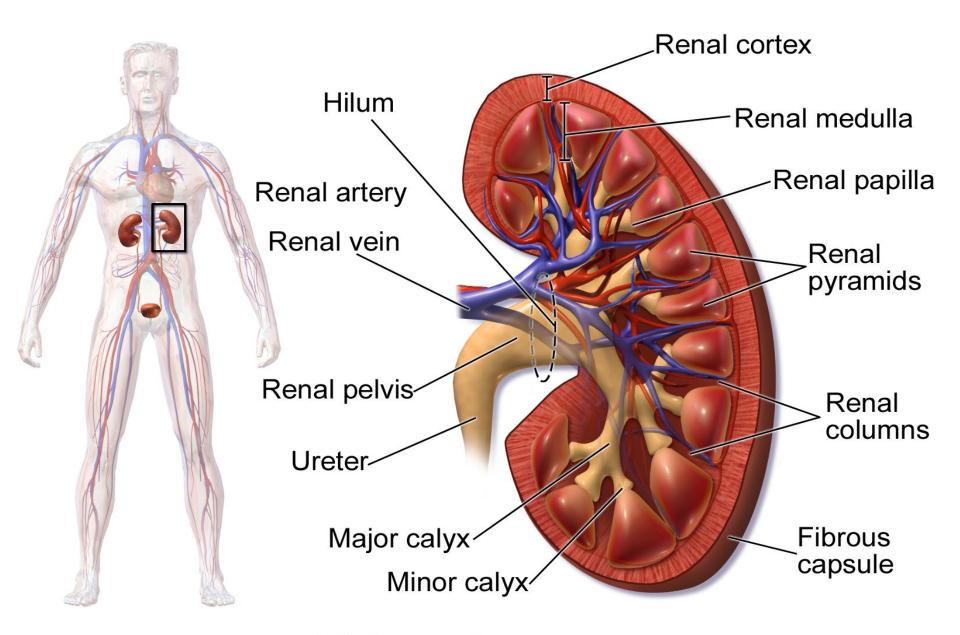
# Ass. Prof. Dr. abdulameer leelo Renal failure pathophysiology

The term renal failure means the inability of the kidneys to perform excretory function leading to retention of nitrogenous waste products from the blood.

# Functions of the kidney

- . Blood Electrolyte and volume regulation
- . Excretion of nitrogenous waste
- Elimination of exogenous molecules, for example, many **drugs**
- . Synthesis of a variety of hormones, for example, erythropoietin
- . Metabolism of low molecular weight proteins, for example, insulin



**Kidney Anatomy** 

	Equation/Formula
Cockcroft-Gault (mL/min)	Male: $[(140 - age) \times (weight)]/72 \times sCr$ Female: GFR $\times$ 0.85 BSA corrected: GFR <sub>cg</sub> $\times$ (1.73/BSA) (= mL/min/1.73 m <sup>2</sup> )
MDRD (mL/min/1.73 m <sup>2</sup> )	Male: $170 \times (sCr)^{-0.999} \times (age)^{-0.176} \times (sU)^{-0.170} \times (sAlb)^{+0.318}$ Black male: MDRD $\times$ 1.180 Female: MDRD $\times$ 0.76 Black female: MDRD $\times$ 0.762 $\times$ 1.180
CKD-EPI (mL/min/1.73 m <sup>2</sup> )	Male: 141 $\times$ minimum (sCr/0.9, 1) $^{-0.411}$ $\times$ max (sCr/0.9, 1) $^{-1.209}$ $\times$ 0.993 $^{Age}$ Black male: CKD-EPI $\times$ 1.159 Female: 141 $\times$ minimum (sCr/0.7, 1) $^{-0.329}$ $\times$ max (sCr/0.7, 1) $^{-1.209}$ $\times$ 0.993 $^{Age}$ $\times$ 1.018 Black female: CKD-EPI (female) $\times$ 1.159

Abbreviations: BSA, body surface area; CKD-EPI, Chronic Kidney Disease Epidemiology Collaboration; MDRD, Modification of Diet in Renal Diseases; Alb, serum albumin; sCr, serum creatinine; sU, serum uric acid.

