

CARDIOPATHY AND CHRONIC RENAL FAILURE IN A DIABETIC PATIENT

SONIA REGINA JURADO¹ & VITOR PEREIRA MACHADO²

¹Associate Professor, Nursing Tutorial Education Program, Federal University of Mato Grosso do Sul,
Três Lagoas, Brazil

²Graduating in Medicine, Federal University of Mato Grosso do Sul, Três Lagoas, Brazil

ABSTRACT

Chronic kidney disease (CKD), is a worldwide public health issue, and it is under diagnosed and under-treated, which limits the implementation of early interventions that may prevent or delay its clinical course. The present study, aimed to illustrate the association between diabetes and arterial hypertension, contributing to the genesis of renal dysfunction, the therapeutic strategies for this nephropathy and its limitations. The patient had a 29-year history of type 2 diabetes, hypertension and left ventricular hypertrophy, diabetic retinopathy 4 years previously, chronic kidney disease, due to diabetic nephropathy and right diabetic foot with double-digit amputation. For the past 9 months, she had been undergoing hemodialysis 3 times weekly for 4 hours, each time via a left arm arteriovenous fistula. The patient's medications included oral hypoglycemic and antihypertensive. She was admitted to hospital emergency, presenting the following complaints: hypotension, hypervolemia, dyspnoea, dizziness and asthenia. Ten days after admission, the patient died, due to hydroelectrolytic disturbance, systemic arterial hypertension, chronic renal failure and *Diabetes mellitus*. In this study, the patient had diabetes for a long time and did not adequately control blood glucose, which contributed to the development of hypertension and late detection of heart disease and chronic renal failure, due to diabetes.

KEYWORDS: Hypertension, Diabetes, Chronic Kidney Disease, Hemodialysis & Cardiovascular Disease