patients. Three patients died during the study (hemorrhagic stroke in 2 patients, and overall heart failure in 1 patient), after an average duration of hemodialysis treatment of 2.5 years.
Multivariate analysis allowed to show that severe arterial hypertension (RR = 12.15 [3.2—34.1]) and left ventricular systolic dysfunction (RR = 2.5 [1.02—08.3]) were major risk factors for mortality.
Conclusion Cardiovascular complications are almost constant in hemodialysis children with chronic renal failure strongly related with left ventricular hypertrophy and arterial hypertension. The high risk of mortality related to these cardiac complications makes it essential to have good control of arterial blood pressure and especially a good observance of treatment and regimen in hemodialysis children.
Disclosure of interest The authors declare that they have no competing interest

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Perdialytic hypertension

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Objectives Research of the hypertialytic hypertension and identification of its risk factors HTA is defined by an increase > 10 mmHg during the dialysis session (10—15% of the dialysis patients). Laryngeal arterial hypertension is one of the many facets of hypertension observed in the uremic tract. HTA is present in 70—80% of chronic renal failure and 50—90% of dialysis patients have BP > 140/90 mmHg.
Methods Prospective study of a cohort of 80 hemodialysis patients between 18 and 60 years old, followed between January 2005 and December 2007. We specified the clinical and paraclinical characteristics of these patients. Clinical: Blood pressure, crepitants, edema, presence/absence of hypertialytic hypertension Presence/absence of cramps per or post-hemodialysis. Para-clinical: hemoglobin, cardiothoracic index, ultrasound measurement of inferior vena cava diameter, left ventricular filling pressure (LV), impedance measurement.
Results The mean age is 42.21 10.63 years, with a female predominance and a sex/ratio of 1.16. The averages of PAS and PAD are 145.35 ± 22.15 mmHg and 82.75 10.50 mmHg, that of pulsed pressure is 68.86 ± 15.44 mmHg and that of MAP 102.12 ± 12, 80 mmHg. Diabetic nephropathy accounted for 25% of nephropathies. The ascension of post-dialytic PA compared with pre-dialychic PA was found in 10 of our patients (12.5%) versus 15% in the Inrig series. In a cohort of hemodialysis for 2 weeks, Amerling et al. estimate the frequency of HID, defined by an increase in WFP> 15 mmHg during or just after the hemodialysis session, to 8%. Mees reports that 5—15% of dialysis patients have ultrafiltration-resistant (UF) HTA. The offending factors: Volume overload, found in 7 patients, hypernatric dialysis: 1 case, rapid UF: 2 cases.
Conclusion Previously dialysis was standard, currently it is oriented by efficiency criteria. The ascension of the PA paralyzial is a paradox and several factors are incriminated: water overload, fast UF, short sessions, arterial rigidity, anemia. The use of an ideal dry weight and long hemodialysis allows a Significant improvement in blood pressure control through better control of extracellular volume (ECV). In addition, there is a lack of morbidity and mortality studies among dialysis patients as well as a clear definition of blood pressure targets in this group of patients forgotten by the studies.
Disclosure of interest The authors declare that they have no competing of interest.

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Evaluation of the frequency of kidney disease in patients with type 2 diabetes and hypertension

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Background Kidney disease is the primary cause of terminal renal insufficiency and dialysis in diabetics. An early diagnosis may allow to slow down and even to avoid its progression.
Purpose The aim of our study is to determine the frequency of kidney disease in patients with type 2 diabetes (T2D) and hypertension.
Methods A descriptive cross-sectional study was carried out in the exploration unit of internal medicine department, throughout a period of two years. Patients included were adults with T2D and hypertension.
The Chronic Kidney Disease (CKD) was defined by the glomerular filtration rate (GFR) ≤ 60 ml/min. Estimation of GFR was calculated with the CKD-EPI formula. The presence of an albuminuria detected by test strips defined the diagnosis of diabetic nephropathy. The level of microalbuminuria was performed with the immune nephelometry technique.
Results Our study included 115 patients T2D hypertensive patients, 83 women, 32 men. Average age was 59 years old. Mean duration of diabetes was 10 years. Average Hb1c was 8%. CKD was present in 22% of patients, macroalbuminuria was detected in 6 from 69 performed tests (9%) and microalbuminuria was positive in 10 patients out of 31 performed dosages (32%).
Conclusion In our series of patients, chronic kidney disease was frequent in patients with type 2 diabetes and hypertension.
Disclosure of interest The authors declare that they have no competing interest

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Arterial hypertension and hemodialysis multi-centric study

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Objectives The prevalence of hypertension (HT) is important in hemodialysis patients, HT partially explains the high frequency of cardiovascular morbidity and mortality in these patients. Epidemiological studies have shown that the prevalence of HT in hemodialysis varies from 50 to 80% depending on age and the causal pathology of chronic kidney disease.
The goal of this work was to measure the blood pressure in chronic hemodialysis patients in order to determine the prevalence of HT and to describe the predictive factors of HT and to establish a strategy for individual management of HT in our dialysis patients.
Methods Multicenter cross-sectional study conducted in five hemodialysis centers. 510 patients undergoing hemodialysis for over six months were included, their mean age was 56 ± 15 years-old with a male predominance: sex/ratio 1.40. Regular monitoring of blood pressure was performed before dialysis, during and at the end of the session, with adjustment based on the factors affecting blood pressure measured by laboratory tests (calcium and phosphor levels, PTH, hemoglobin level and ionogram) for six weeks. An echocardiography was performed for patients with uncontrolled HT despite pharmacological treatment and hygienic-dietary measures.