

## Peritoneal dialysis: Experience of the Department of Pediatrics of the Hospital Charles Nicolle of Tunis

## Dialyse péritonéale: expérience de service de Pédiatrie de l'Hôpital Charles Nicolle

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I read with interest the study by Jellouli et al published in La tunisie Medicale 2016 issue May. [1] It has inspired me to make a comparison between the causes of pediatric End Stage Renal Disease (ESRD) requiring peritoneal dialysis in Tunisia with that reported in Iraq. The authors mentioned that Congenital Anomalies of the Kidneys and Urinary Tract (CAKUT) were a dominant cause of ESRD (33%) followed by hereditary conditions (13%) and glomerulonephritis (7%). [1] In Iraqi children with ESRF, the preponderant causes were found to be CAKUT (36%), hereditary conditions (28%), and glomerular diseases (26%). [2] Interestingly, the prevalence of CAKUT-associated ESRF was nearly similar in Tunisia and Iraq. Among many factors contributing to the preponderance of CAKUT-associated ESRD, consanguineous marriage (CM) is the leading in Arabian countries, including Tunisia and Iraq. The available data pointed out that the prevalence of CM in Tunisia is 20.1-39.3% compared to 47-60% in Iraq. [3] Research among Arabs and worldwide has indicated that consanguinity could have an effect on some reproductive health parameters such as postnatal mortality and rates of congenital malformations as well as an increase in the rate of homozygotes for autosomal recessive genetic disorders. [3] Despite the educational, demographic, and behavioral changes that have taken place during the last four decades in Tunisia, familial and geographical endogamy still exist at high frequencies, especially in rural areas. [4] I presume that curtailing further surge in the size of ESRD in children requires among many measures, increasing the public awareness by various means on the negative impact of the practice of intra-family marriage. This will obviously limit significantly the number of cases of CAKUT-associated ESRD.

### References:

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