

EXPERIENCE OF NEPHROLOGY DEPARTMENT OF THE 21<sup>ST</sup> CENTURY NATIONAL MEDICAL CENTER A ONE YEAR AFTER PERFORMANCE OF PERCUTANEOUS RENAL BIOPSY

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Introduction

Percutaneous renal biopsy (PRB) was first introduced in 1951 and has been an irreplaceable tool in nephrology practice ever since. Currently, ultrasound-guided PRB has revolutionized the clinical practice of nephrology since it is an essential tool for the diagnosis, treatment and prognosis of several diseases, which is why it is essential that Nephrology centers teach this skill to their residents in training.

Objective

To present the experience of one year of performing PRB in the Nephrology department of the 21st Century National Medical Center

Material and methods

Cross-sectional study that describes the demographic variables of the patients who underwent PRB in the period from September 16, 2022 to September 18, 2023. The quantitative variables are described according to their distribution and the qualitative variables as frequencies.

Results



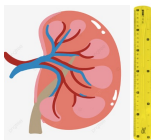
n: 94



54%

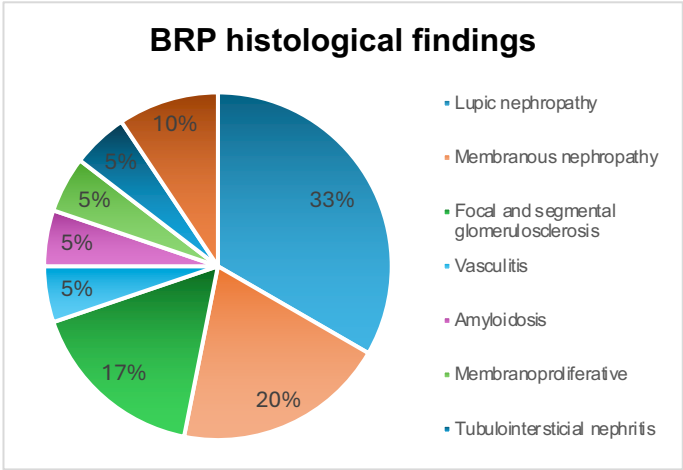


26.7±4.6 kg<sup>2</sup>/m<sup>2</sup>

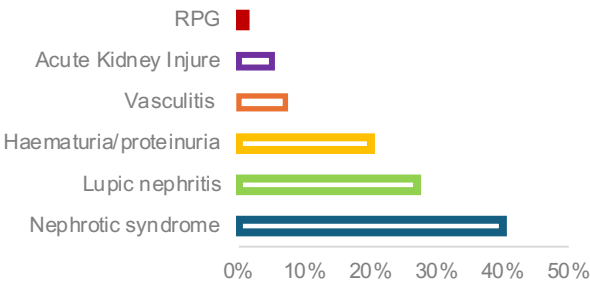


10.3 ± 1.1 x 4.5 ± 1.3 x 4.3 ± 1.2 cms

Demographic and laboratory characteristics	
Age	39 (27-57) years
Creatinine serum	1.6 (0.6-8.2) mg/dl
TFGe	68.8 ± 43.3 ml/min/m <sup>2</sup> SC
Urea	57.9 mg/dl (19-215)
Hemoglobin	12.3 ± 2.5 g/dl
Platelets	263,000 (137,000-274,000)
Albumin	2.7 ± 0.8 g/dl



Kidney Biopsy Indications



Of the 42 patients with creatinine greater than 1.5 mg/dl, 37% required 4 punctures to guarantee sufficient sample, likewise requiring 3 or more punctures was correlated when the resident began the training (r=0.7). The average number of glomeruli obtained was 18±2 for electron microscopy and 5±2 for immunofluorescence. 86% did not present complications, 12% presented a hematoma of less than 5 ml (average of 0.25±0.8 ml), one patient developed a low-grade fistula and another active bleeding that required management in the hemodynamics unit.

Conclusions

PRB is a safe procedure with a low complication rate (even when performed by residents in training) and should be a routine part of nephrology clinical practice. The main indication for biopsy, as in most centers, is nephrotic syndrome, the main indication for BRP.