

# **Case Report: Severe form of hemolytic-uremic syndrome with multiple organ failure in a child: a case report at Moi Teaching and Referral Hospital, Eldoret Kenya.**

## **Abstract**

### **INTRODUCTION:**

Hemolytic-uremic syndrome (HUS) is a leading cause of acute renal failure in infants and young children. It is traditionally defined as a triad of acute renal failure, hemolytic anemia and thrombocytopenia that occur within a week after prodromal hemorrhagic enterocolitis. Severe cases can also be presented by acute respiratory distress syndrome (ARDS), toxic megacolon with ileus, pancreatitis, central nervous system (CNS) disorders and multiple organ failure (MOF).

### **CASE PRESENTATION:**

A previously healthy 4-year old from Baringo County, girl developed acute kidney injury, thrombocytopenia and hemolytic anemia following a short episode of abdominal pain and bloody diarrhea. By the end of the first week the diagnosis of the typical HUS was established. During the second week the disease progressed into MOF that included ileus, pancreatitis, hepatitis, coma and ARDS, accompanied by hemodynamic instability and extreme leukocytosis. Nonetheless, the girl made a complete recovery after one month of the disease. She was successfully treated in the intensive care unit and significant improvement was noticed after **Sustained low efficiency dialysis (SLED)**.

### **CONCLUSIONS:**

Early start of meticulous supportive treatment in the intensive care unit, including renal placement therapy (**Sustained low efficiency dialysis (SLED)**), may be the therapy of choice in severe cases of HUS presented by MOF. Monitoring of prognostic factors is important for early performance of appropriate diagnostic and therapeutical interventions.

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