

## Continuous venous-venous hemodiafiltration in the neonates

Pedro Ivan Barrera Martinez

Private Children's Hospital Mexico

### Abstract

We report one case of septic and cardiogenic shock, With acute renal injury in anuria without response to diuretic and aminophylline treated with continuous hemodiafiltration. The CCRT was performed using Prisma or Prismaflex (Gambro Healthcare, Lakewood, CO) machine, and we used: a 8-Fr Mahurkar catheter in the internal jugular vein and a special circuit for neonates. With creatinine in 3.36, hyponatremia, hyperkalemia, We conclude that CHDF is an extremely effective and safe treatment for fulminant neonatal-onset hyperammonemia due to metabolic disorders, Gasometry with mixed acidosis, patient with Acute Renal Injury AKIN III in anuria secondary to systemic hypoperfusion by both Heart Disease and High Frequency Ventilation, as well as severe systemic inflammatory response. It requires continuous renal replacement therapy in the form of continuous Venovenous Hemodiafiltration, which remains for 96 hours with satisfactory evolution. Concluding useful and efficient alternative, in neonates with severe renal injury, and hemodynamic stability.

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### Biography

Pedro Ivan Barrera Martinez is the Head of the Neonatal

Intensive Care Unit Private children's Hospital Mexico