

patients recovered normal kidney function in less than 10 days and 3 patients remained on chronic dialysis.

Discussion AKF complicates 1 delivery/1300; it needs dialysis in 1 case/8000; these percentages are higher than those reported in the literature (1 AKF/4000 deliveries and hemodialysis for 1/15000 patients). HELLP syndrome is the most common cause of pregnancy-related AKF (41.6%), occurring before 38 amenorrhea weeks (AW). Acute tubular necrosis is the second cause, it occurs after 38 AW, is secondary to bleeding, infectious complications and nephrotoxic drugs; HT is volume dependent and requires dialysis.

Favoring factors are multiple pregnancies, increased maternal age, obesity and long delay of care of pregnancy toxemia because of lack of regular monitoring.

Conclusion HT associated with post-partum AKF is relatively frequent, secondary to HELLP syndrome and tubular necrosis. The prognosis depends on the early diagnosis and treatment and on the preventive measures during the pregnancy (self-measurement of blood pressure monitoring or ambulatory measurement of blood pressure, screening for proteinuria and uric acid analysis).

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Hypertension of the old subject followed in nephrology



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We aimed:

– to determine the frequency of high blood pressure in the elderly at different stages of chronic renal failure and;

– to evaluate the antihypertensive therapeutic treatment in a nephrology environment.

Patients and methods The patients were recruited in the consultation of nephrology; we included hypertensive subject aged of more than 65 years old followed by nephrologists. 292 patients were included: 53% women and 47% men, with an average age of 76.52 ± 6.45 years [66-97]. The average duration of the follow-up was 1.69 ± 0.94 years [1–5]. The duration of arterial hypertension was more than 10 years in 55% of cases. The patients were at different stages of renal failure: chronic incipient, chronic renal failure 4%, moderate 54% and severe to terminal renal failure 42%.

Results Several pathologies were associated with arterial hypertension, namely: 50.3% of patients were diabetic, 39.2% had a cardiovascular pathology (22% AC/FA, 16% valve pathology, 31% heart failure, 31% IDM% sequels), 36% of patients had dyslipidemia and 25% had neoplasia.

Antihypertensive quadritherapy was needed in 4% of cases, triple therapy in 22% of cases, dual therapy in 50% and single therapy in 24% of patients. The diuretics of the loop represents the most prescribed therapeutic class (63%), followed by blockers of the renin angiotensin system (47.5%), calcium channel blockers (24%), while the beta-blockers (23%) were often prescribed by the cardiologist.

Conclusion Older patients with renal pathology are often hypertensive. Hypertensive therapeutic management must be adequate to slowdown the progression of chronic renal failure as well as the worsening of other associated pathologies.

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