

early duo to uncontrolled and late diagnosis<sup>(9)</sup>.

Most of the patients in hemodialysis are diabetic (28%), hypertensive (22%) and obstructive uropathy(16%) duo to high incidence of infection, stone, , tumor and prostate hypertrophy.

Other causes (12%) patients on hemodialysis include lupus nephritis, hemolytic uremic syndrome, allport syndrome, pylonephritis and unknown cause.

The complications during hemodialysis in temporary vascular access are mainly fever 60% (p.value less than 0.05) may be duo to catheter related bacteraemia after excluding other possibility of fever such as chest infection or urinary tract infection while in patient with arteriovenous fistula the incidence of fever is less common about 12%. the high rate of fever and rigor in our study is higher than in other study by Lukas K. occurring in 18%(outcome and compilations of temporary hemodialysis catheters)<sup>(5)</sup> may be duo to high risk of infection.

Other common complications was blood flow problem 40% in temporary catheter mainly duo to obstruction in the catheter in the form of thrombosis of the catheter or stenosis or spasm in the vascular. In comparison with arteriovenous fistula there is less blood flow problem unless there are failures or aneurysm of the fistula.

Hypotension is common complications in hemodialysis in temporary catheter and arteriovenous fistula, but in temporary catheter less than in arteriovenous fistula duo to low blood flow rate in the catheter. In our study hypotensions occur in 32% which is in the same rang of other study done by andrew davenport<sup>(10)</sup>.

The incidence of hepatitis (B&C) infection is high (24%) in

arteriovenous fistula but in temporary catheter 30% especially hepatitis C infection because the patient exposed to blood transfusion , defect in sterilization of machine of hemodialysis and defect in facility for diagnosis of hepatitis C virus.

The incidence of hepatitis (B &C) in temporary catheter more than in arteriovenous fistula may be duo to poor sterilization, frequent replacement of the catheter or may be the patient in acute renal failure and the patient expose to multiple injury and blood transfusion.

The prevalence of hepatitis C infection in this study similar to other studies of hemodialysis patients in the United States have reported anti-HCV prevalence of 10%--36% among adults<sup>(11)</sup>.

Exit site infection was common in temporary catheter 16% which is high in comparism to arteriovenous fistula (6%) because poor sterilization of the catheter and long duration of using the catheter.

Regarding other complications vomiting, nausea, headache, itching, muscle cramp, fits, seizure and disequilibrium syndrome are similar in both type and agreement with other study<sup>(12)</sup>.

### **Reference**

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