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" OPTIMIZATION OF NEPHROLOGY & HYPERTENSION
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disappearance of oedema, proteinuria decreased and serum albumin 2,7 g/dl.

Diagnosis of thyroid cancer by thyroid ultrasound and FNAB. The management is done with thyroidectomy. SN represent some of the symptoms include albuminuria, hypoalbuminemia, edema, and hypercholesterolemia.

Paraneoplastic syndrome refers to clinical manifestations that are not directly related to tumor burden, invasion, or metastasis but are caused by the secretion of tumor cell products. Membranous nephropathy (MN) as the most common paraneoplastic glomerular disease. Malignancy is usually found within 12 months of the diagnosis of MN. Pathophysiology link is established between cancer and MN, including the detection of tumor antigens. Renal biopsy has an important role in the evaluation of MN but had not done because no facilities. Slow remission of nephrotic syndrome is observed after resection of the tumor.

We reported a case with NS and thyroid cancer due to suspected paraneoplastic syndrome. Treatment of the underlying malignancy may lead to resolution of the paraneoplastic syndrome. Very important recognize manifestation clinical syndrome paraneoplastic because it is a clue early the malignancy.

Keywords : nephrotic syndrome, thyroid cancer, paraneoplastic syndrome

MBP 04

DAILY DIALYSIS PADA PASIEN INTOKSIKASI ALKOHOL

Julahir H.Siregar, Abdurrahim Rasyia Lubis

Divisi Ginjal dan Hipertensi Ilmu Penyakit Dalam,
Fakultas Kedokteran USU Medan

Latar Belakang: Riwayat penyalahgunaan alkohol sering terjadi dan hampir 40 % memerlukan perawatan yang intensif. Di Indonesia penyalahgunaan tersebut sering terjadi sehingga terjadi intoksikasi alkohol, terutama alkohol yang dioplos dengan bahan lain sehingga takaran alkohol dan kandungannya sudah tidak diketahui dengan jelas. Selain terapi dengan pemberian antidotum, dapat juga dilakukan terapi pengganti ginjal berupa dialysis harian terbukti

dapat mengurangi tingkat kematian dari intoksikasi alkohol.

Laporan Kasus: Seorang laki-laki, 22 tahun dengan keluhan penurunan kesadaran $\pm$ 3 minggu sebelum masuk rumah sakit, sebelumnya minum alkohol jenis oplosan, tidak diketahui jenis dan jumlah alkohol yang dikonsumsi. Mual, muntah, 2-3x/hari, tidak bias bicara dan melihat serta lengan dan tungkai tidak bisa digerakkan.

Pemeriksaan : Somnolen, TD : 110/70 mmHg, Nadi : 80 x/menit, RR : 20 x/menit, Temperatur : 37,1°C, dijumpai mata anemis, ekstremitas superior dan inferior dijumpai hemiparesis sinistra. Laboratorium darah rutin, Urinalisa, Foto thorax dan EKG: kesan normal. Pasien didiagnosa penurunan kesadaran ec Intoksikasi alkohol dengan toxic ocular neuritis. Dilakukan terapi suportif dan pengganti ginjal berupa Hemodialisis (HD) selama 7 hari berturut-turut dan dilanjutkan dengan HD 2 kali seminggu selama 2 minggu. Pasien menunjukkan perbaikan klinis berupa kesadaran jadi compos mentis, penglihatan pulih.

Kesimpulan: dilaporkan satu kasus intoksikasi alkohol pada seorang laki-laki. setelah dilakukan HD 11 kali dan terapi suportif lainnya pasien menunjukkan perbaikan klinis.

Kata kunci: Intoksikasi alkohol, Hemodialisis.

MBP 05

TERTIARY HYPERPARATHYROIDISM IN CHRONIC KIDNEY DISEASE ON DIALYSIS

Ni Made Hustrini*, Dharmezar*

*Division of Nephrology, Department of
Internal Medicine, University of
Indonesia/Cipto Mangunkusumo Hospital

Introduction : Tertiary hyperparathyroidism is a condition where there is excessive secretion of parathyroid hormone (PTH) due to prolonged secondary hyperparathyroidism. HPT hypersecretion occurs in this condition is autonomous and will result in hypercalcemia, often accompanied with hyperphosphate causing diffuse calcinosis.

Here is a case report of a complication of tertiary hyperparathyroidism in patients on long standing dialysis.