

Results: A total of 150 residents participated in the survey, with 30 (20%) expressing an interest in pursuing nephrology fellowship training. Over 90% of the respondents had experience managing kidney patients during their residency, yet 75% reported lacking mentorship for subspecialty selection, and 30% stated that their programs did not have a mandatory nephrology rotation. These figures were consistent across gender. Major deterrents included the complexity of nephrology and perceptions of the field as "depressing" due to the poor prognosis of chronic kidney disease (CKD) patients (cited by 70%). Additionally, 30% of residents felt that nephrology offered fewer procedural opportunities compared to other subspecialties. Despite this, many acknowledged good job prospects and financial incentives in nephrology. Poor work-life balance was a concern for 25% of the respondents.

Conclusions: The study highlights several factors influencing internal medicine residents' decision-making regarding nephrology, including perceived complexity, poor patient outcomes, and a lack of mentorship. While job prospects and financial rewards are seen positively, addressing barriers such as better mentorship and training opportunities could enhance interest in nephrology as a subspecialty.

I have no potential conflict of interest to disclose.

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WCN25-4460

UTILITY OF ANTI HLA ANTIBODIES ASSESSED BY SINGLE ANTIGEN BEAD ASSAY TO PREDICT EARLY GRAFT DYSFUNCTION IN PATIENTS UNDERGOING KIDNEY TRANSPLANT



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Introduction: Renal transplantation is the most effective treatment for patients with end stage renal disease (ESRD) offering improved quality of life. Despite advances in immunosuppressive therapies, rejection of the transplanted kidney remains a significant challenge. Antibody-mediated rejection is one of the leading cause of graft dysfunction and graft loss after kidney transplant. The identification of anti HLA (human leucocyte antigen) antibodies including donor specific antibodies (DSAs) and non DSAs are part of standard of care in patients undergoing kidney transplant.

Methods: This is a prospective observational study is being conducted at Department of Nephrology and Department of genetics at Sir Ganga Ram Hospital, New Delhi started from Aug, 2023 and is ongoing. In this study we have included the patients who are undergoing living donor transplantation are included. Single antigen bead assay for detection HLA antibodies was done by department of HLA genetics. And patients were observed in the post-transplant period and early graft dysfunction was assessed clinically by urine output per day and by laboratory measurement of serum creatinine during first 3 months of transplantation.

Results: Interim results of the study. 53 patients were included in the study, in which 46 were male and 7 were female. Single antigen bead class 1 was positive in 31 patients and class 2 was positive in 22 reports. 4 patients had DSA (donor specific antibodies) for which appropriate desensitization was followed. In post-transplant period, it was observed that 6 patients had graft dysfunction, two had ABMR.

Conclusions: This study provides valuable insights into the transplant immunological work up, and utility of single antigen bead assay in Indian population.

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WCN25-4476

SINGLE CENTER STUDY ON BP MEASUREMENT BY BCM GUIDED ULTRAFILTRATION IN HAEMODIALYSIS PATIENTS



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Introduction: Fluid balance is an integral component of hemodialysis treatment to prevent under or overhydration which has significant effect on intradialytic morbidity and cardiovascular complications. Bioimpedance spectroscopy serve as a clinical bed side tool for the assessment of dry weight in hemodialysis patients.

Methods: Patient > 18 years with > 3 months on hemodialysis with cardiac function >40% euvoletic patient included.

Echocardiography was performed and IVC diameter and collapsibility during expiration phase measured on same day of BCM analysis.

Patients were monitored in subsequent dialysis session and target dry weight was achieved.

After 3months patients Re-assessed in Dry weight, systolic and Diastolic Blood pressure, IVC diameter and Number of antihypertensive pills (score).

Results: Out of 63 patient, 68.3% patients had frequency of hemodialysis twice a week and 31.7% thrice a week.

As per the BCM 74.5% were overhydrated and 25.5% underhydrated.

On follow up In BCM group, among overhydration and underhydration group there is reduction and increase in parameters (median weight, systolic and diastolic blood pressure, IVC diameter and mean drug score at 3 months follow up). In BCM with clinical modification group, among overhydration group there is reduction in parameters. This reduction is statistically significant (p<0.05) except for drug score. However, among underhydration group there is no statistically significant difference between baseline and at follow up in parameters.