According to the KDIGO criteria in 2012,

Acute kidney injury (AKI) can be diagnosed with any one of the following:

- (1) Creatinine increase of 0.3 mg/dL in 48 hours,
- (2) Creatinine increase to 1.5 times baseline within last 7 days, or
- (3) Urine volume less than 0.5 mL/kg per hour for 6 hours.

# **Chronic Renal Failure (CRF)**

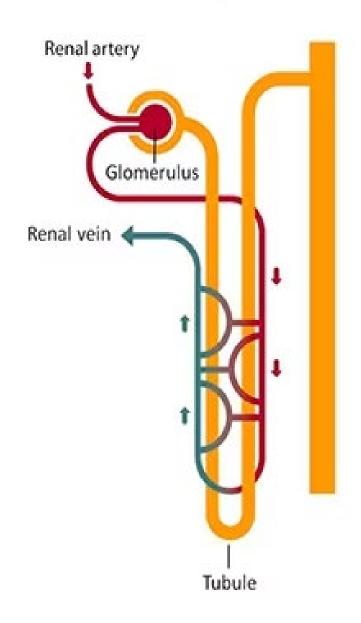
CRF or chronic kidney disease (CKD) is defined as a persistent impairment of kidney function.

abnormally elevated serum creatinine for more than 3 months

or calculated glomerular filtration rate (GFR) less than 60 ml per minute / 1.73m2.

		×		mg/mmol	mg/mmol	mg/mmol
GFR Stages	G1	Normal or high	≥90			
	G2	Mildly decreased	60- 90			
	G3a	Mildly to moderately decreased	45- 59			
	G3b	Moderately to severely decreased	30- 44			
	G4	Severely decreased	15-29			
	G <sub>5</sub>	Kidney failure	<15			

## The Nephron



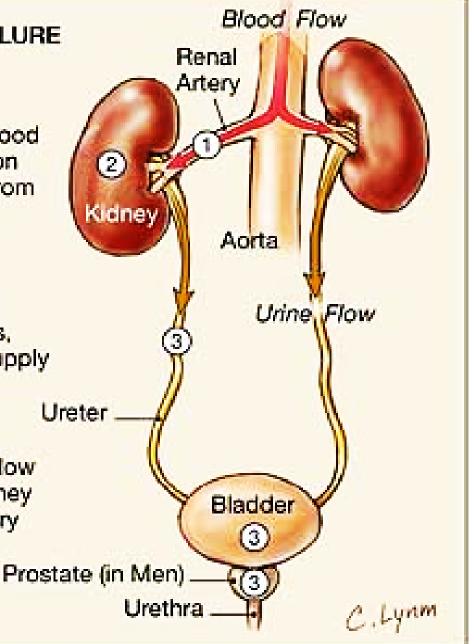
## CKD grade classified

Grade 1: GFR > 90 ml per minute / 1.73m2

- . Grade 2: GFR =60 to 89
- . Grade 3a:GFR 45 to 59
- . Grade 3b: GFR 30 to 44
- Grade 4: GFR 15 to 29
- . Grade 5: Less than 15

#### CAUSES OF ACUTE RENAL FAILURE

- Prerenal
  Sudden and severe drop in blood pressure (shock) or interruption of blood flow to the kidneys from severe injury or illness
- ② Intrarenal Direct damage to the kidneys by inflammation, toxins, drugs, infection, or reduced blood supply
- ③ Postrenal Sudden obstruction of urine flow due to enlarged prostate, kidney stones, bladder tumor, or injury



#### CAUSES OF ACUTE KIDNEY INJ

#### **Prerenal**

Sudden and severe reduction in blood pressure (shock) of interruption of blood flow to the kindeys from severe injury or illness

