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of this study was to determine the prevalence of DE and the correlation between sexual dysfunction and the clinical and biological profiles of chronic renal failure patients on hemodialysis at the University Hospital of Monastir.

**Methods:** We conducted a descriptive and analytical study that included one hundred men aged 18 years or older, treated with chronic HD for six months.

All patients answered a personal questionnaire on their sexual activity. We studied clinical parameters such as age, comorbidities, hemodialysis duration, initial nephropathy and biological parameters such as hemoglobin, prolactin, vitamin D level and testosterone.

**Results:** The mean age was 50+/-2.6 years. 48% were hypertensive and 39% had diabetes mellitus. Diabetic nephropathy (36%) and nephrosclerosis (48%) were the most frequent initial nephropathies. The mean duration of dialysis was 72 + /-6.8 months. The prevalence of ED was 70%. Subjects younger than 50 years had a prevalence of ED of 34%, while in subjects 50 years or older, it was 90%. Twenty one percent had severe ED. Ageing, diabetes, anemia, vitamin D deficiency and low serum testosterone level correlated significantly with the appearance of sexual dysfunctions. There was no significant correlation between years of hemodialysis and ED (p = 0,345).

**Conclusions:** Some clinical factors and biological disorders may help to understand the pathogenesis of sexual dysfunction. The optimization of biological and hormonal surveillance and management of intervening factors may resolve this problem.

No conflict of interest

## POS-092

### CYTOMEGALOVIRUS AND SARS-COV-2 COINFECTION IN KIDNEY TRANSPLANT RECIPIENT: A CASE REPORT



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**Introduction:** Cytomegalovirus (CMV) is one of the most common causative agents of infections that affect renal transplant recipients. Coronavirus disease 2019 (COVID-19) is caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and has rapidly spread worldwide. The clinical presentation of this infection can vary from an asymptomatic course to acute respiratory distress syndrome (ARDS) requiring invasive mechanical ventilation and extracorporeal membrane oxygenation.

Little of studies reported the Coinfection with SARS-COV-2 and Cytomegalovirus.

**Methods:** We describe the first case of COVID-19 and cytomegalovirus (CMV) co-infection in kidney transplant recipient.

**Results:** A 36 years old woman, with a clinical history of severe lupus erythematosus received a renal transplant from cadaveric donor on October 02, 2019. Her immunosuppressant regime included prednisone 5mg daily, tacrolimus 0.15mg/kg/day and Sirolimus 1mg daily. Of note, the hydroxychloroquine was interrupted since six years ago due to toxic maculopathy. On July 23, 2020, she was hospitalized for recurrent CMV disease treated by intravenous ganciclovir 10 mg/kg/day for 60 days. On day 35 of hospitalization, she presented an isolated cough. Physical examination was otherwise unremarkable, including breath sounds on chest auscultation. Her oxygen saturation was 98%. A routine blood test showed worsening lymphopenia, initially improved with the ganciclovir therapy. She elevated C-reactive protein (CRP) and lactate dehydrogenase (LDH). The liver enzymes were slightly increased and her serum creatinine was still within the normal range. However, cough disappeared after 72 hours. In the meantime, a COVID-19 was diagnosed in the nurse who took care of our patient. As part of contact tracing, a nasopharyngeal swab was performed for her and it was positive for SARS CoV-2. However, she had no complaints. Her physical examination and her laboratory testing were otherwise unremarkable.

**Conclusions:** we report the first case of COVID-19 in kidney transplant patient in our country with excellent outcome despite the coinfection

with SARS-COV-2 and Cytomegalovirus (CMV). So, it can be supposed that she might be protected by the antiviral therapy, ganciclovir or by the immunomodulatory effects of CMV.

No conflict of interest

## POS-093

### PREGNANCY IN WOMEN WITH A KIDNEY TRANSPLANT :WHAT ARE THE OPTIMAL CONDITIONS FOR A BETTER PREGNANCY OUTCOMES? A SINGLE CENTER EXPERIENCE IN MONASTIR



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**Introduction:** Kidney transplantation improves fertility in women with chronic kidney disease. However, kidney transplanted patients are high-risk pregnant patients with increased maternal and fetal risks. This study aimed to identify the factors associated with risk for adverse pregnancy outcomes in women with kidney transplant.

**Methods:** It was a retrospective study interested in 21 pregnancies of 9 kidney transplanted patients over a period of 22 years (from 1998 to 2019). Predefined poor pregnancy outcomes were still birth, first or second trimester loss, termination due to a woman's medical condition, very preterm delivery (32 weeks).

**Results:** The mean of maternal age at the onset of pregnancy was 32, 3 ± 3,5 years. The median time between the kidney transplant and the beginning of the gestation period was 63 months (interquartile range, 40–89 months). The live-birth rate was 75%. The rate of other pregnancy outcomes was as follows: abortions (14.2%), stillbirths (4.7%), preeclampsia (11.4%), gestational diabetes (11.4%), pregnancy induced hypertension (14.1%), cesarean section (85.7%) and preterm delivery was 23.8.1%. Mean gestational age was 36 weeks.

Higher obstetric perinatal morbidity was related to highest average serum creatinine in the third trimester of pregnancy and lowest hemoglobin in the third trimester of pregnancy (p=0,047 , p=0,011 respectively). However, there was no evidence of an association between obstetrical outcome and highest diastolic blood pressure or highest proteinuria at any point in pregnancy.

**Conclusions:** Pregnancy is likely to end in a live birth in a majority of kidney transplant recipients, but some clinical factors and biological disorders may increase in risk observed both for maternal-fetal outcomes.

No conflict of interest

## POS-094

### A CASE OF HYPOPARATHYROIDISM: WHEN A NEPHROLOGIST TURNS INTO AN ENDOCRINOLOGIST



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**Introduction:** Hypoparathyroidism is a rare endocrine disorder infrequently seen in everyday practice.

It may be primary due to a genetic cause or secondary which is by far the most common form and due to a variety of etiologies for instance during radiation, auto-immune diseases or acquired after neck surgery with the latter being the most common cause accounting for 75 % of cases.

**Methods:** Herein we report the case of a patient who presented to our department as a potential kidney donor to her husband.

The pre-transplant workup has shown features of hypoparathyroidism that were subsequently confirmed.

**Results:** The patient is a 36-year-old female with no past medical history of auto-immune disease and no history of neck surgery. She denies any over the counter consumption of dietary or supplemental intake of calcium or vitamin D.