Conclusions: Post dialysis target weight adjustment by BCM helps in controlling systolic and diastolic blood pressure with antihypertensive pill burden with add on effect on preventing hypovolemia related symptoms.

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TROPICAL KIDNEY DISEASES

(11 abstracts)

WCN25-927

PREVALENCE OF PROTEINURIA, HYPERTENSION, AND DIABETES IN AN INDIGENOUS POPULATION OF THE BIODIVERSE JUNGLE OF THE COLOMBIAN PACIFIC COAST



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Introduction: In Colombia, South America, in 2018, 1,905,617 people identified themselves as indigenous. Recognizing 115 ethnic groups

We visited the Chonara Huena and Ipua Euja communities, in the jungle area of the Pacific coast. (See image#1) This study aimed to determine the prevalence of Hypertension, Diabetes, Proteinuria, Obesity, and poor nutrition (See images#2,3)

Methods: It was developed by a direct visit to the population, where a sampling was made with people who voluntarily accepted to participate in capillary glucose, spontaneous albuminuria, blood pressure, and anthropometry, recording information in a survey. This is a descriptive cross-sectional prevalence study. With consent for the publication of data and images, with the approval of the ethics committee of the Simón Bolívar University of Barranquilla

Results: The Colombian Pacific rainforest region has an area of 83,170 km² which corresponds to about 7% of the territory. It is the second most tropical biodiverse region in the world

The Indigenous communities Chonara Huena and Ipua Euja are part of the smallest communities in Colombia, are neighboring communities that share territorial similarities. The members of the Chonara Huena community belong to the Eperera Siapidara ethnic group

A total of 98 people were attended to and surveyed, 53 women and 45 men

The prevalence of hypertension in this population was strikingly high, taking into account that 12% vs the Colombian prevalence of hypertension 10.87%

The 7.14% of the women had had more than 3 urinary tract infections, none of the men.

The 2% had a diagnosis of diabetes, which is well below the world average (10.5%). This could correspond to their lifestyle, physical activity, and local nutritional habits, being beneficial for the Indigenous community, but unfortunately is changing

The 6% presented a diagnosis of proteinuria, this very high prevalence should be investigated in detail, especially because of the wet tropical environment where the human group studied lives, or some of their diets or ancestral consumptions that could be potentially nephrotic

The 17% were overweight and 15% were obese, which can be explained by the change in current nutritional habits.

The 42% were underweight. This indicates the need to develop institutional programs aimed at avoiding malnutrition and/or undernourishment in this population, a program that should go beyond simply providing food, it should be comprehensive, in the form of constitution of consumption, the type and source of each one, regulated physical activity, education, etc

Conclusions: The prevalence of hypertension is higher in this indigenous community, but especially proteinuria, which may be similar to Mesoamerican nephropathy, (tropical renal disease?) as they are similar ethnic groups, which should be studied in detail

Education in the prevention of chronic non-communicable diseases should be focused on respecting the historical dignity of each community, and also focusing on the preservation of the biodiversity where they are located

Changes in eating habits may be associated with a very high prevalence of malnutrition, and the prevalence of malnutrition and its impact on the incidence of chronic kidney disease is of great concern

The active search for renal diseases should be a constant in all populations, especially the most remote and vulnerable

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WCN25-1051

SNAKE BITE RELATED DIALYSIS REQUIRING ACUTE KIDNEY INJURY AND ITS OUTCOME ON ONE YEAR FOLLOW UP: A SINGLE CENTRE EXPERIENCE FROM SOUTH INDIA



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Introduction: Snake bite is more common in the tropical and subtropical countries where majority of population is involved in agriculture, making them more vulnerable. Snake bite related complications is a major cause of morbidity and mortality in the population, of which acute kidney injury (AKI) is much more significant. The causes for AKI due to snake bite includes sepsis, hemolysis, myonecrosis (compartment syndrome), drug related (use of indigenous drugs in rural areas), thrombotic microangiopathy (TMA) and others.

Environmental factors such as long rainy season, presence of abundant flora and fauna also increases the risk of snake bite. Lack of awareness and use of indigenous drugs makes people more prone for AKI and other related complications of snake bite.

