Acute kidney injury in pregnancy and the role of underlying CKD: a point of view from México.

Abstract

The incidence of acute kidney injury in pregnancy (P-AKI) in developed countries is significantly lower than in developing ones, where it is estimated to range between 4 and 26%. Mortality in cases of P-AKI requiring dialysis is high, varying from 20 to 80%. In developing countries, clinical decisions are often based on the availability of services and not on needs. Prenatal surveillance in Mexico does not include serum creatinine, limiting the potential for early diagnosis of AKI and CKD and their differential diagnosis. There are few specialized centers for the care of a pregnancy complicated with kidney disease in Mexico. P-AKI superimposed on preexistent, and usually undiagnosed CKD, is common: in Guadalajara 10 out of the 27 patients with Stage 3-5 CKD or nephrotic proteinuria, that were followed in 2013-2015, required renal replacement therapy (RRT) in pregnancy; in the same period in Mexico City out of 18 patients with P-AKI requiring dialysis, 5 remained dialysis dependent, 3 started dialysis in the following year after their pregnancy and only 1 fully recovered renal function. The grim prognosis is exacerbated by the fact that 70% of Mexicans are not reimbursed for dialysis, and pregnancy-related coverage lasts for only 42 days after delivery. Perinatal results are no less troubling, as most patients with P-AKI give birth preterm to small or very small babies. While our data do not allow us to evaluate needs, they do make it possible to define the complexity of the problems faced in the care of P-AKI in Mexico. Early diagnosis of P-AKI and chronic kidney disease (CKD) is needed to protect mothers and children and the country urgently needs programs to enable it to fulfil the World Health Organization's imperative that we "make every mother and child count".

KEYWORDS:
Acute kidney injury; Chronic kidney disease; México; Pregnancy
Reply to the comment to our article titled: «Association of metabolic syndrome with low birth weight of birth, intake hypercaloric diets and acanthosis nigricans in childhood and teens with overweight and obesity».

[Subacute myocardial perforation related to a pacemaker lead. Case report and literature review].


Abstract

Myocardial perforation related to cardiac electronic devices leads is a rare, but unfortunate complication, since its clinical implications are potentially lethal. The fluoroscopic outcome of case of subacute right ventricular perforation is presented, together with an analysis based on a literature review.

KEYWORDS:

Complicaciones; Complications; Derrame pericárdico; Electrofisiología; Electrophysiology; Marcapasos; Mexico; México; Pacemaker; Perforación miocárdica subaguda; Pericardial effusion; Subacute myocardial perforation