

Peritoneal Dialysis is a Valuable Solution for Fluid Removal in Cardiorenal Patients Type 2

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INTRODUCTION

CRS (Cardiorenal Syndrome): the interaction between kidney and CV systems where acute or chronic changes in one organ leads to adaptive (or maladaptive) changes in the other organ system. The term cardiorenal syndrome (CRS) has been used in the medical literature to describe the hemodynamic and neurohormonal connection that exists between the heart and kidneys¹. This syndrome can be defined as a clinical situation in which both cardiac function and renal function are simultaneously compromised, with progressive damage to both organs². CRS has been classified into several different types^{1,2} based on the primary organ affected and a clinical or acute progression of disease:

1. Acute CRS type I: acute deterioration of cardiac function, inducing acute renal failure.
2. Chronic CRS type II: chronic heart failure (HF) associated with chronic kidney disease (CKD) or contributing to its progression.
3. Acute CRS type III: sharp deterioration in renal function, producing acute heart damage.
4. Chronic CRS type IV: defined as CKD that contributes to decreased cardiac function, cardiomegaly, and increased cardiovascular risk.
5. Secondary CRS type V: systemic pathology that causes renal and cardiac damage simultaneously. For example: systemic lupus erythematosus, amyloidosis, and diabetes mellitus.

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