6 days for subtotal parathyroidectomy versus 11 days for total para-thyroidectomy ($p<0,05$). The overall complication rate was respectively 22,2%, and 33,3% of patients for spPTX and tPTX ($p>0,05$). There was no difference in the 30-day morbidity, mortality, or readmission rates between the two treatments.

Conclusions: Successful surgical intervention for sPTX and tPTX significantly reduces preoperative symptoms and leeds to restoration of bone disease. In our experience total PTX with autograft has proven to be a satisfactory procedure. Subtotal PTX is also an effective procedure and the choice of operative technique should be left to the surgeon.

SUN-270

UREMIC PERICARDITIS IN HEMODIALYSIS: PREVALENCE AND PREDICTIVE FACTORS

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Introduction: End-stage renal disease (ESRD) is a common clinical co-morbidity. The rising prevalence of ESRD has led to a rise in ESRD-related pericardial syndromes such as uremic pericarditis (UP). UP seems to be related essentially to under-dialyzed due to either the dialysis technique employed or non-adherence to renal replacement therapy (RRT). The aim of this study was to determine the initial clinical picture and to describe the prevalence and predictive factors of UP.

Methods: This is a retrospective study, from January 2016 to September 2019, including all hemodialysis patients who had uremic pericarditis. Data collected included demographics, Clinical Status, vascular access type, and metabolic parameters. Data were entered and analyzed using SPSS software. Chi-squared test with a level of significance of 0.05 was used for the qualitative variables.

Results: Out of 120 patients who started hemodialysis in the Nephrology Department for severe chronickidney disease during the period of study, 10 patients had uremic pericarditis. The mean age was 49.2 years (27-65 years) with a male predominance (sex ratio: 1.5). The initial nephropathy was glomerular nephropathy in 5 patients, diabetic in 1 patient, chronic tubulointerstitial (NTIC) in 2 patients, vascular in 1 patient and undeterminate in 1 patient. The average duration of dialysis was 52.6 months (0-156 months). Six patients had not previously undergone regular nephrology follow-up (60%). the median time of pericarditis apparition after the start of dialysis was 27.1 months (0-119months). The circumstances of discovery was clinical signs (chest pain, pericardial friction) in 5 cases and fortuitously, during an evaluation of the IRCT impact, in 5 cases. On the initial echocardiography, the abundance of pericardial effusion was low in a 2 patients and average in 8 patients. Treatment consisted of intensification of dialysis sessionsand avoidance of systemic anticoagulation in all patients. Evolution was favorable in all cases. Our study showed that the number of sessions <3 / week, interdialytic weight > 4 kg and dialyzing via a femoral valvewere associated with the occurrence of pericarditis with a statistically significant difference, (p = 0.031) (p = 0.0048) (p = 0.03) respectively.

Conclusions: UP is considered a rare but a fatal complication of ESRD because of the risk of tamponade. The incidence of uremic pericarditis has decreased significantly because of earlier dialysis initiation, better dialysis prescription and more efficient dialyzers. Hence, when uremic pericarditis is diagnosed, the dialysis regimen for the patient should be revisited.

SUN-271

PLASMAPHERESIS: EXPERIENCE AT A SOCIAL SECURITY CENTER IN LA PAZ, BOLIVIA

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Introduction: Plasmapheresis is a technique of extracorporeal treatment. Consisting in separate of plasma the elements of blood in order to eliminate pathogenic factors presents in the plasma, that causing a disease usually autoimmune or immunologic origin. **General objective:** Present the experience in plasmapheresis at the Obrero Hospital No 1, center of Social Security in La Paz, Bolivia. **Specific objectives**. Historically, to announce the professionals who done plasmapheresis by transmembrane filtration method for the first time in Bolivia. 2. Submit sociodemographic characteristics of the patients who were plasmapheresis. 3. Show the clinical and technical aspects most relevant of the cases studied

Methods: Type of study: descriptive, transversal. **Population:** 100% of patients who received plasmapheresis since its inception (18.11.10 to December 2018). **Study time:** November 2010 to December 2018. **Methodology:** It has been the review of medical records. Technology with Diapact CRRT Systems, B Braun.

