

【Symposium 3-2】

Dialyzing a Patient with Acute Stroke: What a Nephrologist Needs to Know

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Patients with chronic kidney disease, especially those with end-stage kidney disease (ESKD), are at increased risk of acute ischemic stroke and intracerebral hemorrhage. Dialysis Disequilibrium Syndrome (DDS) is a critical challenge in renal replacement therapy, contributing to intracranial pressure (ICP) fluctuations, neurological complications, and higher mortality rates. Evidence indicates that intermittent hemodialysis (IHD) is associated with increased mortality and complications compared to continuous kidney replacement therapy (CKRT) in acute cerebrovascular injury cases. However, CKRT has shown potential benefits in improving inflammatory markers and consciousness levels while posing a higher mortality risk in acute stroke patients. Recommendations include extending dialysis time and reducing blood and dialysate flow rates in non-intensive care settings to mitigate complications from rapid toxin shifts. Further high-quality trials are needed to evaluate the impact of different dialysis modalities on cerebrovascular complication risks, guiding clinical decisions and enhancing patient outcomes.

Keywords: Dialysis Disequilibrium Syndrome (DDS), Intracranial Pressure (ICP), Kidney Replacement Therapy (KRT)

