

The outcome of Patients on Hemodialysis at University Teaching Hospital of Kigali (CHUK) in a Period of September 2014 to March 2017 - A Retrospective Study on Patients with Acute and Chronic Renal Failure

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Dear Editor,

We recently read, with interest, the paper by Bitunguhari et al published in the issue 76-3 of the journal (October 2019). The authors describe a retrospective analysis of patients with acute and chronic renal failure who received hemodialysis at the University Teaching Hospital of Kigali between September 2014 and March 2017 [1]. The authors reported that this was the first epidemiological study on hemodialysis in Rwanda. This is inaccurate as there has been earlier published work on acute kidney injury covering approximately the same timeframe and patient population that was authored by our team [2]. That this article wasn't referenced demonstrates the need for information searching and sharing to be promoted in Rwanda. This would ensure that previous work undertaken in the same field is appropriately cited and that the work is contextualized in the literature that is already available.

We are also intrigued by the relatively high number of patients (29) who were reported to have pre-renal AKI (Table 1) and yet were treated with acute hemodialysis. As we have previously published in the Rwanda Medical Journal [3], it is important to differentiate pre-renal causes from renal causes of AKI. Pre-renal causes, most of which occur due to volume depletion, should promptly be treated with fluid therapy which, when skillfully applied, is able to prevent the need for dialysis. When pre-renal AKI is not corrected promptly, it may invariably progress to renal injury most likely acute tubular necrosis (ATN). Thereafter, depending on the severity and complications, patients may need hemodialysis.

We think that a more in-depth discussion of these 29 cases may be needed, because avoiding acute dialysis whenever possible is of paramount importance, particularly in a country like Rwanda where dialysis therapy is costly and resources and availability are limited.

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