Demography and Outcomes of End-Stage Renal Diseases (ESRD) of in Children Admitted to a Renal Unit in a Teaching Hospital in Kumasi, Ghana.

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Background

The prevalence of end-stage renal disease is purported to be increasing in Low- and Middle-Income Countries (LMIC) but interventions for renal replacement therapy in these settings are limited. There is limited data on the demography, clinical features, aetiology and outcomes of chronic kidney disease (CKD) admissions in LMIC. We aimed to describe the demographic profile and outcomes of End-Stage Kidney Diseases among children admitted to a paediatric renal unit in a resource-limited setting from January 2014 to December 2015.

Methods

A retrospective analysis of data of children admitted with ESRD was conducted by review of medical charts.

Results

Over the two-year period reviewed there were 300 admissions into the renal unit of which 64 (21.3%) had ESRD. The mean ± SD age at presentation was 9.3 ± 3.0 years with a preponderance of females- 38 (60%) and no significant age differences according to gender. The mean ± SD eGFR on admission was 5.6 ± 2.9 ml/min/1.73m². A total of 27 (42.2%) children with ESRD died in hospital. None of the children who survived acute admissions were offered long-term renal replacement therapy or renal transplant because these services are non-existent in Ghana.

Conclusion

ESRD is a frequent cause of admission among Ghanaian children presenting to the renal unit with no facility for Renal Replacement Therapy. All these children will thus invariably die from complications of uraemia. Steps to set up renal replacement therapy services for children in Ghana are thus urgently needed to reverse these disturbing trends.