intravenously for 2 weeks, then switched over to cefazolin 400 mg orally two times daily for another 2 weeks. Catheter locking solutions with ceftazolin was administered till the negative blood culture. He became apyreal with antibiotic treatment and blood culture did not yield any growth after 28 days of therapy.

**Conclusion:** Here we report the first case of catheter-related infection (CRI) in a man on HD caused by *A. pyogenes* without a clear exposure to animals or farm setting. This case provides further evidence that *A. pyogenes* can be a pathogen in humans, especially in those with history of immunosuppression or with a CVC in place.

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**0219**
**Correlation Between Quality of Life and Mineral Metabolism In Maintenance Hemodialysis Patients**

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**Objective:** This study designed to assess the life qualities of the patients in Liaoning Province maintained hemodialysis (MHD) and to explore the relationship between the mineral metabolism and MHD patients quality of life.

**Methods:** Kidney HRQOL version 1.3 was used to evaluate the MHD patients (disease quality of Life-Short form KDQOL-SFTM).

**Results:** When serum calcium value ranged from 2.1 to 2.5 mmol/l, KDCS, MCS and PCS and SF-36-KDCS corresponded to a higher value. KDCC and SF-36-KDCS were statistically significant corresponding to different serum phosphorus values grouping (P < 0.05). When serum phosphorus value ranged from 1.13–1.78 mmol/l, KDCS and SF-36-KDCS corresponded to a higher value; MCS was statistically significant corresponding to different calcium-phosphorus product grouping (P < 0.05). When the calcium phosphorus product ranged from 40.68 to 49.94, MCS corresponded to a higher value. KDCC showed a linear correlation with age (P < 0.001), and dialysis, serum calcium (less than or equal to 2.5 mmol/l) (P < 0.05); PCS showed a linear correlation with age (P < 0.001) and the duration of dialysis (P < 0.05); SF-36-KDCS showed a linear correlation with age (P < 0.001), and serum calcium (< 2.5 mmol/l) (P < 0.05), which age and duration of dialysis were negatively correlated. The different groups of total hospitalization days in three years between the different groups of age, duration of hemodialysis, serum calcium, serum phosphorus, calcium-phosphorus product and quality of life values were all statistically significant (P < 0.05).

**Conclusion:** The final stage renal disease maintained hemodialysis patients’ quality of life and was correlated with the level of serum calcium, serum phosphorus, calcium-phosphorus product and iPTH. The total hospitalization days in three years between the age, duration of hemodialysis, serum calcium, serum phosphorus, calcium-phosphorus product and quality of life values were all correlated.

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**022**
**Diagnosis and Treatment In a Peritoneal Dialysis Patient with Abdominal Pain, Nausea, Vomiting and Subdiaphragmatic Free Air**

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**Case Report:** A 64-year-old female patient was examined as uremia due to renal damage caused by hypertension and took peritoneal dialysis in March, 2011. In January, 2013, the patient took prednisone acetate tablets 30 mg/day due to Sjogren’s syndrome and withdrew soon after having nausea and vomiting, difficult in eating 3 days ago. Examination: body temperature: 36 C; pulse: 76 times; breathing: 18 times/min; blood pressure: 80/50 mmHg, with chronic facies, mild anemia, normal heart and lung, epigastic tenderness (+), no abdominal muscle tension, and rebound tenderness. ECG: sinus rhythm, ST slight change.

**Diagnosis:** (1) Uremia; (2) renal anemia; (3) ischemic heart disease; (4) abdominal pain to diagnose. The patient took peritoneal dialysis after admission, with Shenmai injection to boost the pressure, lansoprazole to suppress the acid, bromide meters procure to arrest the vomiting, Rebamipide Tablets to protect the gastric mucosa, sodium bicarbonate to maintain acid-base balance, isosorbide mono-nitrate sustained release tablets to prevent CHD, and erythropoietin to prevent anemia.

**Discussion:** Diagnostic supportive points of gastrointestinal perforation: (1) taking prednisone for almost 3 months before the onset; (2) abdominal pain, nausea and vomiting; (3) epigastric tenderness (+); (4) subdiaphragmatic free air under radio-graph. Non-supportive points: (1) no signs of peritonitis; (2) transparent dialysate, with no leukocytes inspected under routine inspection; (3) no fever; (4) normal blood test. After dynamic observation, the diagnosis of gastrointestinal perforation could be excluded. The presence of subdiaphragmatic free air was caused by a small amount of air reaching into abdominal cavity during the exchange of peritoneal dialysis fluid. Therefore, the patient suffered from abdominal pain, nausea, vomiting. Laboratory tests and auxiliary examinations were taken according to the symptoms, signs after X-ray examination revealing sub-diaphragmatic free air. The patient was treated under comprehensive analysis and close observation to avoid misdiagnosis or missed diagnosis.

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**0224**
**Analysis of Factors Affecting Quality of Life in Maintenance Hemodialysis Patients**

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**Objective:** To study the effects of renal anemia, blood pressure, marital status, length of hospital stay, duration of hospitalization, and other related factors on the quality of life of maintenance hemodialysis patients.

**Methods:** 1192 cases of chronic renal failure patients with maintenance hemodialysis. Patients with general information (marital status, education level, work, dialysis adequacy, length of hospital stay), laboratory related indexes (Hb, HCT, Fer) and before and after dialysis blood pressure and overall quality of life score SF36+KDCS were; influence factors; logistic analysis to for. The grouping of Hb, HCT, fer and TS respectively with physical health (PCS), mental health (MCS), nephropathy related issues KDCS the score and the table overall score was used to analyze the influencing factors clearly influence the laboratory markers of maintenance hemodialysis (MHD) a patient’s quality of life.

**Results:** There were significant differences in the quality of life (including KDCS, SF-12PC, SF-36-KDC, SF-12MC) in the moderate and severe anemia (P < 0.05). Predialysis blood: there was significant difference in the score of SF-12PC 140/90 mmHg and BP > 140/90 mmHg (P < 0.05).

**Conclusion:** (1) Hemoglobin level and maintenance hemodialysis patients quality of life is positively related, with the aggravation of the degree of anemia, the quality of life of patients. (2) Pre-dialysis blood pressure < 140/90 mmHg with its spiritual health score higher, post dialysis blood pressure < 140/90 mmHg patients often less affected by uremia and other related symptoms of distress, the overall quality of life is higher. (3) Dialysis age, marital status, education level, hospitalization days, dialysis adequacy, hemoglobin, red blood cell hematocrit were independent factors for quality of life, and working conditions, ferritin, before and after dialysis blood pressure were and maintenance hemodialysis patients quality of life.

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**0234**
**Role of Two-way Referral System in Primary Health Care Institutions to Promote Peritoneal Dialysis**

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**Objective:** The use of Two-way Referral System in primary health care institutions to promote peritoneal dialysis (PD), and improve survival and quality of life in patients who suffered from ESRD.