CONCLUSION
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1. Primary renal disease namely chronic glomerulonephritis diabetic nephropathy and chronic pyelonephritis were the most common etiological factors.

2. The cardiovascular manifestations were seen in all cases of severe chronic renal failure.

3. Uremic cardiovascular manifestations were most common in the age group of 40-59 years.

4. Anemia, hypertension, fluid overload, and severity of uremia were directly related to the cardiovascular manifestation.

5. Clinical findings were not consistent with echocardiographic findings:

   (i) Clinical pericarditis was seen in 18% and pericardial effusion in 4% cases only while on echocardiography pericardial effusion was seen in 28% cases.

   (ii) Clinically 52% cases had congestive cardiac failure, while on echocardiographic examination L.V. dysfunction was found in 32%. This indicates that signs of congestive cardiac failure do not suggest always myocardial failure.

6. There was no case of severe refractory malignant hypertension.
7. Pericarditis developed with severity of uremia and it was not related to dialysis.

8. Hypertension and hypertensive congestive cardiac failure were most common cardiovascular manifestations followed by coronary artery disease.

9. No case of uremic cardiomyopathy was seen in the present study.

10. The hemodialytic therapy was very effective in relieving breathlessness, orthopnoea, oedema and chest pain of pericardial origin.

11. Hemodialysis was effective in treating pericarditis and mild pericardial effusion in all cases, but there was no effect on massive effusion.

12. Hemodialysis was effective in treating volume dependent hypertension but less effective in those cases who had higher renin serum values.

13. Hemodialysis was effective in reducing LVEDd, LVESd and LA diameter (p < 0.01). There was significant increase in FS and EF after hemodialysis.