

Mortality in dialysis : descriptive causes of death from the first 20 months of the first dialysis center of the Adamawa region in Cameroon.



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Introduction

Kidney disease has become a major concern and an important public health issue that affects millions around the world. Today, hemodialysis is the main renal replacement treatment for ESRD in most african countries.

Objectives

The objective of this study was to identify the causes of death in dialysis patients who visited our dialysis center at Ngaoundere Regional Hospital in Cameroon, since its inauguration in January 2023 to August 31, 2024.

Methods

It was a cross-sectional study. Demographic and clinical data were collected from the hemodialysis center registries, including age, gender, primary cause of CKD, date of first dialysis, outcome (death) and date of outcome, and comorbidities.

References

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Results

Of 170 patients who starting dialysis in our center in one and half year, 52 died (19 women and 33 men) with a **mortality rate of 30.58 %**. The mean age was 46.8 years.

The identified causes of death were grouped into six categories: infectious, cardiac, withdrawal from dialysis, sudden, earlier (less than 24 hours after initiation and "other".

The major cause of death was withdrawal from dialysis from 14 patients (26.92%), followed by cardiovascular diseases (pulmonary edema, sudden cardiac arrest, pulmonary embolism, heart failure and anemia) for 10 patients (19.23 %). Infectious causes accounted for 7 patients (13,46%). Notably, six of the death patients had underlying cancer, and five patients died less than 24 hours after their first dialysis session with one following a suicide. From the 52 deaths, 20 happened at home and only 7 were related to acute kidney injury.

Conclusion

The leading cause of death during of first 18 months of service was withdrawal (abandonment) of dialysis. Multiple factors should be considered when initiating and formulating patients dialysis regimens. Underlying clinical conditions is important but cultural, social, religious and patients/family limitations (fears, limited financial resources...) should be considered to reduce mortality in dialysis.

