PROGNOSIS OF PATIENTS WITH ACUTE AND CHRONIC RENAL FAILURE TREATED WITH THE SKEGGS-LEONARD HAEMODIALYSE

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Ninety-eight patients who were discharged after treatment with the Skeggs-Leonard haemodialyser for acute and chronic renal failure were re-examined, on average, 33 months (3–89 months) after discharge. 32 patients had died.

The cause of death was extrarenal in 16 out of 72 patients treated for acute renal failure. 16 out of 26 patients with chronic renal insufficiency died from progressing renal disease with uraemia.

The kidney function was evaluated by 24-hour endogenous creatinine clearance in 40 patients and by serum creatinine concentration alone in 22 patients. In patients with acute renal failure the kidney function improved steadily reaching a low normal level of, on average, 78 ml per min. (24-hour endogenous creatinine clearance) in one year. Only 8 patients with chronic renal diseases reached a fair kidney function with an average 24 hour endogenous creatinine clearance of 41 ml per min.

In 1/3 of 35 patients treated for acute renal failure the renal concentration capacity was below normal.

34 patients treated for acute renal failure had urinary infection at the discharge. At the time of re-examination 7 of these patients still had pyuria and bacteriuria.

37 patients with acute renal failure were back to normal full-time work within 6 months after the discharge, and a further 8 patients were well within 2 years. 11 patients were incapacitated because of various extrarenal diseases.

Among 10 surviving patients with chronic renal insufficiency only two patients were without symptoms.