Methods:

Study design- Retrospective cohort study

Study duration- 3 years

Study setting- A tertiary care centre based study

Study population- Among the 522 patients admitted with history of snake bite from January 2021 to January 2023,151 patients had acute kidney injury, of which 46 patients required hemodialysis support. Of the 46 patients, renal biopsy was done for 16 patients who did not recover after 3 weeks. These patients were followed up for a period of 1 year

Inclusion criteria – 1) history of snake bite

2) AKI as defined by KDIGO criteria

3) Patients requiring hemodialysis

Exclusion criteria- 1) Patients with chronic kidney disease

2) Patient refusal

Results: All the data collected was analyzed using SPSS statistical software version 25

The mean age of the study population was 43.70 ± 14.96

Out of the 46 patients, 29 were male

The mean serum LDH (lactate dehydrogenase) for patients with hemoglobin cast was 2179.40 ± 787.23 IU/L

The mean serum CPK (creatine phosphokinase) for patients with myoglobin cast was 12000 ± 1500 IU/L

The mean number of hemodialysis sessions underwent by the patients who have recovered within 3 weeks (not undergone renal biopsy, N=30) is 4.3 ± 1.3 and those who have undergone renal biopsy is 8.5 ± 2.5 (N=12, excluding 4 patients on maintenance hemodialysis)

Out of the 46 patients, 4 of them expired, thus mortality accounting for 8.6 % (two patients with TMA, one with patchy cortical necrosis, one with sepsis-expired within a week of admission) and 3 patients were lost to follow up

One patient with patchy cortical necrosis is now on maintenance hemodialysis.

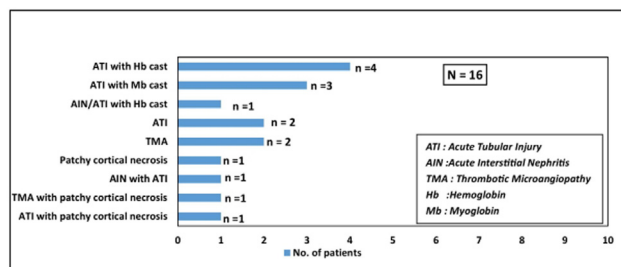


Chart 1: Renal biopsy findings of the patients (N=16)

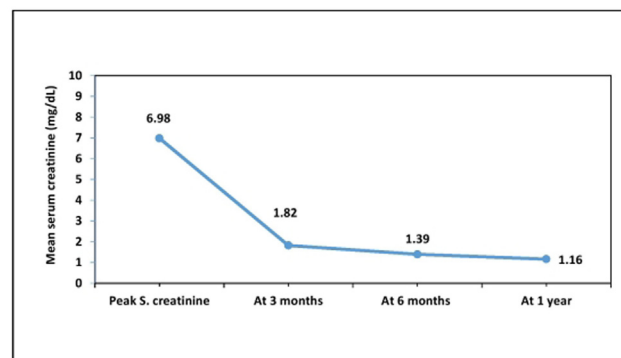


Chart 2: Mean serum creatinine at different time periods in patients who have not undergone renal biopsy

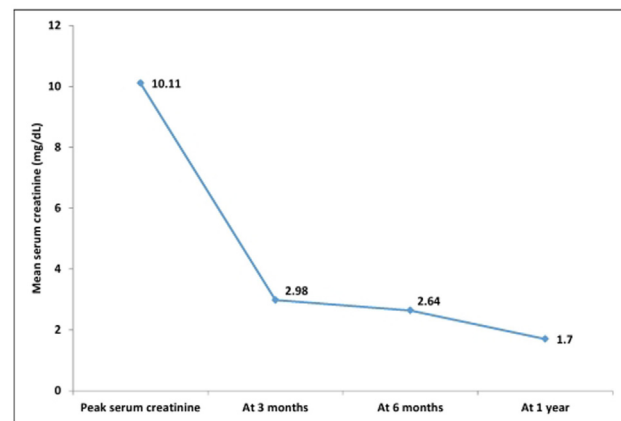


Chart 3: Mean serum creatinine at different time periods in patients who have undergone renal biopsy

Conclusions: From our study, thrombotic microangiopathy and cortical necrosis had grave prognosis. Patients with pigment nephropathy and