

INTISARI

EPILEPSI DAN GANGGUAN KOGNITIF YANG REVERSIBEL PASKA INFARK SEREBRI PADA PASIEN ANAK DENGAN GAGAL GINJAL TERMINAL: LAPORAN KASUS

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Infark serebri merupakan salah satu manifestasi komplikasi neurologis pada anak dengan gagal ginjal terminal (GGT). Disfungsi endotel dan kerusakan vaskuler mendasari terjadinya komplikasi serebrovaskular pada pasien GGT. Suatu kasus dari seorang anak perempuan dengan GGT yang menjalani *continuous ambulatory peritoneal dialysis* (CAPD) datang dengan keluhan kejang umum diikuti penurunan kesadaran, defisit neurologis dan gangguan kognitif. Secara klinis menunjukkan krisis hipertensi dan hemiparese kiri, tanpa tanda infeksi disertai penurunan laju filtrasi glomerulus (LFG) hingga 9,2 mL/menit/1,73 m². *CT Scan* kepala menunjukkan infark serebri luas pada fronto- parietooccipitalis kanan, tanpa edema serebri maupun perdarahan intrakranial. Epilepsi dan gangguan kognitif dikelola dengan haloperidol dan obat anti epilepsi serta tatalaksana konservatif GGT. Selama pengamatan pasien juga mengalami infeksi dialisis peritoneal berulang yang menyebabkan inadekuat dialisis. Kesadaran dan hemiparesis kiri membaik seiring perbaikan kondisi hipertensi, namun disorientasi masih berlangsung hingga 3 bulan kemudian. Infark serebri membaik setelah 24 bulan pengamatan. Kami menyarankan dilakukannya pemeriksaan awal komplikasi kardiovaskuler pada anak dengan GGT untuk mencegah morbiditas yang lebih buruk.

Keywords:

Cerebral infarction, end stage renal disease, children

ABSTARCT

EPILEPSY AND REVERSIBLE PROLONGED COGNITIVE IMPAIRMENT AFTER CEREBRAL INFARCTION IN CHILDREN WITH END STAGE RENAL DISEASE: A CASE REPORT

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Cerebral infarction is a rare manifestation of neurological complication in children with end stage renal disease (ESRD). Endothelial dysfunction and vascular damage underlie vascular complication may lead to cerebrovascular disease in CKD patients. We treated a girl with ESRD on continuous ambulatory peritoneal dialysis (CAPD) presented with general seizure followed by unconsciousness, neurological deficit and prolonged cognitive impairment. Clinical and laboratory finding revealed hypertensive crisis, left hemiparesis, no sign of infection and decreasing glomerular filtration rate (GFR) until 9.2 mL/minute/1.73m². Head CT Scan showed cerebral infarction involving most part of right *fronto parietooccipitalis* region, without cerebral edema and intracerebral hemorrhage. Besides management for ESRD, cognitive impairment was managed with haloperidol and anti-epileptic drugs. She also developed recurrent peritoneal dialysis infection lead to inadequate of peritoneal dialysis. She regained full consciousness and the left hemiparesis was improved, but still disoriented until three months. After 24 months of observation the cerebral infarction was improved. We suggest to early perform intermediate markers of cardiovascular morbidity in children with ESRD.

Keywords:

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