminished renal reserve.

(GFR decreased to 35 to 50% of normal)

(2) Renal insufficiency.

(GFR decreased to 20 to 35% of normal)

(3) Renal failure.

(GFR reduced to less than 20% of normal)

(4) End-stage renal disease.

(GFR is less than 5% of normal)

ETIOLOGY:

- Chronic glomerulonephritis
- Chronic infection
- Renal obstruction
- Exposure to toxic chemicals, toxins or drugs
(Aminoglycoside antibiotics & nephrotoxicity)
- Diabetes.
- Hypertension
- Nephrosclerosis
- Diabetic nephropathy
- Polycystic kidney disease
- Alport syndrome.

SYMPTOMS :

- Anemia, increased levels of phosphates (in blood) are complication of the kidney failure.
- Malaise
- Dry skin
- Poor appetite
- Vomiting
- Bone pain
- Metallic taste in mouth
- Detectable abdominal mass

TREATMENT :

- Careful management of fluid and electrolytes
- Prudent use of diuretics
- Dietary management; restriction of dietary protein intake
- Renal dialysis
- Recombinant erythropoietin to treat anemia.
- Renal transplantation