



Urgent Dialysis as a Bridge to Palliative Care in Advanced Cancer Patients

Dear Editor,

I am writing to highlight the imperative role of urgent dialysis as a bridge to palliative care in the management of advanced cancer patients with renal complications.

A 39-year-old woman, diagnosed with extensive anorectal cancer, underscores the complexities of managing renal dysfunction in the palliative care setting.¹ Despite exhaustive chemotherapy regimens the patient's disease progressed relentlessly, compelling the primary team to transition her to best supportive care. Earlier in her disease course, the palliative medicine team managed her symptoms, focusing on pain control and preserving quality of life. The recent onset of symptoms suggestive of uremic encephalopathy, including flapping tremors, asterixis, and intractable vomiting, raised concern for acute kidney injury (AKI) secondary to obstructive uropathy. Laboratory investigations confirmed severe uremia with creatinine at 9.7 mg/dL. Point-of-care ultrasound demonstrated bilateral hydronephrosis, consistent with disease progression leading to post-renal AKI.

Considering her deteriorating clinical status and the urgency of symptom management, urgent dialysis emerged as a pivotal intervention. By promptly addressing the metabolic derangements associated with severe uremia, dialysis provided immediate relief, aligning with the ethos of best supportive care. It served as a bridge, affording time for planning a percutaneous nephrostomy (PCN) to alleviate the obstructive etiology of the AKI. In palliative care, where curative measures are no longer feasible, interventions must be judiciously selected to optimize comfort and dignity.² Urgent dialysis, as demonstrated in this case, represents a critical adjunct to palliative care,

facilitating symptom control and preserving quality of life in the face of complex medical challenges.³

Conflicts of interest

There are no conflicts of interest.

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