Abstract
The paper presents the review of the treatment performed in 183 patients with acute renal failure caused by trauma, myorenal syndrome, surgical, obstetric and urological lesions. All the patients underwent hemodialysis. The majority of the patients manifested hypoxia due to pulmonary edema and abnormal central and visceral hemodynamics, anemia resultant from blood loss and suppression of hemopoiesis, impairment of tissue oxidation-reduction enzymes by uremic toxins. Hemodialysis aggravated hypoxia. A direct relationship existed between arterial hypoxemia and the degree of metabolic acidosis, electrolyte alterations and residual diuresis in oligoanuric stage of acute renal failure. The treatment of 48 relevant patients involved 5-10 sessions of hyperbaric oxygenation (1.5-2.2 atm for 60-90 min). The session usually followed hemodialysis. The response was achieved in arterial hypoxemia, central hemodynamics, peripheral blood, water-electrolyte balance, acid-base equilibrium, uremic intoxication. The frequency of hemodynamic reactions during hemodialysis and pyoseptic complications induced by uremia reduced as well as the need in urgent hemodialysis. The introduction of hyperbaric oxygenation diminished the lethality by 29%.

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