Results: Obrero Hospital No 1 at present, is the only Center of Social security offered plasmapheresis with filtration method transmembrane as a form of plasma exchange therapy.

Historically Dr. Marlon Jaimes and. Edith Patiño (profesional nurse) was been pioneers of this novel technique of treatment in Bolivia.

Conclusions: Coverage of the social security system in Bolivia has made it possible to access the costs which means this type of treatment. This process has been successful in situations where drug treatment has been refractory.

SUN-272

THE EFFECTS OF DIFFERENT LUNAR PHASES ON FLUID BALANCE AND BLOOD PRESSURE IN HEMODIALYSIS PATIENTS

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Introduction: The effect of lunar phases on barometric pressure have been known since 19th century. We aimed to explore the effects of different lunar phases on fluid balance and blood pressure in hemodialysis (HD) patients.

Methods: A retrospective analysis of the medical data of 21 HD patients was performed. The following data were collected during three lunar cycles (December 7, 2018 to March 6, 2019): patient weight before and after HD, ultrafiltration volume, systolic (SBP) and diastolic blood pressure (DBP) before, during and after the procedure. The means of the studied variables were compared in different moon phase groups using the Paired-Samples T-Test. Data analysis was performed with MS Excel and IBM SPSS 23 software.

Results: 798 HD procedures of 21 patients were analyzed. 57.1% of them were male and 42.9% were female. The mean age of the participants was 57.95 ± 16.84 years old. There was a statistically significant difference when comparing SBP in the 1st h of HD. There was a difference of 3.7 mmHg between the new moon and the full moon (p=0.038) and a difference of 3.6 mmHg between the first quarter and the full moon (p=0.036). However, there were no statistically significant differences between the means of other studied variables. The results are presented in Table 1.

Table 1. *The means of the studied variables in different moon phase groups.*

	New moon	First quarter	Full moon	Third quarter
Weight change, kg	2.58 ± 0.65	2.50 ± 0.68	2.58 ± 0.63	2.61 ± 0.62
Ultrafiltration rate, l	2.51 ± 0.56	2.46 ± 0.65	2.56 ± 0.62	2.59 ± 0.66
SBP before HD, mmHg	142.76 ± 21.37	141.82 ± 23.38	140.43 ± 21.90	140.83 ± 22.25
DBP before HD, mmHg	75.64 ± 10.25	75.55 ± 10.90	75.31 ± 10.91	75.63 ± 10.91
SBP in the 1st h of HD, mmHg	130.61 ± 25.75*	130.44 ± 27.97*	126.88 ± 25.42*	128.73 ± 22.37
DBP in the 1st h of HD, mmHg	70.73 ± 12.36	70.60 ± 13.46	69.20 ± 13.55	69.51 ± 11.60
SBP in the 2nd h of HD, mmHg	131.27 ± 29.56	130.09 ± 29.26	129.69 ± 27.46	129.44 ± 26.88
DBP in the 2nd hour of HD, mmHg	70.71 ± 13.40	69.92 ± 14.44	70.29 ± 13.48	70.44 ± 13.01
SBP in the 3rd hour of HD, mmHg	132.56 ± 28.93	132.11 ± 29.70	128.86 ± 27.78	130.02 ± 27.99
DBP in the 3rd hour of HD, mmHg	72.62 ± 12.44	71.71 ± 14.85	70.72 ± 13.97	71.30 ± 14.28
SBP after HD, mmHg	140.28 ± 36.79	141.46 ± 29.94	140.02 ± 29.60	140.67 ± 30.60
DBP after HD, mmHg	74.93 ± 12.80	75.32 ± 14.05	73.87 ± 13.67	74.65 ± 13.55

* Statistically significant values (p <0,05)

Conclusions: The results of the study reveal that there are no clinically relevant differences between various variables during different lunar phases. There are only minor differences in SBP during the 1st h of HD, which should be further investigated in a larger population.