- Blood loss
- Dehydration
- Heart failure
- Sepsis
- Vascular occlusion

#### Intrinsic Renal

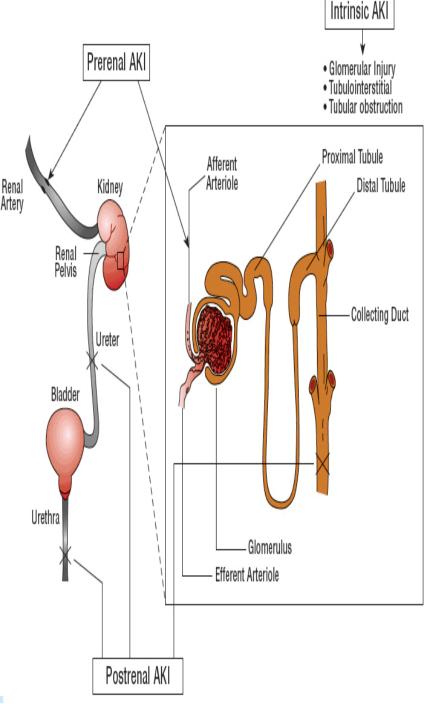
Direct injury to the kidneys by inflammation, drugs, toxins, infection, or reduced blood supply

- · Acute tubular necrosis
  - Drugs
  - Toxins
  - · Prolonged hypotension
- Glomerulonephritis
- · Acute tubular necrosis
  - Drugs
  - Toxins
  - Autoimmune disease
  - Infection
- Small-vessel vasculitis

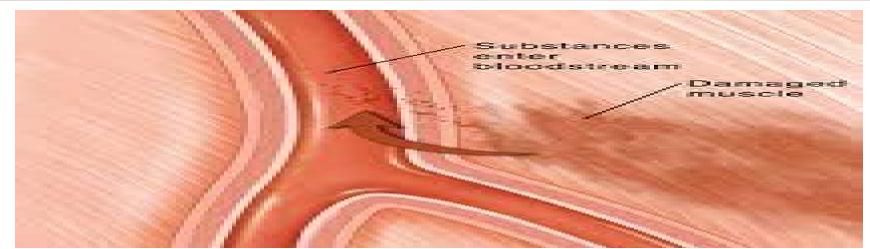
#### **Postrenal**

Sudden obstruction of urine flow due to enlarged prostate, kidney stones, bladder injury or tumor

- · Benign prostatic hyperplasia
- Cervical cancer
- · Meatal stenosis/phimosis
- Retroperitoneal fibrosis
- Prostate cancer
- Urinary calculi







## **Chronic Renal Failure**

- > Diabetes mellitus,
- Hypertension is the second most frequent cause.
- > Glomerulonephritis.
- > Polycystic kidney diseases.
- > Renal vascular diseases.
- prolonged obstruction of the urinary tract, nephrolithiasis.
- > Vesicoureteral reflux,
- Recurrent kidney infections/ pyelonephritis.
- Unknown etiology.

# CHRONIC RENAL FAILURE (CRF)

### ESRD -END STAGE RENAL DISEASE 115 ml/min GFR

- Neurological Weakness / Fatique Confusion
- Cardiovascular Pitting Edema Periorbital Edema TOVP Pericarditis
  - Pulmonary SOB Depressed Cough Thick Sputum
- GI Ammonia Odor to Breath Metallic Taste Mouth / Gum Ulcerations Anorexia Nausea / Vomiting



Hemodialysis-

Evaluate access site for: Patency & signs of infection DO NOT take BP or obtain blood samples from extremity that has access site.

 Skin Dry Flaky Pruritus Ecchymosis Purpura Yellow-Gray Skin Color

> Musculoskeletal Cramps Renal Osteodystrophy Bone Pain

# THANKS