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of a long during systemic disease. To the best of our knowledge, this is the first case that illustrates a rare association between non-Hodgkin lymphoma, minimal change glomerulonephritis and systemic disease.

PV631 / #576

WAYS TO IMPROVE THE MANAGEMENT OF PATIENTS WITH KIDNEY DISEASE AND DIABETES, TAKING INTO ACCOUNT THE ASSOCIATED PATHOLOGY

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Background and Aims: According to the current literature and clinical data, a personalized approach to the treatment of patients with type 2 diabetes and related pathology – diabetic kidney disease, chronic kidney disease (CKD), obesity and cardiovascular pathology – is promising and justified, however it needs further study. To develop a personalized approach to the diagnosis and treatment of patients with kidney disease and type 2 diabetes, taking into account the associated pathology.

Methods: Recent (past 2 years) clinical records of patients with type 2 diabetes and kidney diseases were analyzed, including the diagnosis of comorbidities (renal, cardiovascular pathology etc.). Data analysis was performed using standard programs.

Results: We analyzed the data of 86 patients, women 40 (46.6%), men 46 (53.4%), average age 58 ± 8.2 , all had comorbidities, including kidney disease 74.4%, diabetic kidney disease 44.2%, CKD 30.2%, metabolic disorders 46.2%, cardiovascular disease 52.3%, hypertension 48.8%, diseases of the respiratory system 6.2%, gastrointestinal tract 48.3%, other 24.5%. According to the results of the study, the most significant impact on the quality of life of patients and compensation of diabetes had timely diagnosis and control of kidney and cardiovascular system disorders.

Conclusions: Better understanding of aspects of early clinical diagnosis of kidney disease in patients with type 2 diabetes, in particular early screening using laboratory markers, will introduce more effective preventive and therapeutic approaches to the management of kidney disease and other complications and comorbidities of type 2 diabetes.

PV632 / #611

COMMUNITY ACQUIRED ACUTE KIDNEY INJURY (CA-AKI) ETIOLOGIES AND OUTCOMES: FINDINGS FROM A TERTIARY HEALTH CARE CENTRE

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Background and Aims: Acute kidney injury (AKI) is commonly encountered in community settings (CA-AKI) and contributes to morbidity, mortality, and increased resource utilization. Sepsis can be both an etiology and complication of AKI. This study aimed to study the sepsis as etiology and/or complication of CA-AKI and its outcome in relation to sepsis.

Methods: Patients with a diagnosis of CA-AKI admitted in the medicine ward of B.P. Koirala Institute of Health Sciences, Dharan between April 2017 and March 2018 were retrieved and reviewed. A predesigned proforma was filled. Data were entered in MS-Excel and later analysed using SPSS version 11.0.

Results: A total of 366 patients with a discharge diagnosis associated with sepsis and CA-AKI were found. The mean age of the patients was 55.87 ± 18.36 years. Majority were male (53.7%, n=193). The median hospital stay was 5 days (Range: 1 day-37 day). Sepsis as an etiology of CA-AKI was seen in 103 (28.1%) patients. Sepsis complicated CA-AKI was recorded in 19 (5.2%) patients. Other common etiologies of CA-AKI were cardio-renal syndrome (19.76%), hypovolemia (11.21%), and glomerulonephritis (10.62%), etc. Dialysis was done in 29 (7.9%) of the patients. Majority of patients (78.7%, n=288) achieved complete recovery while 54 (14.75%) had partial recovery at the time of discharge. 24 (6.6%) of the patients suffered in-hospital mortality. Mortality was higher in patients with AKI complicated by sepsis ($p=0.009$).

Conclusions: Sepsis as a cause and/or complication is high in patients with CA-AKI. A prospective study of CA-AKI is recommended to better understand sepsis-associated CA-AKI.

PV635 / #802

RENAL INVOLVEMENT IN SJOGREN S SYNDROME: CASE REPORT

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Background and Aims: Primary Sjögren's syndrome (pSS) is a chronic progressive autoimmune disorder characterized by lymphocytic infiltration of the exocrine glands, which affects the